

COVID-19 Vaccine Drug Reactions: Child Chest Pain

Preliminary Notes – Reactions Listings Start on Page 2 Below

1. Child Chest Pain 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 chest pain.
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.

Child Chest Pain: COVID-19 Vaccine Drugs

<i>VAERS_ID</i>	<i>RECVD</i>	<i>STATE</i>	<i>AGE_YRS</i>	<i>SEX</i>	<i>VAX_DATE</i>	<i>ONSET_DATE</i>	<i>SYMPTOM_TEXT</i>
1374315	6/4/2021	NC	17	F	5/25/2021	5/25/2021	My daughter has had a full body rash, that nobody can identify, since the shot. They start as little dots and change into circles after a while. She had had chest pains and pressure and is very uncomfortable
1374222	6/4/2021	IN	17	F	6/3/2021	6/3/2021	Patient presented for second covid-19 vaccine. after receiving vaccine, mother reported that patient had chest pain and grabbed chest and was experiencing leg numbness. Patient's parent reports that prior to receiving vaccine, patient has had history of one sided flank pain and tardive dyskinesia induced by medication. After vaccine mother reports patient is experiencing flank pain on opposite side. Mother wanting patient to be seen by provider so patient taken to hospital ED
1371348	6/3/2021		16	F	4/7/2021	4/22/2021	Myocarditis (with chest pain, shortness of breath, dizziness) starting after first dose, worsening after second
1371086	6/3/2021	NY	17	M	5/29/2021	6/1/2021	pt had nausea, fatigue and headache the day after taking the vaccine. On 6/1/2021 he woke up with chest pains and was brought to Hospital ER. He had labs which showed he had elevated troponin levels so was transferred to another Hospital where he was admitted. He has been given pain and anti-inflammatory medicines. His DX is post vaccine myocarditis and pericarditis. Once the medicine wears off his pain returns. Troponin levels are back up so they are currently waiting for the attending physician to see him.
1371136	6/3/2021	OH	15	M	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 breathe and face was swollen, mom rushed to hospital and they said his oxygen level was low and he was having an 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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1371175	6/3/2021	DE	15	M	6/2/2021	6/2/2021	Reports ate a few peanut butter pretzels today. Reported lightheadedness that resolved within about 1 minute, followed by seeing spots for about 2 minutes resolved, momentary tightness on inspiration that resolved, and ringing in ears for about 3 minutes resolved. Later reported nausea on ambulation post vaccination to seat in observation area that resolved upon sitting down. Also, reported has history of similar s/sx with flu vaccination. Denies chest pain and other s/sx. Nurses responded with emergency cart. 01:47pm LUE 96/70 pulse regular R20, lungs clear, lips noted to be dusky/purplish. Benadryl 50mg PO x1 administered. Lips color reassessed and after few minutes returned to usual pink color. Reports nausea, lightheadedness, visual spots, and ringing in ears resolved, all s/sx resolved, stated "I feel normal". Counseled follow up with pediatrician, urgent care or emergency department for any return s/sx, Mom verbalized understanding. Observed for 30 minutes. Ambulated with steady gait off floor with his parent and sibling.
1371326	6/3/2021	MI	17	M	5/1/2021	5/19/2021	Woke up with severe chest pain two days after receiving the vaccine. Was taken to the ER and was admitted for elevated enzyme level and pain. Inflammation around the heart.
1371569	6/3/2021	MO	13	M	5/20/2021	5/23/2021	Sharp chest pains, difficulty breathing and passed out for about 30 seconds.
1371646	6/3/2021	CA	12	M	5/13/2021	5/13/2021	Had headache & mild fever (100 on forehead) evening of vaccine but woke up on 3rd day with chest pains. Complained of pain when taking a deep breath and would flinch in pain. By the time got to ER in the afternoon, pain had subsided. Not sure if vaccine related but never had chest pains before & considering report of myocarditis after 2nd shot for younger males. Wanted this documented in case there is a pattern.

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1371880	6/3/2021	GA	16	F	5/15/2021	5/16/2021	At the time of the vaccine daughter dizzy and started to fade out 20 minutes after the vaccine. She couldn't see and it seemed like it was a Vaso Vagal response which resolved quickly. At 5am she woke up with a fever of 102 and extreme left arm pain. The fever was controlled with Tylenol. Two days after the vaccine she woke up complaining of chest pain and a knot under her left arm. It felt like something was pressing on her chest. We went to the ER and all tests were negative. The feeling lasted until the end of the day. Three days after the shot the next morning she got a headache for half of the day and resolved with Tylenol. The next day all symptoms were gone. Emergency Room Dr.
1372329	6/3/2021	WA	16	M	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.

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1372356	6/3/2021	CA	15	F	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.

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

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1373108	6/3/2021	CA	13	M	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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1371212	6/3/2021	NY	13	M	5/15/2021	5/16/2021	<p>Within 24 hours of the vaccine started to develop episodes of tachycardia (mom who is a physician measure heart rates as high as 130-140) with minimal activity. He noticed a couple of episodes of heart racing (was not noticing other episodes) but no HR obtained. He developed more pleuritic chest pain at the site of his rib pain and persistent fatigue. Seen in my office three times over the next 7-10 days, and symptoms persisted. Testing included CXR and ECG which were normal. COVID PCR NP swab was negative and blood work was normal (cbc, ebv/cmv titers, thyroid). He was evaluated by cardiology on 5/24/21 and diagnosed with POTS. Currently (early June) he continues to have fatigue significant enough that he can't get through an entire school day (very atypical for him) and has intermittent pleuritic chest pain (which had mostly resolved about 10 days after the vaccine) The tachycardia has resolved for the most part (within 2 weeks of the vaccine)</p>

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1369790	6/2/2021		14	M	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).

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

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1366595	6/2/2021	MI	12	M	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.
1367692	6/2/2021	CA	17	F	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.

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1367905	6/2/2021	NJ	14	M	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)
1368062	6/2/2021	OH	16	M	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.

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1368138	6/2/2021	DE	16	M	6/1/2021	6/1/2021	Reports did not eat today, usually eats. Reported lightheadedness that resolved within about 2 minutes, followed by nausea for about 2 minutes resolved - was followed by hunger, and muffled hearing for about 3 minutes resolved. Denies chest pain, change in vision, and other s/sx. 03:57pm LUE 112/62 P62 R20. Reports lightheadedness, nausea, and muffled hearing, all s/sx resolved, stated "I feel normal", drank a cola and ate a protein bar. Observed for 30 minutes. Ambulated with steady gait off floor with his parent.
1368167	6/2/2021	NJ	15	F	5/13/2021	5/14/2021	May 14 started a low grade fever, headache, fatigue May 18 bad headache, still low grade fever May 23 complaining of sore throat May 25 fever elevating to 101 May 27 fever as high as 103, begin to have chest pain and tachycardia May 28 fever 103.5 tachycardic and chest pain May 29 fever 102 range tachycardic and chest pain May 30 fever 102.7 still exhibiting chest pain and tachycardic May 31 fever of 102 June 1 fever only 99.5
1368590	6/2/2021	WA	16	M	5/9/2021	5/9/2021	Chest pain - Pt with left sided chest pain with running yesterday, about a mile into the run, jogging on a treadmill. Sharp pain, severe, had to stop. Pain resolved within a few seconds when he stopped. Similar episode the day before but much more subtle mild achy pain. Has had faster heartrate and out of breath much easier since he received the 2nd COVID-19 vaccine 3 weeks ago. Dull pain/pressure in his chest has been persistent the last few days since he started running for soccer, club soccer just started. Rode a long intense mountain bike ride prior to the 2nd COVID-19 vaccine, no problems with that, that was 2 weeks after the first, 1 week before the 2nd shot. Since the second vaccine has been really fat

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1368620	6/2/2021	CA	14	F	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</p>

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1368656	6/2/2021	MN	17	F	5/22/2021	5/23/2021	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. First on Saturday May 22 had sore arm, then pain that thought was possibly heartburn/indigestion, fever over 100. Took acetaminophen and tried Tums. Then on Sunday May 23 chest pain that didn't feel quite like indigestion and fever over 100. Continued acetaminophen and Tums. Monday May 24 felt like heart was fast, hot flash type feeling like could faint and some light headedness/off feeling, continued chest pain. Pediatrician prescribed omeprazole to see if helped, did EKG. Checked in on Wed May 26, no change except no fever and light headedness improving. Referred to cardiology.
1368721	6/2/2021	CA	16	M	5/29/2021	6/1/2021	Myocarditis: Patient reports developing intermittent non-radiating substernal chest pain (5/30/21 at 7am) one day following his second Pfizer vaccine. He had also been experiencing cough for the last few weeks starting in early May about a week after his first Pfizer vaccine . He states having an intermittent non-productive cough since receiving his first COVID vaccine in early May. Symptoms are worsened by walking or exertion. No leg swelling. Patient presented to the ER where troponin was elevated to 9000 and EKG was consistent with myocarditis . Patient admitted for NSAID treatment, cardiology evaluation and observation. Troponins quickly down-trended and patient clinically stable. Anticipate discharge home in next 24-48 hours.
1369050	6/2/2021	CA	14	M	5/20/2021	5/20/2021	left anterior chest pain on and off since vaccine, EKG ordered
1368850	6/2/2021	CA	14	M	5/15/2021	6/1/2021	Acute myocarditis presenting with chest pain and elevated troponin I. Admitted to the PICU at Hospital on 6/2/21 (previously had been in the ER on 6/1/21 at the start of chest pain).
1365147	6/1/2021	CA	14	M	5/21/2021	5/21/2021	Patient had worsening of underlying chest pain with episodes lasting longer, but still intermittent in nature. Happened throughout the weekend until patient came to the ED on 5/24/2021.

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1365905	6/1/2021	NY	16	M	5/29/2021	5/30/2021	Chest pain, troponin I elevation to 40.15, with diffuse ST-elevations on ECG. The patient was vaccinated on 5/29, developed chest pain on 5/30 and presented to our hospital on 6/1.
1362815	6/1/2021	CA	16	M	5/26/2021	5/27/2021	Pt developed chest pain appx 24-36 hours after receiving the 2nd Covid-19 vaccination. Three days after receiving the 2nd vaccination, he went to the emergency room to be evaluated for chest pain. He was admitted to the hospital on 5/29/21 because of elevated troponin levels. He was given a dose of Ketorlac for pain. He was observed x 2 days and then discharged to home on 5/31/21
1364287	6/1/2021	NJ	12	M	5/28/2021	6/1/2021	Chest pain, tightness
1364659	6/1/2021	MD	17	M	5/26/2021	5/29/2021	chest pain Saturday morning actually resolved, but had troponins 3800 then 4160, trending down. Telemetry and check labs going down. Our ECHO and EKG were fine, as was proBNP, d-dimers.
1365056	6/1/2021	AZ	12	M	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 the 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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1365301	6/1/2021	CA	16	M	5/26/2021	5/27/2021	16 year old c/o mid-sternal chest pain x 2 days which worsens on inspiration. Pt had Pfizer vaccine #1 on 4/25. About 10 days later pt developed cough and around that same time his mother tested positive for Covid-19. On 5/8 the patient tested positive for Covid-19 and his 2nd vaccine dose was postponed. His symptoms resolved after appx 1 week. He then received his 2nd Pfizer Covid-19 vaccine on 5/26. The next day 5/27 (2 days PTA), pt c/o of mild chest pain. On 5/28 (1 day PTA) he was able to run a mile during PE but ran slower than usual and had some mild chest discomfort during the run. This morning pt felt worsening chest pain and parents brought him to ED. Since his recovery from presumed Covid-19 infection earlier in the month, the patient has not had any SOB/cough/fever/chills/rash. No pain radiating to extremities. No lethargy. Pt continues to have a normal appetite w/ normal u/o and normal BMs.
1365515	6/1/2021	MD	15	M	5/27/2021	5/27/2021	Mostly nonverbal pt developed temp 100-102 evening following vaccine through following day, and on day 3 had significant chest pain warranting 911 call and ED visit. Labs were significant for leukocytosis (WBC 19.8) and CXR w R hilar pneumonia. Troponin level was normal. He has improved on ABX.
1365693	6/1/2021	OR	16	M	5/12/2021	5/13/2021	Patient woke up with chest pain and later diagnosed with possible acute pericarditis at his PCP office. He was treated with Ibuprofen 600 mg taken three times daily and referred to the pediatric cardiologist.
1365181	6/1/2021	MD	15	M	5/15/2021	5/16/2021	Developed chest pain radiates to spine shortness of breath due to chest pain
1365555	6/1/2021	PA	16	F	4/26/2021	4/28/2021	chest pain ER visit BNP was elevated
1362684	5/31/2021	IN	17	M	4/21/2021	4/22/2021	Chest pain, heart rate in 140s

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1362653	5/31/2021	TX	17	F	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.
1362637	5/31/2021		16	M	5/7/2021	5/30/2021	Patient received first COVID-19 vaccine as noted above on 5/7/21 at University Health without significant side effects. He received his second vaccine dose as noted above on 5/28/21 at University Health. Two days later (5/30/21) he noted persistent, crushing substernal chest pain. He was brought to the emergency department where he was given the diagnosis of myopericarditis and admitted to the hospital for pain control and monitoring.
1362634	5/31/2021	CA	15	M	5/27/2021	5/30/2021	5/30/21 - Patient woke up feeling chest pain that was localized to the left side of his chest, pleuritic in nature. The problems persistent despite trying medications like tums for heartburn. Pain improved at night but never fully resolved. 5/31/21: Patient continued to have chest pain and mother became worried and brought the patient to the urgent care
1362391	5/31/2021	MD	17	M	5/25/2021	5/28/2021	Chest pain w/elevated troponins and small ST elevations in infero/lateral leads concerning for myocarditis

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1362286	5/31/2021	WA	12	M	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.
1361977	5/30/2021	OR	16	M	5/26/2021	5/29/2021	myocarditis - chest pain with elevated troponin requiring hospital admission. symptoms started 3 days after vaccination which was his second dose of the Pfizer vaccine. First dose was on 5/1/21.
1361404	5/30/2021	NY	13	M	5/25/2021	5/25/2021	Complained of SOB and chest pain on the same day of his shot, but resolved on its own, later that night started with new-onset fever/chills, headaches, myalgias, and a new onset rash spreading from face to trunk, early lesions described as red papules and eventually dry up, no dermatomal distribution, spread throughout, not itchy, refers some tenderness/burning feeling upon palpation. Only treatment received is Tylenol.
1361418	5/30/2021		17	F	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.
1361623	5/30/2021	MA	14	M	5/24/2021	5/28/2021	Myocarditis. Presented with chest pain and increased Troponin.
1361906	5/30/2021	IL	14	M	5/24/2021	5/28/2021	Presented to the ED 6 days after receiving Pfizer vaccine with chest pain; pressure and burning with nausea and vomiting.
1361628	5/30/2021		16	M	5/27/2021	5/29/2021	Chest pain with elevated troponin consistent with myocarditis.

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1361179	5/29/2021	NY	12	F	5/28/2021	5/28/2021	5 mins after being on the observation area patient experienced a feeling of dizziness while being with her mother, she fainted but didnt fall as she supported her body, mother expresses that something similar happened recently when she went to obtain blood work for her ab test. Also fx hx of vasovagal sx as per discussion. Denies any chest pain, no SOB, no HA, no palpitations. Pt was transferred via wheelchair to the medical stretcher area and was observed and lie down in supine position with elevation of her legs for 30 mins. Patient left home without further episodes and stable, VS at time were 100/64 HR 67 Dr and EMS were at the site. Medical Advised provided

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

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1359871	5/29/2021	MN	15	M	5/21/2021	5/23/2021	<p>pain. Has not exercised today. Felt "warm" this AM, but didn't check temperature and felt better throughout the day. No palpitations, dizziness. Denies ever having chest pain before and no recent illnesses or sick contacts. No notable hx of cardiac disease. In the ED, troponin mildly elevated to 0.12 ng/mL and CRP 5 with low ESR and BNP. Bedside point-of-care US reportedly showed no clear effusion with grossly normal function. HR mainly in 70s in ED and normotensive. EKG with borderline nonspecific ST elevation in V3-V6.~~</p> <p>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.</p>
1358844	5/28/2021	GA	15	M	5/22/2021	5/26/2021	Abdominal pain, chest pain and myopericarditis

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1357951	5/28/2021	OR	12	M	5/19/2021	5/20/2021	My son developed a fever, brain fog, and his legs felt like they were burning. More worrisome was the heart pain he woke up with in the middle of the night and throughout the day on 5/20. He complained of a sharp stabbing pain on left side of his chest and said it was hard to take a deep breath. I gave him ibuprofen and he rested. I called his doctor and they said not to worry, these side effects were normal. I'm a bit nervous for him to get the second vaccine since he had the chest pain side effects as to why I'm reporting this. I'm surprised they give the same dose to a 80lb child, they do to a 200 lb grown man.
1357155	5/28/2021	CA	16	M	5/25/2021	5/26/2021	c/o chest pain began 1 day (may 26) after 2nd pfizer vaccination (May 25). Patient came to ER on 5/27. C/o chest pain. Physical exam shows chest wall Tenderness to palpation.
1357375	5/28/2021	CA	16	F	5/24/2021	5/26/2021	Patient developed left sided chest pain that lasted for approximately 12 hours. It then improved but she still had it with lifting heavy objects. Was seen in clinic. Went home and has follow-up with Pediatric Cardiology tomorrow.
1357626	5/28/2021	SC	16	M	5/22/2021	5/23/2021	Chest pain, elevated troponin. No treatment, no cardiac dysfunction.
1357884	5/28/2021		16	F	4/15/2021	4/17/2021	Myocarditis. Chest pain started 2 days after the 2nd shot. Elevated troponin and went upto 20. Near syncope and tiredness.
1357942	5/28/2021	VA	14	F	5/26/2021	5/27/2021	On Thursday 5/27/21 her right eye swelled spontaneously while in the classroom. Both the upper lid and lower lid. No ocular involvement, or visual changes. Resolved with time and ice. Assumed that it was contact dermatitis. No other symptoms or complaints. The next morning 5/28/21 she woke up covered in hives on trunk/legs, minimal facial swelling. Lips/tongue/mucus membranes not involved. No SOB, dyspnea, cough or wheezing. No chest pain/pressure, no GI complaints or other complaints. I gave famotidine and levocetirizine. No worsening of symptoms noted and she attended school with close monitoring.

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1358568	5/28/2021	WA	16	M	5/25/2021	5/27/2021	Chest pain dull in nature and constant without dyspnea, nausea, vomiting
1358823	5/28/2021	CA	14	F	5/26/2021	5/27/2021	Chest pain, shortness of breath
1359262	5/28/2021	WA	13	F	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	F	5/23/2021	5/27/2021	shortness of breathe, chest pains
1359277	5/28/2021	TX	12	M	5/23/2021	5/26/2021	Patient developed acute onset of chest pain on the 3rd day after receiving Pfizer vaccine. Patient describes pain as squeezing in his chest. Pain resolved after about 20 minutes, but patient's mother brought him to emergency room where he had an abnormal ECG and was admitted for further evaluation.
1359301	5/28/2021	CA	13	F	5/22/2021	5/26/2021	Chest pain
1359510	5/28/2021	TN	17	M	5/7/2021	5/8/2021	Pt reported he was "aware of his heart" and that it "felt like when adrenaline is running through his body" that began approximately 24 hours after vaccination, and resolved 48 hours after starting. He reported this information at his second dose appointment 21 days after vaccination. He says his symptoms were hard to describe, but he overall felt poorly and says he could feel his heart beating more than normal. He denied chest pain, racing heart, excessing sweating, headache, agitation. Patient has no history of cardiac issues. After 48 hours his symptoms resolved with no intervention.
1355780	5/27/2021	TX	16	F	5/17/2021	5/25/2021	arm pain, mild chest pain, mostly around the sternal area, more with on palpation, extremely elevated troponin levels (high normal is 0.04 for our labs, patient had 20) echocardiogram negative transferred to a more complex center, Hospital
1354410	5/27/2021	MD	14	M	5/13/2021	5/20/2021	Chest pain

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1354654	5/27/2021	MD	14	M	5/17/2021	5/21/2021	Patient presented to ER with severe unrelenting chest pain beginning abruptly 4 days after receiving first dose of Pfizer COVID19 vaccine. He was diagnosed at the ER with pericarditis and discharged with ibuprofen. Chest pain has gradually improved over past 6 days though is still intermittently present.
1354694	5/27/2021	CA	12	F	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.
1355092	5/27/2021	OH	14	F	5/24/2021	5/25/2021	Started Tuesday evening with light headed, dizziness, headache, in the early morning hours pt said she felt as if her right side was going numb & asked to go to the hospital. Later in the afternoon she got worse along with bad chest pain & stomach & started vomiting
1355358	5/27/2021	DE	16	M	5/26/2021	5/26/2021	pt experiencing chest pain after receiving second dose of COVID 19 vaccine on 5/26/21. Pharmacist and staff suggested contacting 911 to have an ambulance come, but patient's mother wanted to take him to Hospital for children which is nearby. Pt had chest pain 1-2 days after first dose and had EKG done 5/24/21. MD cleared patient to have vaccine.
1354101	5/27/2021	NY	17	M	5/19/2021	5/24/2021	Patient hospitalized for overdose. Patient found to have potential myocarditis. Patient overdosed on antihistamines loratadine and doxylamine. Found to have rhabdomyolysis. CK levels have been trending downward. Patient found to have elevated troponin and ECHO showed decreased EF raising concern for myocarditis. Also with EKG changes. Patient is asymptomatic without chest pain or palpitations. Cannot differentiate cause of myocarditis, can be due to over dose and related to rhabdomyolysis or other causes.
1355814	5/27/2021	CA	17	M	5/23/2021	5/26/2021	complained of chest pain, heart palpitation, jaw pain, tingling on fingers on both hands after waking up at 7:00AM 05/26/2021, denied nausea/vomiting

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1356343	5/27/2021	CA	15	M	5/27/2021	5/27/2021	<p>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:</p>

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							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. 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.
1355142	5/27/2021	GA	16	M	4/29/2021	5/14/2021	Patient was admitted to healthcare facility on 5/23 with chest pain and elevated troponin. Normal biventricular systolic function. Cardiac MRI showed myocardial fibrosis
1351401	5/26/2021	WA	16	M	5/21/2021	5/26/2021	patient presented w/ acute onset Chest pain, tachycardia Found to have cardiomegaly on xray elevated BNP, elevated CRP and Echo with severe decreased Left Ventricle Function
1350704	5/26/2021	NY	14	M	5/23/2021	5/24/2021	Patient had midsternal chest pain stabbing for 5mins. Patient took ibuprofen and pain resolved after 10mins. Headache and tired on 05/24/21 and 05/25/21. Provider encouraged rest and fluids and referred to see cardiology specialist.
1350709	5/26/2021	VA	15	M	5/22/2021	5/23/2021	Patient developed racing heart rate ~18 hours after his vaccine at 5 am the next morning. The racing heart rate was associated with L sided jaw pain. His family gave him 81 mg aspirin x 2 but later that day his heart racing was continuing and he developed mild chest pain, prompting him to go to ED.
1350891	5/26/2021	WA	16	M	5/17/2021	5/17/2021	The evening after the client received his first dose of Pfizer, he reported chest pain and fluttering in his chest while playing basketball. This event lasted approximately 5 seconds and resolved without intervention. The client is being followed by his pediatrician. Per his parent, these events have happened before, but this was the most severe.
1351002	5/26/2021	CA	17	M	5/19/2021	5/23/2021	Rapid heart rate, Chest pain, Palpitations

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1351157	5/26/2021	CA	16	F	5/10/2021	5/13/2021	Presented to ED on 5/13/21 with trouble breathing, chest pain, back pain and numbness. Had been exposed to boyfriend with flu like symptoms 3 weeks prior and had had some symptoms around that time but had been improved. SARS-CoV-2 PCR negative in ED. patient afebrile but workup in ED revealed troponin of 0.71, no EKG changes. Symptoms resolved in ED but given troponin was admitted to the hospital for further evaluation. Echo performed and normal. Troponin trended in hospital and patient discharged without events.
1351585	5/26/2021	CA	16	M	5/22/2021	5/25/2021	Patient is a 16 y.o. previously healthy male transferred from different Hospital for chest pain and elevated troponin. He had received his 2nd dose Covid vaccine (Pfizer) on Saturday 5/22, then had a fever to 103 on Sunday and then 101 on Monday measured by laser thermometer to forehead, associated with chills. Mother gave him Advil for fever. States he was awakened from sleep on Tuesday 5/25 at ~4am by a sharp chest pain. He describes a non-radiating, aching pain with some sense of pressure in the LUSB that initially lasted 2 hours. Once he arrived to Hospital it went away completely, but then returned several times after lasting about 30-60min each. Denies pleuritic pain, positional pain, dyspnea, or exertional pain. Tried Ibuprofen which he feels helped, but then the pain returned 30min later. Also endorsed headache and fatigue. At Hospital he had elevated troponin concerning for mild myocarditis. EKG had diffuse ST elevation suggestive of possible pericarditis.

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1351588	5/26/2021	HI	15	F	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.
1351684	5/26/2021	HI	16	M	5/22/2021	5/24/2021	Patient developed acute chest pain 2 days after administration of the 2nd dose of the COVID vaccine. Contacted PCP on the third day post vaccination. PCP directed him to be seen in the ED. Patient noted to have ST elevation on ECG with elevated cardiac enzymes (CKMB and troponin) thus was admitted to the PICU. Echocardiogram showed normal cardiac function. Troponin level increased further following admission, however CKMB started to trend down. Remained hemodynamically stable and did not require any significant interventions (IVIG, vasopressors, ECMO, steroids, etc). Chest pain resolved on admission to PICU.

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1351950	5/26/2021	LA	17	M	5/22/2021	5/23/2021	chest pain, nausea, sweating w/ alternate chills, and headaches onset at approximately 10-11 a.m. Sunday, 5/23/21. Because he was reporting for work to a camp, he reported to the camp nurse. After conferring with parents, he reported to Hospital for testing. EKG there was normal; minimal labwork performed - Troponin test requested by parent came back at 0.03. Advil taken earlier had resolved pain at that time, but pain was persistent the following day. Parent retrieved patient, and he reported to his pediatrician at the PCP Clinic and more labwork was performed at approximately 10 a.m. Troponin level had increased to 14, with other inflammatory markers elevated and abnormal EKG result. Pediatrician consulted with pediatric cardiologists, and parents were advised to proceed to the ER. Mother arrived with Hospital at approximately 5:30 p.m. Troponin results from 6:45 elevated to 16. Ped. Cardiologist performed echo-cardiogram, which showed no abnormal heart functioning. Ped. Cardiologist diagnosed myocarditis and prescribed 15-hour IVIg infusion. As of Wednesday, 5/26, at noon, troponin level had decreased to 10.8 and other inflammatory markers were improving. Patient is currently still hospitalized in the ICU Step Down Unit at Hospital.
1352373	5/26/2021	OR	13	M	5/16/2021	5/23/2021	Patient reporting increase in chest pain starting 7-8 days after administration of vaccine

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1350637	5/26/2021	VA	16	M	5/23/2021	5/24/2021	<p>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</p>

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1351955	5/26/2021	OR	12	M	5/12/2021	5/16/2021	autoimmune component or genetic etiology. He developed acute chest pain 4 days after the vaccine and presented to the ED. Pain was worse in recumbent position and improved with sitting. ED physician suspected possible pericarditis and he was given ibuprofen. Symptoms resolved within 24 hours while taking ibuprofen.
1347375	5/25/2021	MT	13	F	5/18/2021	5/20/2021	2 days after vaccine was given on 5/20/21 around 4:30 she complained of chest pain that was sharp and pressure and that it was hard to breathe. She was taken to the ED for evaluation. At the time of exam she was feeling better in her chest and complained that the pain had moved to her upper abdomen. There were no findings on physical exam or heart monitor. Her heart rate was elevated mostly in the 90's and low 100's. No further complaints of chest pain, but continues to be achy 1 week post vaccine especially in her knees.
1346428	5/25/2021	IN	15	M	5/22/2021	5/23/2021	Patient began to have chest pain 12-24 hours after administration of vaccine. Chest pain worsened over 48 hours. Pain described as constant pressing sternal chest pain. He also had associated fatigue. Initial work up consistent with peri/ myocarditis. Chest pain has no longer been persistent during admission. No chest pain at rest any longer. Patient describing some ?throbbing? heart pressure with walking.

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1346476	5/25/2021		17	M	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>
1345445	5/25/2021	CA	13	F	5/19/2021	5/19/2021	<p>Chest pain shortly after the vaccination. Swallowing and throat. Long lasting and was sent to the emergency room. Labs and EKG were normal. Sore throat lasting up to five days after the vaccine. Tightness in throat and chest experienced</p>

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1346713	5/25/2021		14	M	5/22/2021	5/22/2021	Patient is a 14 yo male c/o intermittent upper left chest pain for >20 min after Pfzler vaccine. Reported pain 3/10, described as sharp and non-radiating. Denied previous episode w/ similar symptoms. Reported feeling some anxiety but denied being diagnosed or treated with anxiety. Upon assessment no acute distress noted. Alert and orientedx4, verbal and able to make needs known. Respiration even and unlabored. Skin pink, warm, dry and intact. No sx of allergic reaction. Chest non-tender, heart rate WNL, noted irregular rhythm, no murmur or extra sounds noted. No loss or altered level of consciousness noted. Mother present with patient and reports having HX of elevated BP which physician recommended increased activity and weight loss, denied medication treatment. No HX of allergies per mother. Past medical HX obtained from patient and physical assessment completed simultaneously. Pt assessed while sitting in chair. VS 160/81, HR 62, O2 97% RR 20, sponataneous resolution on symptoms after 2-3 minutes, patient observed additional 30 minutes, no acute distress noted, pt denied pain or symptoms. Advised mother to have patient evaluated by PCP for irregular heart rhythm ASAP. Advised mother to take patient immediately to ER if symptoms return or develop new symptoms. Advised mother to call 911 if patient develops chest pain, SOB, altered or loss of consciousness. Mother verbalized understanding of all advice and education. Patient went home with mother
1346733	5/25/2021	FL	14	M	5/18/2021	5/22/2021	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.

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1347516	5/25/2021	NM	14	M	5/20/2021	5/21/2021	Myocarditis. Patient presented with chest pain and was found to have a troponin of 9.75. Pain resolved and troponin down-trended after treatment with IVIG and Solu-medrol. Patient's brother has history of MIS-C after Covid. Patient had documented Covid in 10/2020.
1347537	5/25/2021	KS	17	M	5/21/2021	5/23/2021	Patient received 2nd Pfizer COVID vaccine on 5/21/21. He had fever and headache for about 24-36 hours, which he had also had after the first dose of the vaccine. On 5/23, he woke up with constant substernal chest pain, which worsened with exertion and deep inspiration. The pain increased throughout the day. In the ED, he was found to have elevated troponin ,CK-MB, elevated CPK, and elevated liver enzymes. EKG was concerning for ST elevation initially. Bedside echocardiogram showed low-normal function, normal coronaries, trace effusion, and no evidence of RV strain. Troponin and NT pro BNP were increased upon admission to our facility. Repeat ECHO showed borderline global hypokinesis of the LV with an LVEF of 51%. He received IVIG on 5/24/21 and also was started on ketorolac on 5/24/21. Troponin and CK were trending downwards at the time of this submission.

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1348637	5/25/2021		15	F	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

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1347549	5/25/2021	IN	12	M	5/21/2021	5/22/2021	<p>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 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>headache, weakness, tactile fever 1 day after the 1st dose of vaccine. On day 5 (today) developed left arm tingling and chest pain, so seen at ED. Symptoms subsided on ED arrival.</p>

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1347513	5/25/2021	NY	16	M	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>

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1343848	5/24/2021	VA	17	M	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.
1342400	5/24/2021		16	F	5/12/2021	5/20/2021	Patient reporting worsening chest pain x 3 days, headache x 3 weeks, dizziness today
1342436	5/24/2021	CA	17	M	5/6/2021	5/8/2021	Chest pain (midsagittal), feeling similar to heartburn, pain felt midsagittal throughout chest, but especially immediately below heart. Diaphragm movements when breathing increased severity of pain. Symptoms subsided within 12 hours with use of Kwan Loong Pain Relieving Oil. Unlike heartburn, nothing worked to relieve pain immediately. This was in addition to known side-effects that were present including: fatigue, slight fever, headache, muscle pain, and soreness at injection site.
1343357	5/24/2021	NC	17	M	5/20/2021	5/22/2021	Fever and headache 24 hours after vaccine. Continued fever and chest pain 48 hours after vaccine.

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1343445	5/24/2021	MA	17	M	5/4/2021	5/24/2021	Woke up on 5/7 with pleuritic chest pain, and admitted to the PICU on the same day. Found to have myopericarditis confirmed by MRI, now with residual low-normal EF of 56%. Discharged from hospital on 5/11.
1343640	5/24/2021	NC	16	M	5/8/2021	5/17/2021	16yr old patient (Wt = 92.6kg) administered both doses of COVID-19 Pfizer vaccine (1st dose: 4/17/2021, LOT # EW0169 IM via right deltoid; 2nd dose: 5/8/2021, LOT # EW0170 IM via right deltoid). Patient with past medical history per chart review. On 5/18/21, patient presented to urgent care complaining of non-radiating chest pain (7/10), tightness in center of chest since the previous day which occurs at rest and with activity. Symptoms worse when taking a deep breath. Other symptoms denied including fever/chills, cough, sore throat, nausea, vomiting, fatigue, and myalgias. After second COVID-19 vaccine on 5/9, patient had fever, fatigue and similar chest pain, but it had resolved until 5/17 when it returned. ECG obtained noting "Normal sinus rhythm, ST elevation, consistent with pericarditis". Labwork including D-dimer (0.353), troponin (< 0.019) and CBC (WBC 4.2), were all non-concerning. Upon discussion with cardiologist, recommended indomethacin 50mg TID with meals x 10 days (# 542899912) and colchicine 0.6 mg PO BID (# 542899913). Patient presented to Peds Cardiologist on 5/20, noting colchicine had not been started due to prior authorization issue. On 5/20, ECG noted "ST elevation" and transthoracic echocardiogram (no obvious defects or abnormalities). Patient to return for peds cardiology check up within 4 weeks or sooner if needed with repeat ECG. Plan to continue indomethacin however, patient instructed not to start colchicine at this time.
1343689	5/24/2021	IN	17	F	5/16/2021	5/16/2021	My child was accidentally given moderna instead of Pfizer even though she is under 18. After the mistake was made she began to have nausea and vomiting, headache and lethargic. After 6 days she began to have chest pain, rapid heartbeat and the nausea continued. We have ended up in the hospital admitted because of the tachycardia.

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1343775	5/24/2021	TX	16	M	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.
1343933	5/24/2021	CA	17	M	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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1344312	5/24/2021	OH	14	M	5/19/2021	5/23/2021	Patient developed maculopapular uticular rash day of vaccine that started on his lower extremities and progressed over a few days to include part of his trunk and his proximal upper extremities. Parents gave benadryl at home. It began to self resolve 5 days after vaccine, with complete resolution on day 6 after vaccine. Additionally, on day 5 following vaccine, the patient had one, isolated, episode of chest pain and SOB that lasted 2-3 minutes. Patient believed he was having a panic attack. Patient's mother took BP during event which was 190/95. Patient subsequently brought to ED where all his vitals were diffusely within normal limits including BP. No persistent chest pain and physical exam unremarkable. Troponin was obtained in ED and found to be elevated at 1951. Patient was admitted, troponins were trended, and patient remained in stable condition without further adverse events, and was subsequently discharge home with diagnosis of suspected myocarditis.
1344363	5/24/2021	WA	17	M	5/21/2021	5/23/2021	17 y/o M with no PMHx presenting to ED from another ED for work-up of acute onset chest pain. Patient experienced this pain at approximately 2200 on 5/23 and this prompted ED visit. His chest pain was 8/10 at that time. Did not radiate. He mentioned pain with deep inspiration. Prior to Sunday night he describes feeling tired, malaise on Saturday. He says he had a fever on Saturday. Temperature at that time unknown. Otherwise patient was in usual state of health. Of note, Friday 5/21 was his second dose of the COVID-19 vaccine. He denies having any adverse effects after vaccine #1. Patient diagnosed with acute pericarditis at this time thought to be due to COVID-19 vaccine
1344649	5/24/2021	WA	17	F	5/17/2021	5/20/2021	Received dose #1 on the 17th, about 3-4 days later noticed having chest pain, described as a "pressure" that is worse with deep breathing and lying down. This was a telemedicine visit. She was well appearing, but sent her to urgent care for further eval.

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1345026	5/24/2021	HI	15	M	5/18/2021	5/19/2021	5/19/2021: Fever, Chills, headache, cough. 5/20/2021: Chills persist, fever & headache resolve 5/21 /2021 at 0300: Severe Chest pain, fever recurs, admitted to hospital where ST elevation seen on EKG, Echocardiogram shows pericardial enhancement, normal function , no abnormalities. troponin high at 832, proBNP high at 308, CKMB 54.6
1345283	5/24/2021	NJ	17	F	4/29/2021	5/3/2021	Patient developed substernal chest pain that began about 3 days after her first Pfizer Covid shot. It was worsened by laying flat and relieved somewhat by sitting upright or forward. NSAIDS were slightly effective at improving the pain. It took about a week to totally resolve. The patient went to a walk-in clinic initially and they noticed right-axis deviation on an EKG and sent her to the Hospital for further workup. She was discharged from the ER several hours later with no clear diagnosis but a suggestion that it sounded clinically like a viral pericarditis.

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1343709	5/24/2021	TX	16	F	4/15/2021	4/19/2021	Vaccine administered at outside facility. Patient is a 16 yo girl, admitted on 4/19 with myocarditis, s/p IVIG (4/19) after presenting with progressive new onset chest pain. She was in usual state of health up until 2 days ago when she started developing body aches, and chest pain. Patient received her 2nd Pfizer COVID vaccine last week (4/15). No known history of COVID infection. Parents brought her to the ED yesterday after she complained of dizziness, SOB, chest pain, and had a near syncopal event. EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, normal CXR, negative COVID PCR. Denies fever, GI symptoms, GU symptoms, headache, rash. Once transferred to our PICU, she was worked up for myocarditis vs MIS-C. Troponin has been trended q6 and is trending up (now 11). Of note, there have been no fevers. Patient is a 16 yo girl, s/p admission (4/19-4/23/21) with myocarditis, s/p IVIG (4/19), has now been readmitted on 5/10 with myocarditis after presenting with headache and neck pain for 2 days. Following discharge from the PICU on 4/23, patient states that symptoms have lingered (low grade fevers, feeling tired, on and off chest pain). After developing a progressive headache and neck pain, she came back to the ER for re-evaluation. Upon readmission, her troponin was elevated (2.06 on 5/10). Her CBC and CMP were reassuring. Blood culture collected on 5/11 and urine culture collected on 5/10. ID consulted for workup.
1342268	5/23/2021	PA	17	M	5/4/2021	5/7/2021	Patient complained of chest pain 3 days after his second Pfizer COVID vaccine and was diagnosed with Myocarditis.
1341490	5/23/2021	OR	12	M	5/20/2021	5/21/2021	Pericarditis, temp 100, chest pain
1341017	5/22/2021	CA	17	M	5/19/2021	5/19/2021	COVID-19, mRNA, LNP-S, PF (PFIZER-BIONTECH) 5/19/2021 (17 Y) , 4/28/2021 (17 Y) Severe chest pain, Requiring hospitalization for pain management and MI/Myocarditis therapy.
1336694	5/21/2021	NC	16	M	5/8/2021	5/9/2021	05/09 Woke up with Chest pain/fever/headache 05/17 went to urgent care due to chest pain/diagnosed with Pericarditis 05/20 pericarditis diagnosis confirmed by cardiologist No other contributing factors

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1338627	5/21/2021		17	F	5/13/2021	5/14/2021	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.
1336480	5/21/2021	CA	16	M	5/17/2021	5/19/2021	fever and chills followed by chest pain - elevated troponins
1337396	5/21/2021	MN	13	F	5/13/2021	5/16/2021	Several days of chest pain and abdominal pain throughout the rib cage.
1337375	5/21/2021	CA	17	M	5/7/2021	5/8/2021	Second COVID vaccine was administered 5/7/21. Patient then developed chest pain and presented 3 days later to Hospital on 5/11/21. Admitted for treatment of myopericarditis.
1334612	5/20/2021	WA	16	M	5/15/2021	5/16/2021	Chest pain, fever, headache and fatigue starting morning after vaccination. Progression of chest pain prompting evaluation in the emergency room where he was found to have a Troponin of 23,000 (nl less then 50). D'Dimer mildly elevated. ST changes on EKG. CTA negative. LFT mildly elevated. Sent to hospital where admitted to cardiology service pm 5/19 and given a diagnosis of myocarditis. Still under care at this time of report.

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1333197	5/20/2021	CA	16	F	5/15/2021	5/16/2021	Patient received first dose of Pfizer vaccine (lot EW0170) on 4/24/21 at University and received 2nd dose of Pfizer vaccine (lot EW0182) on 5/15/21 also at University. Came to hospital ED on 5/16 AM with diagnosis of acute chest pain, acute dehydration, and adverse reaction to vaccine administration. Was discharged to home and returned to ED on 5/17/21 for continued chest pain (central, throbbing, non-radiating chest pain). Medical tests and laboratory results revealed elevated troponin level (1.546 at peak, then declined to 0.585 prior to discharge home). Patient was admitted to PICU for close monitoring. CT angiogram of chest was negative, chest x-ray was negative, EKG showed normal sinus rhythm, echocardiogram was done and it was a normal study. Dr. discussed with the cardiology department at Hospital. Possible myocarditis due to vaccine. COVID-10 IgG IgM antibodies were positive for the patient which indicates good efficacy of the vaccine. Patient to have follow-up with outpatient pediatric cardiology Dr. Discussion with father on 5/20/21 indicates that patient's symptoms were improving.
1333629	5/20/2021	NY	16	M	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.

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1334084	5/20/2021	AL	16	M	4/27/2021	4/27/2021	PFIZER-BIONTECH COVID-19 VACCINE EUA. PATIENT'S MOM REPORTED THE FOLLOWING: HAD VOMITING ON 4/27 AT 9PM. ON 4/28 EVENING HAD FEVER. CHEST PAINS ON 4/29 LATE EVENING. TIRED AND BODY ACHES THE WHOLE TIME. FELT BETTER FRIDAY BUT CHEST PAINS OFF AND ON. CONTACTED DOCTOR AND THEY DID BLOODWORK. MD CALLED PEDIATRIC CARDIOLOGY AND ADMITTED TO HOSPITAL WEEKEND OF MAY 1ST. FOUND MYOCARDITIS AND ALSO REPORTED TO VAERS. HIS NUMBERS WERE IMPROVING WHILE AT HOSPITAL SO THAT IS WHAT THEY PUT ON DISCHARGE. 5/3- TROPONIN 0.68, CREATININE 4.8.
1334164	5/20/2021	NH	16	F	5/20/2021	5/20/2021	Within 15 minutes, pt complaining of chest pain, not radiating, in center of chest. Coughing, stating sore throat. Given PO 50 mg Benadryl. Vital signs stable. No other s/s. Took private vehicle to hospital with RN.
1334563	5/20/2021	WA	15	M	5/14/2021	5/15/2021	Received vaccine on 5/14 around 6 pm. Started noticing chest pain, chills and fatigue on 5/15 around 6 pm. Evaluated by ED on 5/17 subsequently admitted to PICU with intermittent chest pain and elevated troponin in the setting of recent Covid vaccination as well as a history of WPW status post ablation with recent onset of intermittent tachycardia. EKG demonstrates nonspecific ST segment changes and has elevated troponin which likely points to myocarditis as a diagnosis. Continues with elevated troponin level, no medication intervention at this time, no longer having chest pain
1334617	5/20/2021	OR	13	M	5/15/2021	5/16/2021	Presented 3 days after Covid vaccination with ongoing chest pain since then. He was found to have elevated troponin and elevated ST segments consistent with pericarditis. He was also found to have be Covid positive by PCR. No medications initiated. ECHO normal.

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1335999	5/20/2021	AZ	16	M	5/16/2021	5/17/2021	Patient developed chest pain starting 3 PM on 5/17. Presented to a local ED for this on 5/18 and was found to have elevated troponin level. Transferred to a hospital with pediatric floor and was seen by a pediatric cardiologist. Echocardiogram notable for evidence of pericarditis but normal cardiac function. Given concern for development of arrhythmia, transferred to a hospital PICU. Chest pain was mild to moderate, stabbing, and was somewhat relieved by antiinflammatory therapy. He never had fever, chills, vomiting, diarrhea or rash. He had no ill contacts. He had no history of prior COVID nor did his family
1336040	5/20/2021	WI	17	M	5/13/2021	5/14/2021	About 18 hours after the vaccine was given, the patient developed chest pain. The chest pain progress over about 24 hours to 9/10. He presented to the ER where he was found to have elevated troponin (up to 15) and ST changes on EKG. Echo was normal x2. He was treated for myopericarditis with NSAIDs and colchicine. He quickly improved. No clear etiology of his myopericarditis was identified, raising suspicion that it may have been an adverse reaction to the vaccine.
1336042	5/20/2021		16	F	5/20/2021	5/20/2021	arrhythmia, heart palpitations, pain in left arm, pain in chest (particularly left side) radiating into shoulder blade, fatigue, muscle aches
1334286	5/20/2021	CA	12	M	5/20/2021	5/20/2021	onset of chest pain after initial injection which resolved prior to disposition home with mother. Denied any other symptoms.

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1331123	5/19/2021		13	F	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.

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1331020	5/19/2021	RI	17	M	5/12/2021	5/15/2021	Patient developed severe chest pain and was found to have myopericarditis. This occurred 3 days after receiving his 2nd Pfizer covid vaccine. Prior to this event, he was in his usual state of health and denied any viral prodrome or illness. In the hospital, he received NSAIDs and supportive care with significantly clinical improvement. He was discharged with cardiology follow up.
1330562	5/19/2021	CA	17	M	5/14/2021	5/16/2021	Left sided chest pain few days after second shot. Noted troponin to be elevated. Troponin: 1.27 -> 1.62 -> 1.74 -> 1.62->1.05 -> 1.06 -> 0.99. Normal ECHO. Normal EKG. Dx with myocarditis. Patient's pains symptoms resolved in 1-2 days; observed in hospital until troponin trended down.
1331020	5/19/2021	RI	17	M	5/12/2021	5/15/2021	Patient developed severe chest pain and was found to have myopericarditis. This occurred 3 days after receiving his 2nd Pfizer covid vaccine. Prior to this event, he was in his usual state of health and denied any viral prodrome or illness. In the hospital, he received NSAIDs and supportive care with significantly clinical improvement. He was discharged with cardiology follow up.

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1331293	5/19/2021	CA	14	M	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

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1330866	5/19/2021	IL	16	F	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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1327432	5/18/2021	MD	17	M	5/12/2021	5/14/2021	17 y.o. male who presents with chest pain, elevated troponins and diffuse ST elevations concerning for pericarditis vs myocarditis admitted for cardiac monitoring and evaluation. Pt states he has had 1 day of sudden onset L shoulder pain and chest pain. Endorses dyspnea due to pain with deep breaths, denies tachypnea, nausea/vomiting, diaphoresis. Endorses mild chills and aches after COVID vaccine 3 days prior to onset of symptoms, denies any fever, URI symptoms, diarrhea, rash, known COVID contacts. Pain continued to worsen and spread across his chest, causing presentation to ED this afternoon. No history of PE, DVT, long travel, recent surgery, malignancy, alcohol or cocaine use. Significant cardiac history in family: dad with CAD w/LAD blockage, both parents with hypertension. At ED, labs notable for elevated troponin 0.456, repeat 0.67 and diffuse ST elevations on EKG concerning for pericarditis. COVID neg, CXR unremarkable, blood cx drawn, no abx started. Patient was given toradol for pain with minimal improvement. Peds cardiology was consulted and patient was transferred to different ED for further care. At different ED, repeat EKG showed similar diffuse ST elevations in I, II, aVL. Repeat troponins uptrending (4.91), proBNP 562, ESR 43, CRP 18. Mildly tachycardic but otherwise hemodynamically stable. Given tylenol for pain. Cardiology recommended admission for trending troponins, echo and cardiac monitoring. CV: Troponins were trended every 12 hours with a max of 4.91. His last troponin checked on the morning of discharge was 0.41. He had an echo that showed normal cardiac function, an MRI that indicated normal ventricular size and function, with minimal or healing and inflammation or mild myocarditis. During his admission, he had continuous cardiorespiratory monitoring, that did not show any arrhythmias. Resp: On 2L NC for comfort, no respiratory distress or hypoxia. FENGI: Regular diet Neuro: Ibuprofen scheduled and tylenol PRN for pain. He was initially started on ibuprofen 800 mg every 8 hours, but was starting to have pain prior to being due for medicine every 8 hours so his regimen was changed to 600 mg every 6 hours which controlled his pain adequately. ID: Myocarditis panel sent with some results still pending. Thus far, he is CMV negative, EBV IgG was positive but not IgM. RVP was negative. This all occurred in the setting receiving the Covid vaccine 3

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1326494	5/18/2021	CT	17	M	5/14/2021	5/15/2021	<p>days prior to presentation, which has been reported as a rare reaction to the Covid vaccine. At the time of discharge, labs pending results include mycoplasma pneumonia, coxsackie, parvovirus, enterovirus. Etiology of myocarditis remains unclear at this time, could be related to infectious etiology not yet clear to us, vs related to his COVID vaccine prior to admission.</p> <p>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.</p>
1326646	5/18/2021	CT	16	M	5/13/2021	5/14/2021	<p>Received second Pfizer Covid-19 vaccine on Thursday 5/13 without acute adverse events. The following day he developed substernal non radiating pleuritic chest pain that kept him awake all night. The following morning pain progressively worsened so he went to the emergency room.</p>

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1327095	5/18/2021	AL	17	M	5/5/2021	5/6/2021	The patient presented to the emergency department on 5/8/2021 with 2 days of chest pain. He had ST segment elevation on ECG consistent with pericarditis. A troponin was elevated at 9.9 ng/mL. He was admitted to the hospital from 5/8 to 5/10 to observe on telemetry. Echo was normal without pericardial effusion. Troponin trended downward. He was discharged home on naproxen and colchicine with scheduled follow up.
1328253	5/18/2021	CA	17	M	5/15/2021	5/17/2021	Developed chest pain and diagnosed with myopericarditis based on EKG and elevated troponins. admitted for monitoring
1328746	5/18/2021	CA	15	M	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.

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1328747	5/18/2021	CA	14	M	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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1328752	5/18/2021	CA	16	F	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.
1326721	5/18/2021	NJ	17	M	5/13/2021	5/15/2021	5/14/21 - day 1 after vaccine dose #2 - had fevers, body aches, chills, fatigue. 5/15/21 - day 2 after vaccine dose #2 - began to have chest pain that started out at 5/10 and then became constant and persistent sharp, 10/10 chest pain that was worse with lying back and improved with sitting up and leaning forward. Pt went to Urgent Care, had ECG done and demonstrated ST wave changes where he was brought to ED and ECG confirmed ST/T wave changes and Troponin T was elevated to 1.62 - thus with these findings and the chest pain that was consistent with pericarditis - diagnosis of myopericarditis was made.
1323977	5/17/2021	OH	16	F	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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1323004	5/17/2021	CT	17	M	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</p>

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							and pt remains asymptomatic. Plan 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 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
1323053	5/17/2021	NC	14	F	5/14/2021	5/14/2021	Pt c/o stabbing chest pain 15min after receiving the COVID vaccine. Pt was evaluated by MD and determined to be having an episode of anxiety. Vitals signs within normal limits.
1323091	5/17/2021	NC	14	M	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.

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1323410	5/17/2021	MA	12	M	5/13/2021	5/13/2021	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

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1323833 5/17/2021 GA

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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 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.

AFTER COVID19 VACCINATION, PATIENT EXPERIENCED NUMBNESS, TINGLING, DIZZINESS, WEAKNESS, LIGHTHEADEDNESS AND DIAPHORESIS AT FOREHEAD. NO LOC, NO DIB, NO SYNCOPE, NO CHEST PAIN. AFTER 15 MINUTES PATIENT WAS ASYMPTOMATIC. LEFT WITH FATHER TO HOME AT 11:16 AM. VITAL SIGNS: 1100 BP 72/36, HR 88, RR 20 1105 BP 86/46, HR 84, RR 20 1110 BP 88/62, HR 82, RR 20 1115 BP 96/68, HR 80, RR 20 1116 BP 102/70, HR 82, RR 20

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1325256	5/17/2021	IL	15	F	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.
1323785	5/17/2021	PA	15	M	5/17/2021	5/17/2021	Post vaccine pt became dizzy and lightheaded. Pt transferred to med obs via wc. Pt reports immediately feeling better after sitting down on litter. Vitals obtained and monitored. Pt had no complaint of chest pain. Pt had no complaint of SOB. Pt released at 14:10. Vitals as follows: 1359 SITTING BP 116/67 HR 62 RR 16 SpO2 98% 1410 STANDING BP 119/79 HR 62 RR 16 SpO2 98%
1323710	5/17/2021	CO	16	F	5/15/2021	5/15/2021	Headache and chest pains
1321328	5/15/2021	VA	17	M	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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1321144	5/15/2021	CA	14	F	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</p>

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1320682	5/15/2021	CA	17	M	5/10/2021	5/11/2021	information and reported the occurrence in VAERS. The patient had a steady and even gait when leaving the site with her mother at 1537.
1319732	5/15/2021	WA	16	M	5/11/2021	5/12/2021	chest pain, palpitations admitted for myocarditis now with troponin of 17 today 5/15
1317686	5/14/2021	IN	16	F	5/12/2021	5/12/2021	Pt developed sharp chest pain, intermittent, positional, severe at times. Occurred within 24 hours of 2nd vaccine administration. Seemed to improve with ibuprofen taken. Found to have significantly elevated troponin I to 1.5, concerning for myopericarditis. Echocardiogram was normal. Plan for NSAIDs as needed for pain and follow-up with Cardiology.
							Pt developed chest pains and heart racing that night along with high fever 102 with very bad headache. Chills and fever and weakness latest through Friday afternoon. Fever started to go down Friday afternoon and weakness improved. Headache remains strong

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1317414	5/14/2021	ID	17	M	5/9/2021	5/9/2021	<p>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.</p> <p>EXPOSURE: No one at home is sick, No known exposures prior to vaccine</p> <p>CHRONIC: None, no hx of asthma or allergies, hx of eczema.</p> <p>PCP: None UTD on immms. Vitals: Wt 163.4, HR 60, RR 18, Temp 97.8, O2 sat % 98</p> <p>Past Results: Examination: GENERAL</p> <p>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.</p> <p>HEAD: no visible lesions or abnormalities.</p> <p>EYES: no eye, eyelid, or orbital abnormalities identified.</p> <p>EARS: BILATERAL TMs pearly gray without erythema, effusion, or purulence; EAC with normal amount of cerumen bilaterally, no mastoid erythema or tenderness.</p> <p>NOSE: patent nares, congested, clear rhinorrhea.</p> <p>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.</p> <p>NECK: supple, non-tender, FROM.</p> <p>CHEST: normal shape, good expansion, no visible lesions/abnormalities, no tenderness, no retractions, no</p>

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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 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 restas much as possible. Patient informed to return if not improved or go to ER if worsening sympmtoms, 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.

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1314482	5/13/2021	MD	14	F	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.
1313706	5/13/2021	MA	17	M	5/6/2021	5/8/2021	Patient developed chest pain with onset 05/08/21, 3 days after receiving his second Pfizer COVID-19 vaccination (Lot EW0167) on 05/06/21; he had previously received his first Pfizer COVID-19 vaccination (Lot EW0170) on 04/15/21. Pain continued until presentation at Hospital on 05/11/21, where testing indicated possible myocarditis (see below). Symptom resolved under observation without specific treatment.
1313822	5/13/2021	CT	16	M	5/10/2021	5/13/2021	Chest Pain
1314326	5/13/2021	WA	16	M	4/17/2021	5/6/2021	1. Right-sided chest pain and decreased aeration on Right lung (3 lobes) The pt was imaged to rule out spontaneous pneumothorax - MBI:XRY Chest, PA and Lateral (STANDARD) IMPRESSION: Large right pneumothorax with pronounced collapse of the right lung
1314732	5/13/2021	NY	17	M	5/7/2021	5/10/2021	Diagnosed with myocarditis on day of admission, found to have elevated troponin levels, currently hospitalized for observation and potential supportive care, however patient with no cardiac compromise and stable. Patient with chest pain that has resolved.

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1315653	5/13/2021	FL	17	M	5/2/2021	5/3/2021	Myocarditis. Patient initially presented with chest pain 12 hours after vaccination. No other risk factors. Patient required to be in Pediatric ICU for treatment and cardiac monitoring.
1315831	5/13/2021	GA	17	M	4/21/2021	4/22/2021	On April 22, 2021, Pt had flu like symptoms. On April 23, 2021 I received a text at work that pt was having chest pains. I called his pediatrician. We were thinking pt was still having flu like symptoms. On Saturday, April 24, 2021, pt was still complaining about chest pains. He was tired and not acting normal. We took his blood pressure twice and his heart rate was 105 bpm.. Can not exactly remember blood pressure (seemed very off). Took pt to the hospital where they measured his heart rate at 107 bpm.
1313852	5/13/2021	NY	17	M	5/9/2021	5/10/2021	presented to ER for chest pain on 5/11 and 5/12, diagnosed with myopericarditis with elevated troponin level, abnormal ECG; hospitalized and treated with anti-inflammatory (Ibuprofen)
1310719	5/12/2021	TX	16	M	5/5/2021	5/9/2021	presented to outside ED with complaints of new onset chest pain that radiated to the back and down his arms with concurrent nausea. Patient was sitting in the living room around 2030-2045 when he developed midsternal and epigastric region pain. Pain radiated to his upper middle back and down both left and right arms. There were no notable exacerbating or relieving factors. Pain was a 4-7 in severity. He was also nauseated. He was given tums by his mother without significant change in symptoms. After 45 minutes they decided to go to the ER. At ER labs were notable for elevated troponin (2-->15-->9). EKG with J-point elevation. Non-contrast CT chest/abd/pelvis was unremarkable. He was given ASA 325 and famotidine in the ED. Pain eventually subsided around 2345. He was transferred to another hospital for further evaluation of troponinemia.
1310120	5/12/2021	OH	16	M	5/6/2021	5/10/2021	The patient developed severe chest pain on the 4th day after the vaccine, he presented to the local emergency room and had the abnormal tests as described below. His symptoms improved rapidly but due to active myocarditis was given recommendations for limited activity to reduce risk of fatal arrhythmia

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1307020	5/11/2021	CT	16	M	5/6/2021	5/7/2021	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.
1303530	5/10/2021	UT	16	M	4/27/2021	4/29/2021	Patient received his 2nd Pfizer COVID vaccine on Tuesday 4/27/2021; he had low grade fever (100.3 deg F) on Wed 4/28/2021. On Thursday 4/29/2021, he developed "heartburn", and on Friday 4/30/2021 he developed chest pain that radiated to his jaw and left arm. He presented to Hospital on late 4/30/2021 or early 5/1/2021 for evaluation; initial labs showed a CRP of 1.23, POC troponin of 6.56 ng/mL (03:18 on 5/1) and lab level of 17.6 ng/mL (03:05 on 5/1) that increased to 24 ng/mL later in the morning on 5/1. COVID-19 PCR was negative. He was transferred to another Hospital mid-day on 5/1/2021 due to concerns for myocarditis/myopericarditis. He was started on NSAIDs. His troponin level improved, had decreased to 9.69 ng/mL on 5/2/2021; at that point as his chest pain had improved and labs were improving, parents requested that he be discharged from the hospital. He had 2 echocardiograms at PCH which reportedly showed normal biventricular systolic function. He had an echo at the hospital on 5/2/2021 which showed normal biventricular systolic function, no pericardial effusion, and normal valves. As an outpatient, he had repeat troponin-I levels: 2.49 ng/mL on 5/3; 0.31 ng/mL on 5/5; the troponin level was reportedly normal on 5/10/2021 per his primary cardiologist
1303394	5/10/2021	NY	17	M	5/3/2021	5/7/2021	Chest pain with myocarditis
1301554	5/9/2021		16	M	5/1/2021	5/1/2021	Headache, followed by chest pains when moving
1301093	5/9/2021	MI	16	F	5/4/2021	5/7/2021	Myopericarditis with chest pain. currently improving

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1299961	5/8/2021		16	M	5/4/2021	5/6/2021	<p>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 at 06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10:00 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.</p>

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1295509	5/7/2021	TX	16	F	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.

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1296650	5/7/2021	KS	16	F	4/14/2021	4/17/2021	Patient was seen at the urgent care clinic on 4/19/2021 having congestion for a couple of days as well as cough, new throat the head and troubles breathing was noted to have normal oxygen saturation and was given an albuterol inhaler and told that she had a virus. She followed up in the PCP office on 4/21/2021 with worsening troubles breathing and was given Decadron in the office, 4days of prednisone, CXR and labwork. CXR showed possible reactive airway disease and was to do steroid and continue out albuterol every 4 hours. Had negative/normal lab work and positive Covid antibodies. History of Covid 10/2020. Felt almost completely back to normal by Sunday, her last day of steroids. On Monday had worsening of her breathing throughout the day, increased troubles breathing again after softball that night. Albuterol did seem to help up. Called the office as she woke up Tuesday morning with worsening and would started on Flovent. With no improvement return to PCP office on 4/29/2020 with marked inspiratory stridor. Was admitted to the hospital for work-up of return of stridor. Had a normal chest x-ray and neck/soft tissue x-ray. With continued troubles breathing and chest pains with decreased heart rate was elected to go to Hospital where she could have further work-up. When the ARNP came helicopter, was concerned about her airway and she intubated to fly to hospital. Was dx there with Sudden Acute Onset of Vocal Cord Dysfunction and is continuing with therapies.
1291846	5/6/2021	MD	16	F	5/3/2021	5/5/2021	Patient with chest pain 5/5. Elevated troponin, peak of 2.96 at time of report. Chest pain resolved at this time. ECHO by cardiology team completed and normal. Admitted to cardiology service for monitoring
1292713	5/6/2021	GA	14	M	4/28/2021	4/30/2021	Developed fever, SOB and chest pain 3 days after second vaccine dose.
1289987	5/5/2021	NY	17	M	5/1/2021	5/2/2021	The day following the vaccine c/o tactile fever, headache, stomach ache and fatigue (on 5/2). On 5/4 developed chest pain and shortness or breath. Reported to the ER with concerning EKG and troponin levels and therefore transferred where he has been admitted for myocarditis.

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1286798	5/4/2021	CA	16	F	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.
1285570	5/4/2021	IL	16	M	4/29/2021	5/3/2021	My son woke up with a upper backache in the middle of the night (5/3/21) and shortly after that he said that it felt like someone was squeezing his heart. We called the pediatrician on call who recommended I take him to the ER. At the ER, they performed two EKG's, a chest x-ray, bloodwork and an echocardiogram. We were discharged from the ER 7 1/2 hours later with the following diagnoses: acute chest pain and acute pericarditis. His treatment consists of taking 600 mg of Advil every eight hours for at least the next, laying low and not exerting himself for the next and following up with his primary care provider and seeing the pediatric cardiologist later this week.
1285516	5/4/2021	TN	17	F	4/28/2021	4/30/2021	chest pain and chills 2 days after vaccination. seen in ED 2 days after for chest pain. normal labs and EKG. seen 6 days later in this office for continued chest pain and chills. no previous history of chest pain

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1284487	5/4/2021	CA	16	F	5/1/2021	5/1/2021	Patient reported feeling lightheaded status post first dose Pfizer COVID vaccine (Lot: EW0167, expiration date: 08/31/2021) to medic. Medic noted that the client was CAOx4, her skin was pale, warm and slightly moist, pupils were equal, round, reactive to light and accommodating (PEARRL), respiration rate (RR) was 20. The client's sister stated the client had a history of anxiety and that "she gets this way whenever she gets a shot". Medic walked patient to the zero gravity chair. The client was given water to sip on. At 1213 baseline vitals were taken with client sitting: Blood pressure (BP): 110/82, heartrate (HR): 98, RR: 20, PEARRL. Medic reports she coached the client on her breathing to help alleviate her complaint of feeling lightheaded, mild nausea and anxiety. Client reported she felt anxious prior to her vaccination and that her last oral intake was 15 minutes prior to vaccine. Client denied headache, blurry vision and chest pain. At 1220 a second set of vitals were taken while standing: BP 108/80, HR 86, RR 16, CAOx4. Client stated her symptoms were diminishing. Client's RR slowed down to normal rate and rhythm, vital signs were trending to normal and client was negative for orthostatic pressures. Client was advised to stay for additional 30 minute observation. Client's symptoms resolved completely and she was able to ambulate away from observation site without assistance and with a steady gait.
1284476	5/4/2021	WA	16	M	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	M	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.
1282202	5/3/2021	MD	16	M	4/8/2021	5/2/2021	Received dose #1 on 4/8/21 and dose #2 on 4/30/21. On 5/1 evening developed chest pain and tightness. He told his family about the chest pain the following day, on 5/2, which prompted his Mom to take him to an ED. In ED on 5/2 and found to have ST elevation, elevated troponins and elevated inflammatory markers. ECHO with mildly decreased systolic function. Picture consistent with perimyocarditis. Admitted to Hospital 5/3 AM. Currently clinically stable but admitted for close monitoring.
1281795	5/3/2021	MN	17	F	4/8/2021	5/1/2021	acute myocarditis; acute onset chest pain; admitted to the pediatric intensive care unit; about to receive IVIG. Chest pain started 5/1/20 about 2 days after her 2nd Pfizer COVID-19 vaccination

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1281031	5/3/2021	PA	16	M	4/30/2021	5/1/2021	The patient received the second dose of the Covid vaccine on 4/30/21, on 5/2/21 at 0230 the patient reported an episode of palpitations, chest pain, and left arm pain that was relieved after 1 hour. On 5/3/21 at 0230 the patient reported a second episode of palpitations, chest pain, and left arm pain that was not relieved, pt presented to the Clinic, to ED at 0340 on 5/3/21, the patient had an EKG and lab work done. Troponin I lab level was 4.52, which is over 100 times the normal limit. Pediatric cardiology was consulted and the patient was sent to Hospital via life flight.
1280493	5/2/2021	NC	16	M	4/26/2021	4/26/2021	MYOCARDITIS. Patient is a 16 year old boy with ADHD who presented with fever and myalgias for 3 days, that progressed to sharp parasternal chest pain and some SOB. Patient received second dose Pfizer COVID-19 vaccine on 4/26, and after that shot experienced fever to 102 at home and myalgias. Subsequently his symptoms of chest pain have occurred. He underwent workup revealing of elevated Troponin, and EKG with some ST segment elevation, a slightly elevated CRP at 32, and a normal ECHO. Admitted for observation and concern for infectious myocarditis vs MIS-C. Cardiac MRI was done confirming Myocarditis, Troponin I was elevated and peaked at 23, 325pg/mL. Workup unrevealing of SARS. Other testing showed Resp virus panel negative, blood pcr for EBV, CMV, Parvovirus B19, enterovirus, and adenovirus all negative, HIV antigen/antibody testing negative. Patient treated with Ketorolac with steady improvement in symptoms over several hospital days. Discharged home 5/2 with Troponin I well down and symptoms resolved. Given reports in lay press regarding other cases of COVID-19 MRNA vaccine associated myocarditis, we are reporting this as a vaccine associated adverse event.
1277706	5/1/2021		16	M	4/27/2021	4/30/2021	Patient presented to urgent care with chest pain that started on 4/30/2021. EKG with diffuse ST elevation, consistent with Pericarditis. Sent to ED for further care and management.

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1278576	5/1/2021		16	F	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.
1275712	4/30/2021		17	F	4/30/2021	4/30/2021	patient felt dizzy, lightheaded, nauseous after receiving pfizer covid-19 vaccine. I checked her blood pressure, it was normal 127/96; pulse was 87. I gave patient ice pack and she said she was feeling numbness in her left arm and fingers. After 5 minutes she was feeling some chest pain and wanted me to call 911. She said she was feeling anxious and hadn't eaten all day. patient takes weekly methotrexate injections.
1273081	4/30/2021	CO	17	F	4/26/2021	4/29/2021	After receiving the vaccine on 4/26, she developed headache and temperature to max 99-100 as well as muscle pain in the arm where she received the vaccine. Progressed to diffuse myalgias on 4/27 and 4/28. Was having a slight cough that is typical for her during this time of year due to allergies, no other respiratory symptoms. Then acutely developed severe jaw pain that radiated to the throat and into her chest when she woke up on 4/29 in the morning. She had 10 out of 10 crushing chest pain.
1271550	4/29/2021	GA	16	M	4/27/2021	4/27/2021	11:55am Pt. reported feeling like he was "fading out and dizziness," denies SOB, chest pain. Airway patent. Patient and patient's Mother declined emergency care. 12:00pm. 122/82 58 21; 12:05pm 120/86 67 21; 12:15pm 122/82 72 20; Disposition: 12:35pm. Pt. in no distress, declined offers for emergent treatment. Pt. left with Mother in no distress via personal vehicle.

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1271369	4/29/2021	WY	17	M	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
1269675	4/29/2021	CA	17	M	4/7/2021	4/8/2021	Patient was in his usual state of health. On Wed, 4/7/21, at 10:20am, he received the first dose of Pfizer COVID-19 vaccine. No immediate vaccine reactions. He went home, complained of pain at the vaccination site and took a nap because he stayed up late the night before. On Thursday morning, he woke up with chills and feeling like having a fever. He took Tylenol and then took a nap. On Thursday night, he began to have chest pain but he did not tell his parents. On Friday, he continued to have chest pain so he told his parents about it. His father told him that if chest pain got worse, they would go to an ER. On that night (Friday) at 1am, he told his parents that he was not feeling well, his chest pain had gotten worse and he wanted to be taken to an ER. He also had abdominal pain, dizziness, disorientation, and he vomited. He was taken to ER where he was found to have elevated troponin of 10. The ER recommended transferring for further work up and the father drove him to the hospital. At the hospital, he was found to have elevated troponins and NT-proBNP concerning for myocarditis of unclear etiology. He was monitored on telemetry and had no concerning ectopy. He had an echo on admission that demonstrated no structural abnormalities, trivial mitral valve regurge, and normal biventricular systolic function. EKG was unremarkable. Troponins were trended q6h and decreased from 32 -- > 23 -- > 17. NT-pro-BNP decreased from 439 to 322 at discharge.
1267989	4/28/2021	MI	17	F	4/28/2021	4/28/2021	She had chest pain and dizziness and local swelling left arm 15 min after injection.

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1263942	4/27/2021	MN	16	M	4/22/2021	4/24/2021	COVID-19 in Nov 2020. At the time had sore throat, runny nose, and body aches for about 3 days. No chest pain at the time. Patient developed episodic chest pain starting Saturday 4/24 (2 days after vaccination). First episode 4/24 and then again 4/25 PM. Found to have elevated troponins, cardiac imaging normal (EKG, ECHO, chest CT). Depending on trend of troponin may receive IVIG, although currently not indicated given improvement in troponins.
1262194	4/27/2021	IA	16	M	4/22/2021	4/24/2021	Patient received vaccination on 4/22 and started developing chest pain on 4/24. patient presented to the Emergency Department on 4/25 and was evaluated and found to have a troponin of 1500 and was diagnosed with myocarditis. The source is unknown at this point but may be related to the vaccine.
1262397	4/27/2021	OR	16	M	4/23/2021	4/26/2021	Suspected myocarditis. Chest pain with multiple intermittent dysrhythmias including complete heart block, junctional, PVCs. Trop leak. Elevated NT-proBNP. Planning for IVIG.
1262798	4/27/2021	GA	16	M	4/26/2021	4/26/2021	After reporting symptoms of dizziness, Patient was monitored by RN at vaccination site. While monitoring, RN noticed patient exhibiting muscle tremors throughout his body that he reported not being able to control. Reaction intensified with patient advising that the was having sharp right sided chest pains that he rated on a pain scale of 0 to 10 as being an 8. In addition he stated that the felt as though his throat felt as though it was closing off. EMS were notified and while en route, RN continued to monitor patient. Patient remained able to speak with RN, pulse remained 70s bpm and respirations within normal range of 14 to 20. Patient did not display any symptoms of having trouble breathing. EMS arrived to evaluate patient; administered oxygen therapy and ran a 12-lead echocardiogram. Patient's parents opted to take patient local hospital to be evaluated, but declined to do so via the ambulance and transported patient via private vehicle.

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1263450	4/27/2021	MO	17	F	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.
1264543	4/27/2021		17	F	4/12/2021	4/12/2021	Reported sudden "fast heartbeats with mild chest pain" lasted less than 2 mins with tingling of L arm where she received the injection. Stable, released from vaccination site.
1262816	4/27/2021	MD	16	F	4/14/2021	4/16/2021	After getting the 2nd dose of Pfizer, two days later, my daughter developed chest pain. She gets the chest pain every day and it today's date is 4/27/2021. She went to urgent care on April 18, 2021. However, she kept having chest pain and Saturday, April 24th the chest pain was intense. Patient states she has daily chest pain. Chest pain tends to be intermittent but she has it several times throughout the day. Sometimes the chest pain can be intense. (patient has a history of Kawasaki Disease, she received IVIG as a toddler and was on aspirin for a few weeks after the treatment. We were concerned if the chest pain was related to her heart). Currently, still monitoring her chest pains daily.
1256179	4/25/2021		16	M	4/21/2021	4/23/2021	Myopericarditis 48 hours after 2nd dose of Pfizer vaccine with chest pain, shortness of breath, and nausea.
1251457	4/24/2021		16	F	4/24/2021	4/24/2021	Angioedema, PT reports history of recurrent angoedema approximately twice a week. She is being worked up. Pt came with Benadryl. Denied SOB, wheezing, hives, chest pain, n/v.

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1252704	4/24/2021	CA	16	M	4/24/2021	4/24/2021	<p>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 further 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.</p>

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1248797	4/23/2021	CA	16	M	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.
1244323	4/22/2021	CA	17	M	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
1238456	4/21/2021	NC	16	M	4/16/2021	4/16/2021	Presented with chest pain, found to have diffuse ST elevation, elevated troponin/CRP/pro-BNP and echo concerning for low normal left ventricular systolic function. Ultimately diagnosed with myopericarditis.
1232855	4/20/2021	IN	17	F	4/14/2021	4/15/2021	Chills, nausea, fatigue, right side chest pain, hard to breathe, excessive seizure like shaking.

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1231560	4/20/2021	NJ	17	F	4/15/2021	4/17/2021	On 4/17/21 (ie within 48 hours of receiving COVID 19 Pfizer Shot #2 (4/15/21), my daughter began experiencing chest pain in the PM (PM of 4/17). It was initially mild so we did a watch and wait overnight but when it did not go away by morning of 4/18/21 we went to Urgent Care . Upon presentation at urgent care, she had an irregular EKG, we were advised to immediately do to a Hospital ER , upon arrival she presented with same EKG findings from urgent care, BW was run and her troponin level was a 7, this hospital recommended (after consultation with their cardiologist) that based on her age and urgency of the heart condition, we should be transported to a pediatric hospital with cardiology expertise. She was transported by ambulance to another Hospital, Cardiology Unit. . After a scary 24 hour overnight stay at the hospital she was released on 4/19/21.
1225732	4/18/2021	VA	16	M	4/15/2021	4/16/2021	On 4/16/21, the day after receipt of the second SARS-CoV-2 vaccine the patient developed new headache, fever, malaise, and myalagias. on 4/17/21 the patient then developed chest pain which worsened over time and lead to diagnosis of myocarditis with decreased left ventricle function of 44-47% and with troponin I of 1.58 ng/mL.
1219903	4/16/2021	PA	16	M	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)
1215312	4/15/2021		17	M	4/15/2021	4/15/2021	Chest pain, palpitations, tachycardia

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1213045	4/15/2021	CA	17	F	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
1212084	4/15/2021		17	F	4/14/2021	4/14/2021	abdominal pain, tingling, chest pain. Evaluated by EMS-Refusal to transport.
1208802	4/14/2021	TX	17	F	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

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1208266	4/14/2021	OH	17	F	3/28/2021	3/30/2021	She had COVID-19 infection on January 5. She received Pfizer vaccine 3.28.2021 - er8733 lot. she was feeling well prior to the vaccine with no seasonal allergy symptoms. No nasal congestion or itchy eyes. No NSAIDs the day of vaccine. Tired 20 minutes later. She woke up 4 hour later with fever 101. Took Tylenol 5-6 hours later. No ocular swelling at that time. had some nausea that evening and some abdominal pain. No muscle pain. Some chest tightness that evening. The next miring was very hot and nauseated and then vomited. Two days later swelling around eyes, not too itchy. Swelling was more severe in April 4. the swelling is slightly improved over the last week. On April 4, antecubital fossa were itchy and red. lasted 1-2 days. No runny nose, sneezing or itching. Low grade fever lasted 1 hour. fatigue lasted a few days. No muscle or GI symptoms. No NSAIDs, but Tylenol initially. no sore throat. No mucous membrane involvement. No leg swelling. No change in urine output. No joint pain. No headache. No vision change. No bleeding gums. No hives. No enlarged lymph nodes. No SOB. No chest pain. No change in bowel habits. Energy level good. No night sweats. SAR symptoms well controlled. Mild swelling at left arm injection sight that lasted 1 day. swelling is worse in the AM when waking up; both upper and lower eyelids.
1204558	4/13/2021	OH	16	F	4/10/2021	4/10/2021	Dizziness, bad chest pain, headache
1202247	4/13/2021	FL	17	F	4/6/2021	4/6/2021	Heavy sleeping, sore and stiffness in arm that was injected, chest pains and tightness of chest, nose bleeds and severe headaches
1206199	4/13/2021	OK	16	M	4/10/2021	4/12/2021	complained of chest pain similar to heartburn he had in the past. Also complained of pain in teeth and jaw.. Pain was mostly constant for 16 hrs. Took tums, pepcid, then pepto-bismuth. Also took Tylenol. BP was WNL. HR WNL.

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1201979	4/13/2021	PA	16	M	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)
1205354	4/13/2021	CA	17	M	4/7/2021	4/9/2021	Pt's father called on 4/9/21 afternoon and stated patient received dose 1 of Pfizer vaccine on 4/7/21 at stadium. On 4/8/21 pt.'s father states pt has fever, chills, some SOB and chest pain but feels better today (4/9/21). Pt's father also state patient took Tylenol for fever. Advised pt.'s father to take pt to the ED for evaluation and contact PCP. Pt's father verbalized understanding.
1199455	4/12/2021	WI	17	F	4/2/2021	4/10/2021	Patient reported difficulty breathing and chest pain; suffered cardiac arrest and death
1197826	4/12/2021	CA	17	M	4/8/2021	4/11/2021	Chest pain developed 3 days following vaccine administration. Presented to ED the morning of 4/11/2021, and was found to have diffuse ST elevation on ECG, and troponin level of 0.52. Received dose of aspirin, and then was transferred to Hospital for treatment and monitoring of pericarditis the afternoon of 4/11. Echo at Hospital with good LV function. Repeat EKG demonstrated ST elevation again, and he was started on ibuprofen 600 mg every 6 hours. Chest pain recurred in the evening of 4/11, but resolved some time after administration of ibuprofen. Troponin level upon arrival to Hospital were 3.92 at 17:11 on 4/11, then rose 8.68 at 23:42 on 4/11 at the time of his worsening chest pain. Chest pain still resolved by morning of 4/12, and troponin level downtrended to 5.87 at 6:22 on 4/12. Diagnosis consistent with myopericarditis.

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1184363	4/9/2021	IN	16	F	4/7/2021	4/7/2021	By 4:30 started having chest pains and could not take deep breaths, by 7:00 she was running a high fever of 102, body aches and extreme fatigue. She had a fever all day on 8th and experienced severe fatigue. She is still weak, having body aches and a low grade fever on Friday the 9th. Her chest pains stopped on Thursday.
1181438	4/8/2021	WI	17	F	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.
1177122	4/7/2021	IN	17	F	4/7/2021	4/7/2021	Patient passed out. tingling in finger. light headedness. chest pain related to anxiety. occurred after about 15 minutes
1168510	4/5/2021	CA	16	M	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.

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1168040	4/5/2021	NJ	17	F	3/29/2021	3/29/2021	After receiving first dose of Pfizer COVID-19 vaccine, patient stated "I don't feel okay" Patient remained conscious and aware. Patient denied pain, SOB, chest pain or other medical complaints. Patient reported feeling lightheaded, that she only had a smoothie to eat today. Patient was moved to the recliner chair and was accompanied by her mother the entire time. Patient was given orange juice. Patient tolerated oral fluids, stating that reported feeling had gone away. Patient was monitored and ate a small snack. Patient reported feeling fine. Patient was going to remain with mother for remainder of the day and advised to call 911 if she experienced any distress.
1162590	4/2/2021	PA	16	F	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,
1152127	3/31/2021	MN	15	F	3/26/2021	3/26/2021	Pre-syncope. Chest tightness/short of breath. Sternal Chest pain. Symptoms started 30 minutes after vaccination. Serial vitals and exam x 2 were normal. Symptoms resolved after another 60 minutes of observation.
1144691	3/29/2021	OH	16	F	3/29/2021	3/29/2021	Approximately 15 minutes following vaccination, the patient complained of headache, dizziness, chest pain and throat burning. I asked that she wait an additional 15 minutes so that we could monitor her. Approximately 30 minutes after vaccination, patient appeared to experience syncope or absence seizure (prev. history). we called 911 and paramedics transported her to hospital
1134876	3/25/2021	OK	17	F	3/2/2021	3/5/2021	The day after the vaccine- chills and headaches- lasted for 3 days The symptoms worsened slowly & on 03/10/2021 presented: sore throat, cough, diarrhea, chest pains when coughing. Patient was tested for COVID-19 (PCR), for Strep (RST & THROAT CULTURE), Influenza A& B, EKG, CBC and Basic Metabolic. Patient was treated with AMOXICILLIN for possible Strep until culture was available, ALBUTEROL INHALER & DEXAMETHASONE for bronchitis. *** This patient was Positive for COVID-19 in August 2020. She had the same symptoms as in March.

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1127265	3/23/2021	NY	17	F	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.
1071409	3/4/2021	CA	16	M	2/21/2021	2/24/2021	Since receiving his second dose of COVID-19 vaccine (Pfizer) on Sunday 2/21 he has had fever (tmax 103.0 F), headache, and stomach ache. His fever started on 2/21 and had persisted through 2/24. He woke up from a nap on 2/24 in the afternoon at 1600 had onset of severe chest pain. Then reoccurring multiple times throughout the evening. He was taken to a local hospital and the transferred to another hospital for higher level of care. Pediatric cardiology was consulted and treatment was started for suspected atypical pericarditis with colchicine 0.6mg BID and ibuprofen 600mg QID w/ famotidine 40mg QDay. His chest pain resolved the day of admission, even prior to starting treatment. Patient was discharged in clinically stable condition to follow up with pediatric cardiology in 2 weeks as outpatient.

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930353	1/8/2021	MN	16	F	1/7/2021	1/8/2021	<p>Patient in clinic for chief complaint of possible side effect of the covid vaccine which she received yesterday. She states that she woke up at 0200 with chest tightness, achyness and headache. She rates the discomfort 7/10 last night and improved now to 5/10. She denies any worsening with any type of exertion and states that she can do simple things like take a shower, walk across the room, down the street or even stairs without any worsening. She denies any SOB or chest pain--just feels tight. Doesn't feel like she can't get a full breath or get the air out of her lungs either. She received her first of two doses of the Pfizer vaccine yesterday (4:23pm) and had no difficulty with the injection itself and then 9.5 hours later woke up from sleep with this chest tightness as well as achyness and headache. She states that she had the exact same symptoms when she had positive covid test back in August of this year with the addition of fatigue which lasted for 5 days. At that time it was not felt necessary to do any further testing nor treat with steroids according to cardiology. She does have history of LV non-compaction cardiomyopathy and her last visit with cardiology was about 2 years ago and she had a normal EKG and echo only showed "mild LV non compaction at the apex" at that time. He did not need to see her again until she is 18 unless she has problems. She states that she generally does very well and other than this tightness she does not have any other significant symptoms.</p>