

COVID-19 Vaccine Drug Reactions: Child Deaths

Preliminary Notes – Reactions Listings Start on Page 2 Below

1. Child Death cases Reported through December 10, 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 deaths.
3. The last page has two cases that appear to be updates of cases on the first page with new VAERS_ID numbers. CDC removed those new cases, but did not keep any of the new and detailed information into the old record symptom text field.

VAERS_ID 1218081 = 1199455

VAERS_ID 1243516 = 1225942

4. 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 Death: COVID-19 Vaccine Drugs

<u>VAERS_ID</u>	<u>RECVDATE</u>	<u>AGE_YRS</u>	<u>SEX</u>	<u>VAX_DATE</u>	<u>ONSET_DATE</u>	<u>SYMPTOM_TEXT</u>
1912785	12/1/2021	17	F	5/12/2021	5/12/2021	Dose 1 given 4/21/2021 Pfizer Lot # EW0172 Patient had a cardiac arrest at home and was pronounced dead at Emergency Room. Covid test was negative.
1913198	12/1/2021	13	F	8/1/2021	9/1/2021	Patient received Pfizer vaccine in 8/2021. In 9/2021 she began to have some vague complaints of upper back pain. Patient ultimately diagnosed with epithelioid sarcoma. Parents requested that this information be sent to VAERS in case her cancer was related to Vaccine. Physicians caring for the child do not feel her death or her cancer was related to the covid vaccine. Presented to the local Medical Center on 10/30/21 after having received care closer to home. Pt is a 13 y.o. female with no past medical history who presents with fever, chest pain, and diarrhea. About two weeks PTA, she began complaining of sternal chest pain. She had fatigue and sore throat so was taken to an urgent care where she was negative for strep, flu, and COVID. She was prescribed bromfed. She then progressed to a dry mild that started about 10 days PTA. On Tuesday, 10/26, she was seen at an outside ER and was diagnosed with pneumonia. She was started on azithromycin and augmentin. She has continued to have chest pain, SOB, and fatigue. The day of presentation, she stayed home from school. She developed nonbloody diarrhea, tachycardia, and weakness so she was taken back to the ER for evaluation. Found to have a pericardial friction rub. Admitted to hospitalist service.
1890705	11/22/2021	5	F	11/18/2021	11/22/2021	Due to patient's complex PMH, provider asked that patient be monitored overnight after administration of COVID vaccine. Patient was moved from PICU to general peds floor due to improvement in condition on Thursday. Vaccine was administered that evening. Patient did well. Remained on room air. Was discharged home on Saturday. On Monday morning, father checked on patient and she was found pulseless and not breathing. It is unclear whether or not patient was placed on home CPAP during the night. EMS called. Patient arrived to ED as a CPR in progress. Patient presented with a pH of <6. Last known well 9pm the evening prior. Patient expired at 11/22/21 at 11:05 CST.

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1865389	11/12/2021	16	F	11/9/2021	11/11/2021	Patient with progressive hypoxemia throughout the day despite multiple changes in ventilator settings/modes. HFOV discussed with family, but functional oscillator not available and was awaiting arrival of donor oscillator. She is not a candidate for ECMO due to pulmonary hemorrhage and thrombocytopenia with recent chemotherapy as well as BMI (morbidly obese). Trial on nitric oxide performed with minimal improvement (sats increased from 60% to 65-68%). She was noted to have increasing peaked T waves as well as development of Q waves concerning for hyperkalemia and worsening cardiac function consistent with multiorgan failure; perfusion was quite poor with mottled extremities and difficult to palpate central pulse
1854668	11/9/2021	16	F	9/7/2021	9/1/2021	Was very tired and had sore muscles on September 09. Found September 10, 5:25 am dead. There were excessive amounts of blood along with large blood clots that appear to have come vaginally.
1828901	10/29/2021	17	F	9/15/2021	10/21/2021	Patient reported symptomatic (non-severe) case of COVID-19 August 2021 and recovered fully. She reported receiving Pfizer COVID vaccine 9/3/21 and second dose 9/15/21. She present to the emergency department of my hospital 10/23/21 with chest pain and dyspnea for 48h. Was feeling completely well prior to onset of chest discomfort. Symptoms were mild. No sick contacts or family members. ED evaluation remarkable for normal exam, no hypoxia, normal blood pressure. EKG with diffuse ST elevation. Troponin elevated at 20. CTA chest negative for PE or pneumonia. SARS-CoV-PCR positive but thought to be persistent positive rather than reinfection because of lack of clinical symptoms, recent COVID-19 and recent vaccination. Cardiologist consulted, thought acute coronary syndrome unlikely based on age and lack of risk factors. STAT Echo resulted depressed EF 40-45%. Simultaneously she had become increasingly tachycardic and EKG appeared more ischemic. Cardiac cath lab was activated and she was about to be transported when she suffered cardiac arrest. Initial rhythm was VT. Received ACLS protocol CPR x 65 minutes including multiple cardioversion, amiodarone, lidocaine, magnesium and other antiarrhythmics. Unfortunately she was not able to be resuscitated and died. Cause of death possible acute myocarditis.

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1823671	10/28/2021	16	F		10/13/2021	death; This is a spontaneous report from a contactable consumer. A 16-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as DOSE 2, SINGLE at the age of 16-year-old for covid-19 immunisation. The patient medical history and concomitant medications were not reported. patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 13Jul2021 at the age of 16-year-old for covid-19 immunization. The patient experienced death on 13Oct2021. The patient died on 13Oct2021. The lot number for vaccine (BNT162B2), was not provided and will be requested during follow-up; Reported Cause(s) of Death: death
1815295	10/25/2021	17	F	6/18/2021	7/21/2021	Acute Hyperglycemic Crisis
1815096	10/25/2021	13	F	7/11/2021	7/26/2021	Patient received first COVID vaccine on 7/11/21. She was well until 7/26/21 when she developed nausea, vomiting, shortness of breath and dizziness. At approximately 04:00 on 7/27/21, she woke up feeling poorly, went into the bathroom and then lost consciousness. EMS was called, she was in a tachycardia at 180 bpm, BP 88/64, unresponsive. EMS report states she was "in SVT and cardioverted at 30J then 70 J. Still in SVT but becoming more alert. HR 165 bpm, sats 98%." In ED, she was felt to be in ventricular tachycardia, She received attempted resuscitation with multiple rounds of CPR including chest compressions, defibrillation for reported ventricular fibrillation, and medications. She was unable to be resuscitated and death was pronounced in the ED. Autopsy is pending.
1784945	10/14/2021	12	F	7/11/2021	8/2/2021	Blood in airway, Death

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1764974	10/6/2021	15	M	6/14/2021	6/20/2021	He was in his usual state of good health. 5 days after receiving the vaccine, he complained of brief unilateral shoulder pain (unclear to family which shoulder), which the family attributed to a musculoskeletal source. No chest pains, shortness of breath, or palpitations. He was playing with 2 friends at a community pond, swinging from a rope swing, flipping in the air, and landing in the water feet first. He surfaced, laughed, told his friends "Wow, that hurt!", then swam toward shore, underwater as was his usual routine. The friends became worried when he did not re-emerge. His body was retrieved by local authorities more than an hour later.
1757635	10/4/2021	16	F	10/2/2021	10/3/2021	fatigue then death
1734141	9/25/2021	16	M	4/19/2021	4/1/2021	killed this young man/he died of an enlarged heart (500+ grams); The initial case was missing the following minimum criteria: unidentified reporter. Upon receipt of follow-up information on 20Sep2021, this case now contains all required information to be valid. This is a spontaneous report from Pfizer sponsored Program, via contactable consumers. A 16-year-old male patient received BNT162B2 via an unspecified route of administration on 19Apr2021 (Lot Number: ER8731; Expiration Date: Jul2021) (at 16-year-old) as dose 1, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient died in 24Apr2021. His father claimed he took the Pfizer vaccine five days before (24Apr2021) he died and that he died of an enlarged heart (500+grams) from Apr2021. It's not reported if autopsy performed. Follow-up attempts are completed. No further information is expected. ; Reported Cause(s) of Death: died of an enlarged heart
1696757	9/14/2021	11	F	9/14/2021		Patient was 11 years old and 8 months at the time of vaccine No side effects noted.
1694568	9/13/2021	16	F	3/19/2021	3/28/2021	pulmonary embolism
1689212	9/10/2021	17	M	4/17/2021	7/20/2021	SARS COV2 POSITIVE ON 7/20; EXPIRED 8/29/2021

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1655100	8/30/2021	13	F			dead from second dose of Pfizer Covid 19 vaccine; This is a spontaneous report from a Pfizer-sponsored program by a non-contactable consumer. This report reported same event for two patients. This is the first dose of two reports. A 13-year-old female patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as DOSE 2, SINGLE at the age of 13-year-old for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously received the first dose of bnt162b2 (BNT162B2) for covid-19 immunisation. A 13 years old female is dead from second dose of Pfizer Covid 19 vaccine. Both had no prior conditions with the heart and now are dead. The patient died on an unspecified date. It was unknown if an autopsy was performed. No follow-up attempts are possible; information about lot/batch number cannot be obtained; Sender's Comments: Linked Report(s) : US-PFIZER INC-202101091793 same report/drug/AE, different patients; Reported Cause(s) of Death: dead from second dose of Pfizer Covid 19 vaccine
1505250	7/27/2021	13	F	7/1/2021	7/27/2021	patient arrived in ventricular tachycardia via EMS, but responsive. deteriorated to pulseless ventricular tachycardia, PEA and ultimately death.
1498080	7/23/2021	15	M	7/18/2021	7/22/2021	7/22/2021 Child collapsed on soccer field while playing soccer at a local camp. CPR was initiated immediately. EMS arrived and found patient in vtac. Shock x 5. ACLS, intubation attempted. Transported to Medical Center. Patient had covid in April 2021. Dx in May 2021 hypertrophic cardiomyopathy. Started on lopressor 25mg BID. Patient had reported to parents that he had not recently taken his medications. Patient had his second covid vaccine on Sunday 7/18/2021.
1475434	7/15/2021	16	M	7/7/2021	7/13/2021	The patient died 6 days after receiving dose #2
1466009	7/13/2021	16	M	4/3/2021	4/30/2021	My son died, while taking his math class on Zoom. We are waiting for the autopsy because the doctors did not find anything. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. He was the best thing in my life.

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1463061 7/11/2021 13 M

Died three days after vaccine; 13 year old boy dies three days after the Moderna vaccine; This spontaneous case was reported by a consumer and describes the occurrence of DEATH (Died three days after vaccine) in a 13-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (13 year old boy dies three days after the Moderna vaccine). The patient died on an unknown date. The cause of death was not reported. It is unknown if an autopsy was performed. At the time of death, PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (13 year old boy dies three days after the Moderna vaccine) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Concomitant product was not provided by the reporter. Treatment information was unknown. Company comment: This is a case of death in a 13-year-old male subject with unknown medical history, who died one day after receiving the vaccine. Very limited information has been provided at this time. Further information has been requested.; Sender's Comments: This is a case of death in a 13-year-old male subject with unknown medical history, who died one day after receiving the vaccine. Very limited information has been provided at this time. Further information has been requested.; Reported Cause(s) of Death: Unknown cause of death

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1431289	6/28/2021	13	M	6/2/2021	6/19/2021	<p>Date of Admission: 6/19/2021 Date of Death: 6/20/2021 Primary Care Physician: No primary care provider on file. REASON FOR ADMISSION: Patient is a 13-year-old previously healthy male who was admitted after out-of-hospital cardiac arrest with ROSC after CPR for 15 minutes in the field, found to be in the context of large cerebellar hemorrhage secondary to brain lesion (AVM vs tumor). BRIEF SUMMARY OF HOSPITALIZATION: Patient was intubated prior to arrival to the ED. Upon arrival he was started on epinephrine and norepinephrine drips to maintain perfusion and was administered bicarbonate x2. Head CTA was obtained and was notable for midbrain hemorrhage and tonsillar herniation, and no contrast enhanced blood flow in the brain. Brain death exams were completed at 09:59 and 14:20. APNEA test was performed at 13:30, which is the official time of brain death. Official cause of death was brainstem herniation from intracranial hemorrhage. Mechanical ventilation was continued to allow family time to grieve and perform last rites. Time of cardiac death after mechanical ventilation withdrawal was 18:36. HOSPITAL COURSE BY PROBLEM: FEN/Renal/Endo: #Central DI He received 1.5 L of normal saline bolus in the ED and an additional 3 L of ringers lactate bolus overnight in the ICU to maintain perfusion and decrease heart rate. His sodium was 141 upon presentation but reached a maximum of 160 due to central diabetes insipidus. He was started on 0.45% normal saline at 100 mL/hr to improve hypernatremia, which was monitored Q1h until normonatremic. He additionally required vasopressin drip to be started due to central DI, which was increased to a maximum of 20 mU/kg/hr. CV: At time of admission, epinephrine was running at 0.1 mcg/kg/min and norepinephrine was 0.1 mcg/kg/hr. Norepinephrine was increased shortly thereafter to 0.12 mcg/kg/min. In the morning after admission, he had tachycardia to the 190s, which appeared to be narrow complex. Epinephrine and norepinephrine were discontinued. Two doses of adenosine were administered (6 mg first dose, 12 mg second dose) due to suspected SVT. The rate decreased for ~4 seconds after the second dose however returned to ~180. EKG arrived which showed sinus tachycardia so no further medications or cardiac interventions were done. Fluid rates were increased to 2x MIVF rate and additional 500 mL bolus of LR was administered. Norepinephrine and epinephrine were restarted and escalated due to low blood pressures in the early</p>

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						afternoon.to allow family time with patient. Both titrated to effect. Pulm: Patient was mechanically ventilated to achieve normal pH, normocarbica, and high arterial oxygen tension per brain death protocol. He had no primary pulmonary disease during this admission. Neuro: #Intraparenchymal hemorrhage #Tonsillar herniation Neurosurgery was consulted. Mannitol x1 and hypertonic saline 23% x1 were administered to decrease intracranial pressures. Keppra 2g was administered for seizure prophylaxis. No sedation was needed during patient's hospitalization. PERTINENT STUDIES & CONSULTS: Pediatric neurology Neurosurgery PENDING TESTS RESULTS: None RECOMMENDATIONS AND FOLLOWUP: None No future appointments. PHYSICAL EXAMINATION: BP 108/78 Pulse (!) 144 Temp 36.5 °C (97.7 °F) Resp (!) 15 Ht 1.65 m (5' 4.96") Wt 46.5 kg (102 lb 8.2 oz) SpO2 99% BMI 17.08 kg/m ² Estimated body mass index is 17.08 kg/m ² as calculated from the following: Height as of this encounter: 1.65 m (5' 4.96"). Weight as of this encounter: 46.5 kg (102 lb 8.2 oz). ALLERGIES No Known Drug Allergies
1420762	6/23/2021	17	F	6/17/2021	6/23/2021	Cardiac arrest without resuscitation. Unknown cause of cardiac arrest. Awaiting autopsy report.
1420630	6/23/2021	16	F	3/13/2021	4/3/2021	~4 weeks after the 2nd dose of Pfizer, patient presented to the hospital with chest pain; had pericardial effusion. Initially improved but then had decompensation, prolonged hospitalization. Diagnosed with hemophagocytic lymphohistocytosis (HLH) and ultimately died.
1406840	6/17/2021	13	M	6/13/2021	6/14/2021	Flu like symptoms for 2 days then was found deceased
1388042	6/10/2021	17	F	5/23/2021	6/7/2021	Patient had massive acute intracranial hemorrhage. Was found down in bathroom. In ED CT scan showed large intraventricular hemorrhage, EVD placed, patient progressed to massive brain swelling and infarctions, decompressive craniectomy, unable to control intracranial pressure, parents agreed to DNR status and patient is not expected to survive.
1386841	6/9/2021	16	M	6/3/2021	6/7/2021	Prodrome of headache and gastric upset over 2 days following second dose. Then felt fine. Found the following day dead in bed. Autopsy pending
1382906	6/8/2021	15	M	5/15/2021	6/7/2021	Unexplained death within 48 hours

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1261766	4/27/2021	1	M	4/8/2021	4/10/2021	increased body temperature, seizure, death
1242573	4/22/2021	15	M	4/18/2021	4/19/2021	Heart failure
1225942	4/18/2021	16	F	3/19/2021	3/28/2021	Patient was a 16yr female who received Pfizer vaccine 3/19/21 at vaccine clinic and presented with ongoing CPR to the ED 3/28/21 after cardiac arrest at home. Patient placed on ECMO and imaging revealed bilateral large pulmonary embolism as likely etiology of arrest. Risk factors included oral contraceptive use. Labs have since confirmed absence of Factor V leiden or prothrombin gene mutation. Patient declared dead by neurologic criteria 3/30/21.
1199455	4/12/2021	17	F	4/2/2021	4/10/2021	Patient reported difficulty breathing and chest pain; suffered cardiac arrest and death
1187918	4/9/2021	15	F		4/5/2021	I do not know the exact date of the first or second Moderna Vaccine. I am the PICU attending who cared for the patient after her cardiac arrest which we believe was about 3-4 days after her second Moderna Vaccine
1166062	4/4/2021	0	M	3/17/2021	3/18/2021	Patient received second dose of Pfizer vaccine on March 17, 2020 while at work. March 18, 2020 her 5 month old breastfed infant developed a rash and within 24 hours was inconsolable, refusing to eat, and developed a fever. Patient brought baby to local ER where assessments were performed, blood analysis revealed elevated liver enzymes. Infant was hospitalized but continued to decline and passed away. Diagnosis of TTP. No known allergies. No new exposures aside from the mother's vaccination the previous day.

Child Death: COVID-19 Vaccine Drugs: Duplicate Cases / Additional Info

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1218081	4/16/2021	17	F	4/2/2021	4/10/2021	From Post mortem report from Hospital: when on 4/10/21, she was in the process of self catheterization and began experiencing difficulty breathing and chest pain. Shortly after she collapsed and was not breathing. EMS arrived and found her apneic and in pulseless electrical activity. Resuscitation began and continued upon arrival to the ED. Aside from a short period of returned pulses, she remained in PEA despite an estimated 45-50 minutes of resuscitation. She died at 11:20am on 4/10/21. - Directly from Pathology report 4.12.21
1243516	4/22/2021	16	F	3/19/2021	3/28/2021	Hemodynamic collapse at home. Persistent cardiac arrest requiring ECMO. Event believed secondary to pulmonary embolism. Death by neurologic criteria.