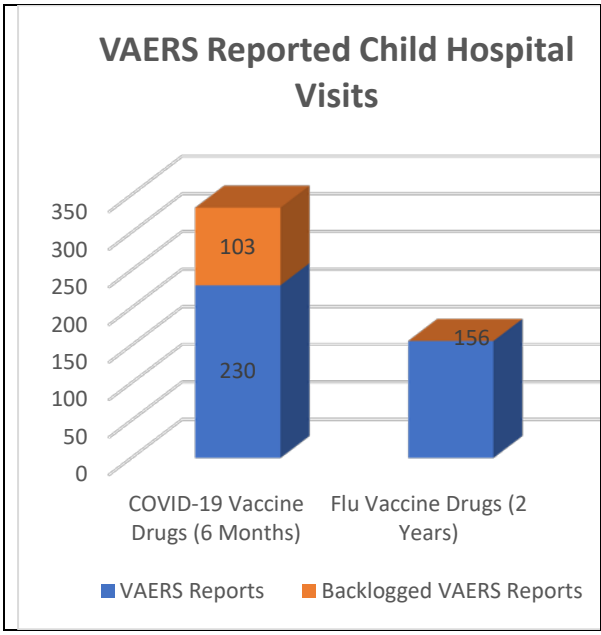
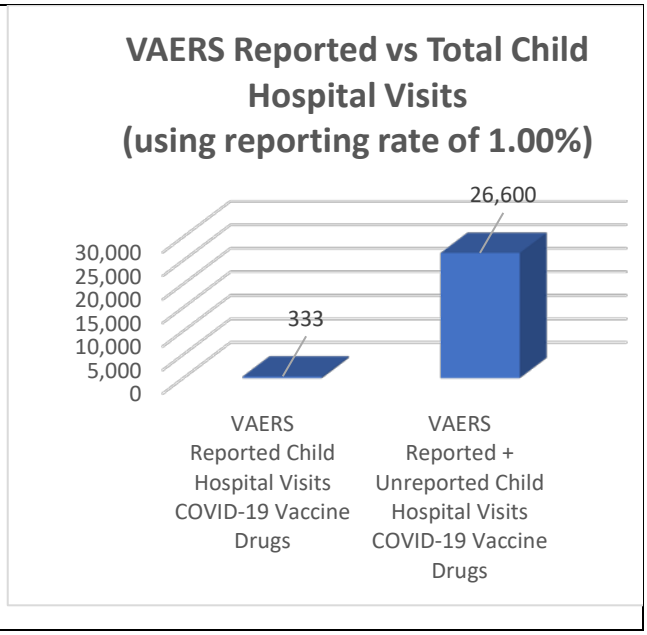
COVID-19 Vaccine Drug Reactions: Child Hospital Visits

Preliminary Notes – Reactions Listings Start on Page 2 Below





1. Child Hospital Visits Reported through June 4, 2021 in the United States to the Vaccine Adverse Event Reporting System (VAERS).

2. In order to understand the two charts above:
   a. The VAERS COVID-19 vaccine drug reported cases + backlogged cases ***versus*** the flu vaccine reported cases
   b. The VAERS reported cases versus the total cases in the United States

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

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

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

3. Please keep in mind that the large number of hospitalizations primarily involves 16-17 year-old children as the mRNA experimental drugs were not given to 12-15 year-old children until recently.

Child Hospital Visits: COVID-19 Vaccine Drugs

VAERS_ID	RECVDATE	STATE	AGE_YRS	SEX	VAX_DATE	ONSET_DATE	HOSPDAYS	SYMPTOM_TEXT
1371365	6/3/2021		16	M	4/24/2021	5/27/2021	3	Spontaneous pneumothorax 5/27/21 in a young healthy athlete with no preexisting conditions Pfizer vaccine 4/24/21 & 5/15/21
1371348	6/3/2021		16	F	4/7/2021	4/22/2021	3	Myocarditis (with chest pain, shortness of breath, dizziness) starting after first dose, worsening after second
1371326	6/3/2021	MI	17	M	5/1/2021	5/19/2021	1	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.
1371086	6/3/2021	NY	17	M	5/29/2021	6/1/2021	3	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.

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1368470	6/2/2021	WI	13	F	5/26/2021	5/30/2021	1	Patient is a 13 year old female who presents to the clinic today with her mother for a follow up ER visit from 5/30/21. Patients mother reports that patient had received her first Pfizer COVID-19 vaccination on 5/26/21, and developed a headache on Thursday. On Friday, mother and patient report that she had a very active day at school, and in Phy-Ed she did a cardio work out, followed by a 10 minute run and then golf practice after school. Patient reports that she does not frequently go running. Saturday, mom reports that patient was fatigued and rested most of the day. Sunday, she was up at 5am and was working by 6am until noon at the family restaurant. Her mother reports that it was very busy at the restaurant. Later in the afternoon on Sunday, the family went to their lake house in New Auburn, MN. Mother reports that the patient ate a good supper and the patient was asked to take the dog for a walk around 8pm. Patient took the dog for a walk for about 5 minutes, and then came back and went to her room, and her older sister found her lying in her room with her arms flexed and legs extended. Mom reports that she was drooling, staring and her muscles were stiff, and she wouldn't bear weight on her legs. This lasted approximately 10 minutes and she was transferred by ambulance to the Bloomer ER for evaluation. Initial ER workup in Bloomer showed leukocytosis at 11.4, a CK of 333, and an alk phos of 263. Her CBC, Comp, CRP, Lactate, pregnancy, lymes, COVID and UA were all within normal limits. A head CT was negative as well. Given her symptoms, she was transferred from Bloomer ER to St. Mary's in Rochester to the general pediatric floor early Monday morning. Peds neurology consulted and diagnosed her with dissociative (non-epileptic) attack, and discharged her home around 5pm on Monday evening with family. Since discharge, she reports that she is still experiencing fatigue, a mild headache, and her quadricep muscles feel weak and ache. Mom reports that she has been monitored by family since discharge and she has not had another episode since. For pain, she is taking tylenol and ibuprofen with minimal relief. She has started her menses, her onset of menarche was January, 2021, and she did not have a menstrual cycle in February,

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								March or April, and she began her menses on 5/24 through 5/30. Clinic recommends oupatient testing for an EEG, Echo, EKG and MRI and follow up with neurology.
1368047	6/2/2021	MI	16	F	4/27/2021	4/30/2021	2	april 29 started complaining about stomach pain, may 10 got hospitalized because still had not been able to poop since vaccine. they gave her a whole bottle of meds to help her go. xray showed the left side was completely blocked. may 18th got 2nd vaccine and still hadn't been able to really use bathroom just a little bit. may 20 was finally able to go to bathroom after Dr prescribed her a different medication but now she is having to remain on that medication. she had covid back in Jan
1368422	6/2/2021	NY	17	F	4/3/2021	4/29/2021		passing out episodes, seizures, hospitalized
1367905	6/2/2021	NJ	14	M	5/26/2021	5/27/2021	5	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)

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1368721	6/2/2021	CA	16	M	5/29/2021	6/1/2021	2	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.
1368775	6/2/2021	CA	15	M	5/21/2021	5/22/2021	1	Patient had had abdominal pain for ~1 week but 1 day after vaccination (5/22) developed new pain in left testicle. Was seen in early hours of 5/23 where U/S showed likely torsion. Patient underwent scrotal exploration and right orchidopexy and left simple orchiectomy.
1368850	6/2/2021	CA	14	M	5/15/2021	6/1/2021		Acute myocarditis presenting with chest pain and elevated troponin I. Admitted toi the PICU at Hospital on 6/2/21 (previously had been in the ER on 6/1/21 at the start of chest pain).

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1368062	6/2/2021	OH	16	M	5/28/2021	5/30/2021	3	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.
1365067	6/1/2021	NH	15	F	5/22/2021	5/29/2021	1	Received vaccine 5/22/21 - had some local arm swelling & pain which resolved that night. 5/23 had fever, chills, nausea, diarrhea x2 days with complete resolution. On 5/29, developed urticarial rash on legs & arms - no improvement with OTC Benadryl. No new foods/obvious exposure to other allergens other than family had tried a new scent of their brand of fabric softener. 5/31, developed nausea, vomiting, hand/feet swelling, & had a pre-syncopal episode. Presented to ER; tachycardic with symptomatic orthostatics though vitals otherwise normal. Received IV fluids, Pepcid, Decadron with improvement in HR/symptoms. Continued to be orthostatic with some extremity swelling so received IM Epinephrine - subsequent improvement in rash, nausea. Hospitalized for monitoring. Orthostatis/nausea resolved, vitals remained stable. Some intermittent itchiness/hives present that came & went still present at the time of discharge from hospital.

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1362815	6/1/2021	CA	16	M	5/26/2021	5/27/2021	2	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
1363276	6/1/2021	IA	14	M	5/18/2021	5/30/2021	2	Appendicitis
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. Telemetery and check labs going down. Our ECHO and EKG were fine, as was proBNP, d-dimers.
1364754	6/1/2021	WA	17	M	5/25/2021	5/26/2021		Critical thrombocythemia, causing anemia due to nose bleeding, GI bleeding and metrorrhagia. Elevated WBC. Acute kidney failure. Pancreatitis. Admitted with Dx of Tumor lysis syndrome required blood and platelets transfusion
1364803	6/1/2021	NY	17	M	5/29/2021	6/1/2021	2	Myocarditis
1365147	6/1/2021	CA	14	M	5/21/2021	5/21/2021	2	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.
1365290	6/1/2021	CA	16	F	5/25/2021	5/25/2021	1	My daughter had a mild seizure 5 minutes or less after receiving her first vaccine. She fell out of her chair, her eyes fluttered and rolled in the back of her head, her teeth were clocking and chattering and her body was shaking mildly. She lost consciousness for approximately 2 minutes. At 8:33 pm she felt a second seizure begin, her step father grabbed her before she could fall and again, her eyes fluttered and rolled in back of her head, her teeth were clicking and chattering and her whole body was shaking. The second episode lasted approximately 2 minutes as well, with her losing consciousness again. She was taken to the emergency room and stayed overnight for observation.

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1365345	6/1/2021	CA	12	F	5/14/2021	5/28/2021	2	No immediate adverse event, but 2 weeks later (5/28) pt was seen for abdominal pain and referred to ER. Workup showed acute appendicitis, pt was admitted and underwent laparoscopic appendectomy. At time of follow-up (6/1), pt reportedly recovering well.
1365552	6/1/2021	CO	17	M	5/27/2021	5/29/2021	3	myo-pericarditis . TTE showed normal LV function, no pericardial effusion, Troponins elevated to as high as 15.8 (still rising) with cMRI confirming myocardial inflammation.
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.
1365555	6/1/2021	PA	16	F	4/26/2021	4/28/2021	2	chest pain ER visit BNP was elevated
1362568	5/31/2021		17	M	5/26/2021	5/30/2021		myocarditis
1362634	5/31/2021	CA	15	M	5/27/2021	5/30/2021	1	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
1362637	5/31/2021		16	M	5/7/2021	5/30/2021	2	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.
1362391	5/31/2021	MD	17	M	5/25/2021	5/28/2021	1	Chest pain w/elevated troponins and small ST elevations in infero/lateral leads concerning for myocarditis

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1361977	5/30/2021	OR	16	M	5/26/2021	5/29/2021		myocaritis - chest pain with elevated troponin reequiring hospital admission. symptoms started 3 days after vaccination which was his second dose of the Pfizer vaccine. First dose was on 5/1/21.
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.
1361879	5/30/2021		15	M	5/17/2021	5/27/2021	2	My son is very lightheaded and dizzy. Can?t get out of bed for 3 days. Nauseas and feels week. This comes in waves. Went to ER 2x and they can?t find anything causing it
1361878	5/30/2021	TX	14	F	5/30/2021	5/30/2021		patient was given pfizer vaccine and was sitting in the chair for post vaccination waiting for about 5 minutes. Suddenly I looked up, I noticed her body stiffened and her eyes closed. she tumbled to the floor and hit her head on the ground. Paramedics were dispatched immediately. patient woke up right away, we checked her pulse, forehead for fever, and back of her head for any possible bleeding. She answered all questions that we asked of her correctly (such as her name, her age, etc.) Paramedics arrived, took her blood pressure, oxygen level (both normal), blood sugar (normal). Parents decided to take her to hospital for further evaluation. I called and spoke to Dad 5 hours later, dad stated that she is doing fine.
1361812	5/30/2021	UT	15	F	5/29/2021	5/29/2021	2	Developed anaphylaxis with abdominal pain, nausea, vomiting, shortness of breath, chest pressure, hypotension and urticaria. Required IM epinephrine -> epinephrine drip as well as steroids and antihistamines.
1361652	5/30/2021	AZ	14	F	5/16/2021	5/21/2021		Within 5 days of immunization, developed fever, abdominal pain, headache, elevated inflammatory markers, DDimers, ferritin and BNP and coagulopathy. Admitted to Hospital and evaluated for MIS-C. Observed and treatment recommended for MIS-C with IVIG and steroids.
1361628	5/30/2021		16	M	5/27/2021	5/29/2021		Chest pain with elevated troponin consistent with myocarditis.

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1361623	5/30/2021	MA	14	M	5/24/2021	5/28/2021		Myocarditis. Presented with chest pain and increased Troponin.
1361614	5/30/2021	NY	17	M	5/19/2021	5/26/2021	2	Patient evaluated at local hospital for concern for meningitis / encephalitis, transferred to our facility and was able to get studies (detailed below some of which are still pending). Initial symptoms presented with rhinorrhea, then severee headache, neck pain, and fever (tactile). Had sweats and chills. Began to experience diarrhea, dysuria, diffue body aches and myalgias. Severe pain in his neck / posterior occiput. Denied any mental status changes at the time. Studies largely negative for an identifiable bacterial process so presumptive diagnosis is aseptic meningitis. Unclear if from vaccine or other etiologies. Outside hospital had started antibiotics but this was stopped and patient symptomatically recovered with only symptomatic care.
1361523	5/30/2021	UT	17	M	4/21/2021	4/21/2021	8	4/21 shot to right arm, swelling began right side that night & progressed horribly, especially to neck 4/26 went to doctor, CT scan showed acute lymphadenopathy in response to shot, dr uncertain cause, prescribed antibiotics & steroid for inflammation. 4/26 evening began to develop severe migraine. 4/30 went to urgent care, treated with Tordol & Phenergan, did not help migraine at all. 5/4, still migraine, went to ER, got CT scan where 3 blood clots were discovered- 1 in neck, 2 in brain. Transferred to ICU on 5/4, 2 cerebral Venus sinus thromboses & papillOdense. Treated with heparin & Diamox for swelling & clots & antibiotic just in case but NO evidence of infection. 5/6 transferred to main hospital, every test run - can find no cause for clotting or inflammation. Drs run nucleocapsid antibody test & find evidence of unknowingly having had recent natural Covid infection near time of vaccination likely causing massive inflammation response & then blood clots formed as a result. 5/12 stable, released to home with Xeralto & Diamox.
1360961	5/29/2021	IN	12	M	5/19/2021	5/21/2021		Pt developed right tibial osteomyelitis 2 days following vaccine. Treated with antibiotics

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1360747	5/29/2021	IN	16	F	5/7/2021	5/8/2021	3	About 18 hours after she got the shot, she started passing out. This happened 9 times over the 24 hour period. She got a CT, MRI, 2 hour EEG and a 24 hour EEG. All of her test came back normal.
1360764	5/29/2021	CT	17	F	5/25/2021	5/28/2021		I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the Fellow note. Of note patient is a 17yo male with no significant past medical history who received the second dose of his Pfizer COVID19 vaccine on 5/25/21. This morning he woke up with chest pressure and eventually was seen at an outside hospital ED. EKG was concerning for possible myocarditis and he was transferred further work-up of myocarditis. On arrival, echocardiogram was performed demonstrating grossly normal LV function with some suggestion of apex hypokinesis. EKG was repeated and showed ST elevation in lead I and V1. Troponin was elevated at 1.11. On exam, no murmurs rubs or gallops. No known family history cardiomyopathy. I personally reviewed the echocardiogram. Overall, patient is a 17yo male with what appears to be myocarditis that is temporally associated with the second dose of the MRNA Pfizer COVID19 vaccine. We have seen several of these patients with similar presentations over the past few weeks and most seem to respond well to treatment with IVIG and steroids. We will confer with our Rheumatology and ID colleagues. Plan will be to obtain cardiac MRI in the next 24 hrs. Ibuprofen PRN for pain. Will trend troponin and EKG.

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1360956	5/29/2021	MA	14	M	5/25/2021	5/27/2021	2	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

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								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 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 fhx 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.~~
1360831	5/29/2021	CA	16	M	5/26/2021	5/27/2021		Myocarditis
1359277	5/28/2021	TX	12	M	5/23/2021	5/26/2021	2	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.
1358844	5/28/2021	GA	15	M	5/22/2021	5/26/2021	3	Abdominal pain, chest pain and myopericarditis
1358712	5/28/2021	MI	15	F	5/13/2021	5/20/2021	5	This 15 year and 11 month old female developed fevers, abdominal pain, diarrhea and constant wrenching. She was seen in the ED and noted to be hypotensive and meeting SIRS criteria so was admitted to the PICU and started on norepinephrine pressor support. She had fevers to 39 degrees C and about a day into hospitalization developed acute mental status changes.

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1358513	5/28/2021	NY	17	F	5/18/2021	5/19/2021	5	She had been bleeding since May 2. We took her to Hospital Pediatric ER on Thursday, the ambulance took her in because she had a seizure on Wednesday (the Ambulance - they stabilized her that day and took her vitals and was sure she was okay - they knew we had an appt to go in the next day at 10:00 am for tests (previously scheduled); Thursday morning she had another seizure - we gave her seizure meds and she came out that - she ate breakfast after and then took her regular meds and the next thing we know ,50 minutes later, her head drop forward and her arms go completely limp and there was no response. She was breathing but she was out. I called the ambulance. And they took her in to ER. What they put in the paperwork was that she had a seizure and they wrote that she had had syncope episode - it took 20 minutes to come out of it. Which she has never had anything like that. We were in the ER for 7 hours. Was admitted to Hospital -from 24th -28th.

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1358115	5/28/2021	FL	16	F	4/12/2021	4/12/2021	4	The patient was previously well then shortly after the first COVID vaccine she began experiencing fatigue slowing to her swim times (she is an high level swimmer) and felt "Off". She presented to my office on May 6, 2021 three days after her second COVID vaccine I examined her and heard a slight hint of a wheeze and in addition to labs did a CXR which was Abnormal with evidence of a LLL consolidation and a pleural effusion. We then did a CT scan with contrast and started her on antibiotics and I called Pulmonology to get her in quickly since swimming trials were approaching and we had to do our best to get her in shape to compete. We also did a rapid COVID test which was negative at my office on May 7, 2021-- The pediatric pulmonologist repeated the CXR 5 days later and there was more fluid and she was now having more sx of cough and feeling worse so she was Admitted to the Hospital on May 11th and had a Chest tube placed and drained 950 cc of serous fluid . Pulmonology, oncology and rheumatology consulted to rule out various other causes of the pleural fluid in an otherwise healthy girl. Surgery did the procedure and followed up outpt. She was in the hospital for approximately 4 days. Proximity of sx onset to doses and other sources being essentially ruled out lead to concern for vaccine complication.
1358106	5/28/2021	MA	17	F	5/18/2021	5/22/2021	2	Vaccine 5/18. On 5/22 4 days after vaccine, she developed right arm swelling and skin discoloration. On 5/23 she went to the ED. Ultrasound revealed acute, occlusive thrombosis of right subclavian vein. She was admitted to the hospital, started on enoxaparin, achieved therapeutic levels. On 5/25 she underwent thrombolysis and venogram and was confirmed to have findings consistent with Paget-Schroetter syndrome. She was discharged home on 5/25 in good condition. Note: she also has known prothrombin gene mutation G20210A that confers an increased risk of thrombosis. She does have repetitive use of the right arm (lacrosse player).
1357884	5/28/2021		16	F	4/15/2021	4/17/2021	10	Myocarditis. Chest pain started 2 days after the 2nd shot. Elevated troponin and went upto 20. Near syncope and tiredness.

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1357155	5/28/2021	CA	16	M	5/25/2021	5/26/2021		c/o chest pain began 1 day (may 26) after2nd pfizer vaccination (May 25). Patient came to ER on 5/27. C/o chest pain. Physical exam shows chest wall Tenderness to palpation.
1355142	5/27/2021	GA	16	M	4/29/2021	5/14/2021	3	Patient was admitted to healthcare facility on 5/23 with chest pain and elevated troponin. Normal biventricular systolic function. Cardiac MRI showed myocardial fibrosis
1354648	5/27/2021	CA	17	M	5/21/2021	5/23/2021	4	myocarditis with elevated troponins, findings on cardiac MRI. No treatment required, self-resolved. Admitted for close monitoring
1354094	5/27/2021	UT	14	M	5/17/2021	5/25/2021		Received COVID vaccine on 5/17/21 5/25/21 around 0100 patient collapsed with acute onset right sided weakness and expressive aphasia. Brought to an ED where CTA found an occlusion of the L MCA which was confirmed as a ischemic stroke. He received TPA and underwent a IR guided thrombectomy. Patient continues to be admitted to the PICU with intermittent expressive aphasia and mild right sided weakness.

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1354360	5/27/2021	VA	16	M	4/10/2021	4/11/2021	16	Diagnosed with hemophagocytic lymphohistiocytosis on 5/7/2021 after bone marrow performed on 5/5/2021. Presented to our office on 5/5/2021 for evaluation due to the finding of pancytopenia on 4/28. Mom states he received his second COVID vaccine on the 10th of April and since then he has been hurting head to toe, complaining of his throat, and feeling dizzy. He has had low grade temps mostly from 100-101, but it has gone as high as 103.6 deg F. They presented to urgent care 1 week after the vaccine and was told that it was likely due to the vaccine, he had fluid in his ears and he was prescribed an antihistamine. He went back to urgent care a few days later and saw the same NP who told them to go to their PCP. At their PCPs office he tested "faintly positive for Flu A" and was given tamiflu and zofran which has since completed. No bruising, bleeding, gum bleeding, nose bleeds. He has been having leg pain/difficulty walking and his friends brought him a cane to use. He has had possible night sweats, mom reports he "burns up constantly." Decreased appetite, lost 4lbs, hasn't eaten much since last week. Labs were performed at the PCPs office on 4/28/2021: WBC 1.7 Hgb 10.3 Hct 30.1 Plts 118K ANC 500 Mono was negative. A referral was placed to our office on 5/4/2021 and he was brought to our clinic today for evaluation.
1355216	5/27/2021	FL	17	M	5/1/2021	5/5/2021	6	Chest pain, elevated cardiac enzymes (troponin), myocarditis. Peak troponin 11.6 on 5/7. CMR demonstrating myocarditis

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1354500	5/27/2021	NC	16	F	5/4/2021	5/23/2021	2	The afternoon of May 4th, (the patient) had a headache at the back of her head. She took an Ibuprofen and went to bed. Over the course of the next 3 weeks, the headache would return, but was alieved with Ibuprofen. On the evening of May 23rd, 2021 (the patient) came to me and said she had a twitching in her neck. I looked, but did not see anything that was concerning. It was just a twitch. On the evening of May 24th, (the patient) went to dinner with her father. On the way to dinner, they were having a regular conversation when (the patient) began to stutter really bad. Her father pulled the car over and looked at her. He noticed her head was shaking uncontrollably and she could not talk. He immediately took her to the emergency room. When I arrived, it looked like she was having a seizure. (The patient) has never had any kind of speech problem, so she has never stuttered. the drs told us that they did not have a neurology dept, so we took her to another hospital. After numerous tests, we were told to take her home and it was probably something like stress and she should see mental health
1355780	5/27/2021	TX	16	F	5/17/2021	5/25/2021	2	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
1355814	5/27/2021	CA	17	M	5/23/2021	5/26/2021	2	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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1351585	5/26/2021	CA	16	M	5/22/2021	5/25/2021	1	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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1350637	5/26/2021	VA	16	M	5/23/2021	5/24/2021	2	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

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								heart block noted on EKG at time of admission or telemetry in ED. There is no family history of autoimmune disease or cardiac disease to suggest an autoimmune component or genetic etiology.
1350709	5/26/2021	VA	15	M	5/22/2021	5/23/2021	2	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.
1350887	5/26/2021	FL	16	F	5/21/2021	5/21/2021	2	103 degree fever, migraine, severe joint pain, GI got significantly worse (pain in stomach); went to ER; admitted overnight to hospital since they could not get the fever and migraine resolved; spent two days in the hospital treated with various medications including Tylenol and magnesium
1351157	5/26/2021	CA	16	F	5/10/2021	5/13/2021	2	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.
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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1351892	5/26/2021	WA	17	F	5/19/2021	5/21/2021	2	On 5/19 she got her first Covid Vacc (Pfizer). The following day she had mild fatigue and chills, but it did not interfere with activity. Then 5/21 PM she noted a discomfort in her chest. By yesterday she had marked chills, felt burning hot, c/o a mild ST and mild nausea and abd pain. Her chest discomfort (poorly characterized in location) worsened and she was brought to ER with concerns that she had another effusion. At the hospital, she had 24 hours of fever and hypotension.
1351950	5/26/2021	LA	17	M	5/22/2021	5/23/2021	3	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. Cardiolgist 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.
1351002	5/26/2021	CA	17	M	5/19/2021	5/23/2021		Rapid heart rate, Chest pain, Palpitations

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1348070	5/25/2021	CA	17	M	5/7/2021	5/13/2021	5	Patient received his first dose of the Pfizer vaccine on 5/7/21. On 5/13/21 he began to feel feverish (unsure Tmax, never took temperature) and was intermittently febrile until hospital admission on 5/20/21. On 5/18/21 he was seen in the ED for fever and tested positive for strep throat and started on amoxicillin. His inflammatory labs were elevated at this time and did not notice improvement on amoxicillin. He returned to the ED on 5/20/21 at which time patient reported headaches on the right side, sharp 7/10 pain which come and go with the fevers as well as fatigue, muscle/body aches, and sweats in addition to persistent fever. He also noticed maculopapular rash on palms and soles and on distal extremities which was not pruritic or painful on day of hospital admission. All infectious workup was negative and patient did not improve on broad spectrum antibiotics. Given his persistent fever, hypotension, and inflammatory labs without other cause, patient was empirically treated for MIS-C and was given IVIG and methylprednisolone as well as being started on prophylactic dose enoxaparin for his elevated D-dimer. Repeat echocardiogram identified a new coronary aneurysm, supporting the diagnosis of MIS-C. Following IVIG and steroids patient remained afebrile and inflammatory markers down trended, however liver enzymes remained elevated at time of discharge. He improved and was discharged to finish steroid course at home with close follow up.

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1347445	5/25/2021	CA	16	F	4/26/2021	4/26/2021	2	16yoF patient came to our Moderna Mass Vax clinic on 4/26/21, inadvertently received COVID-19 vaccine Moderna lot 007C21A ext 10/12/21. EUA for moderna is for age over 18. Patient reported later that patient had fever, HA, loss of taste, weight loss, increase in liver enzymes. Patient went to ED on 5/14/21 and came back again on 5/21/21, getting admitted to Ped unit x2days. She was diagnosed with infectious mononucleosis hepatitis, unlikely related to vaccine admin as per Dr., Ped ID specialist**. Patient became afebrile, LFT improved (ALT 577> 126, AST 349>74), condition stable and discharged on 5/23/21. Dr. follows up with the patient at his OP clinic.
1346428	5/25/2021	IN	15	M	5/22/2021	5/23/2021	3	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.
1347131	5/25/2021	VA	17	M	5/20/2021	5/23/2021		Myocarditis
1347250	5/25/2021	NY	12	F	5/13/2021	5/14/2021	5	Onset of herpes zoster ophthalamicus approximately 24 hours following vaccination Patient is fully vaccinated against varicella with no clinical history of wild-type varicella infection
1347325	5/25/2021	DC	17	M	5/7/2021	5/23/2021	2	Patient presented with one week of back, right leg and right groin pain. Right lower extremity swelling and was diagnosed with deep vein thrombosis from right popliteal vein into IVC involving a renal vein. He is on anticoagulation currently and going for catheter-directed thrombolysis today. Patient has been in hospital two days and hospitalization is ongoing at the time of this report.
1347497	5/25/2021	LA	13	M	5/18/2021	5/19/2021	1	Accuse appendicitis

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1347513	5/25/2021	NY	16	M	5/20/2021	5/21/2021		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 sumission of this report, the patient remains in the hospital. Further results will be communicated to VAERS.
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.

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1347549	5/25/2021	IN	12	M	5/21/2021	5/22/2021	2	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.
1347537	5/25/2021	KS	17	M	5/21/2021	5/23/2021	2	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.
1343775	5/24/2021	TX	16	M	4/24/2021	4/26/2021	4	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.

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1344312	5/24/2021	OH	14	M	5/19/2021	5/23/2021	1	Patient developed maculopapular uticarial 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.
1343357	5/24/2021	NC	17	M	5/20/2021	5/22/2021	2	Fever and headache 24 hours after vaccine. Continued fever and chest pain 48 hours after vaccine.
1343445	5/24/2021	MA	17	M	5/4/2021	5/24/2021	4	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.

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1343709	5/24/2021	TX	16	F	4/15/2021	4/19/2021	6	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.
1343740	5/24/2021	IL	17	F	5/16/2021	5/17/2021	2	Patient developed chest tightness during soccer tournament the day after receiving first dose of COVID vaccine and then subsequently developed abdominal pain with several episodes of hematochezia which self resolved. Upon arrival to the ED pt had elevated troponin which downtrended. EKG and ECHO were normal and symptoms resolved without intervention.

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1343229	5/24/2021	SC	13	F	5/21/2021	5/21/2021	3	Friday, 5/21 around 11:55 she received her first dose. 20 minutes later she complained that it felt like someone punched her in the face, and her left cheek was swelling. She looked woozy, with her eyes closing, and the nurses laid her down on the floor on a mat. Her tongue and throat began swelling, and she was having extreme difficulty breathing. She then could not feel anything from her neck down, like she was paralyzed. The nurse administered an Epipen and EMS showed up minutes later. In the ambulance, EMS administered another Epipen, gave her a steroid and Benadryl and rushed her to the hospital. Once at the ER, she was still having a hard time breathing, and could not feel anything from the waist down and could not move her legs. She also complained about her spine being in extreme pain around the mid to lower back. When her symptoms did not resolve, she was admitted to the hospital for observation and treatment. She had extreme pain in her joints - spine, hips, knees, ankles and toes, if someone tried to move them, she could not move on her own. She also had tingling and numbness that would travel up and down her body - weakness in her arms and legs. The medical staff continued with Bendryl - switched to Adderax, and Motrin and steroids (Prednisone?). She was discharged from the hospital Sunday, 5/23/21 in the afternoon. This morning (Monday 5/24/21) she is still experiencing back and leg pain, weakness and cannot walk with out assistance and it is extremely painful.
1343983	5/24/2021	CT	12	M	5/20/2021	5/21/2021	2	Thurs 5/20 4pm 1st COVID vaccine given Friday: tingly all day; 6pm developed diffuse erethema, scc alp brigh tred Sat 5/22: redness, hives worse, facial swelling started. Seen at Danbury ED. Given all supplental anaphalsix stuff, then epi. Discharged home Sunday: 5/23: Facial swelling returns, mom gives IM Epi, returns to hospital. Found to have ST abnormalities on EKG, sent to hospital for prolonged allergic reaction and eval of possible pericarditis. 5/24: continues to have urticaria, now with new petechiae/purpuric breakouts in areas where hives were, but most prominently in bilateral ankles.

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1344290	5/24/2021	PA	16	M	5/21/2021	5/22/2021	2	Day after vaccine patient went to er with cp, cough, myalgias and fever, he was sent home. (No known covid exposure) The following day sent to the er with same symptoms and bedside echo normal. the third day came back to the er and labs were done with an elevated troponin to 2.7 increased to 12. Still currently monitoring.
1344161	5/24/2021	UT	15	F	5/19/2021	5/19/2021		Patient is a 15 yo female with a history of anxiety, recent ankle sprain, and no other known medical history who presents to ED today after she developed persistent shaking movements after her COVID 19 vaccination today. Medical work up has been thorough and has resulted negatively, including blood work, UDS, CT Head. She has remained slightly tachycardic, though she has also been moving continuously for several hours. Her physical exam is notable for several indicators of psychogenic origin, including demonstrating variability in tremor frequency (head, legs and arms vacillating it variable rates over time), distractability from motor tasks (head or arms stop shaking when asked to focus on moving her legs, for example). Her speech has also been affected, but this is also variable and she is at times using only 1 word sentences and other times responding more completely. Certainly she may have suffered a psychological stress today as she is fearful of needles and has a history of vasovagal response and her mother notes recent overwhelm with school performance, though this is not unusual for her. If medical work up continues to be negative, it may be reasonable to conclude she is suffering a conversion disorder "FINAL DIAGNOSIS: Conversion reaction after a Covid 19 vaccine. Patient To be transferred via ground ambulance.~~

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1344363	5/24/2021	WA	17	M	5/21/2021	5/23/2021	1	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
1345026	5/24/2021	HI	15	M	5/18/2021	5/19/2021		5/19/2021: Fever, Chills, headache, cough. 5/20/2001: 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

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1343848	5/24/2021	VA	17	M	5/20/2021	5/22/2021	2	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.
1342270	5/23/2021	NY	13	F	5/16/2021	5/17/2021	2	Fever, eye redness, body pain starting 1 day after vaccine cough, nausea, abdominal pain 3 days after vaccine 1 episode of emesis 5 days after vaccine - Admitted to hospital with suspicion of MIS-C - As per ID and Hem/Onc, Started on IVIG and aspirin (5/23/21) - currently still admitted for management of MIS-C
1340832	5/22/2021	PR	15	M	5/13/2021	5/20/2021	1	Abdominal pain and vomiting, It turned out to be appendicitis and he underwent surgery to remove it.

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1340644	5/22/2021	MD	17	M	5/12/2021	5/13/2021	4	5/13 began as flu like , 5/14 6:00 pm couldn?t get full breath, went to Patient 1st, chest X-ray nothing , 5/15 4:00 am shoulder pain, couldn?t get full breath, Went to Hospital ER, Ekg progressively abnormal, Troponin and C reactive values increasing, transported to Medical Center ICU pediatric cardiology, physician and cardiologist, she diagnosed myocarditis and pericarditis. 5/18 discharged and home improving.
1341017	5/22/2021	CA	17	M	5/19/2021	5/19/2021	1	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.
1341255	5/22/2021	HI	17	F	5/13/2021	5/14/2021	1	Tachycardia began at 27 hours after vaccine with hear rate up to the 160s . Fever developed after the tachycardia 31 hours after vaccine. Patient was monitored in the hospital on propranolol and was sent home on propranolol.
1341317	5/22/2021		12	M	5/21/2021	5/21/2021	1	Patient received IM vaccine, was under observation when felt dizzy and lost consciousness. Spontaneously awoke a few minutes later and was confused, and wasn't able to feel his legs. Confusion resolved after about 5 min but leg numbness/weakness remained. Was taken via EMS to the hospital, with clinical assessment showing no neurological deficit, withdrawing to pain, and patient demonstrated ability to ambulate independently about 12 hours after symptom onset. CBC, CMP, Urinalysis, UDS unremarkable.
1341115	5/22/2021		12	M	5/16/2021	5/20/2021		Acute appendicitis without perforation within 5 days of administration
1337542	5/21/2021	IL	13	M	5/18/2021	5/20/2021	1	Patient reports right arm, right leg, and right face numbness that resolved over the course of 24 hours without treatment. No loss of function, no muscle weakness, normal neurologic exam.
1336480	5/21/2021	CA	16	M	5/17/2021	5/19/2021	2	fever and chills followed by chest pain - elevated troponins
1336492	5/21/2021		13	F	5/14/2021	5/18/2021	4	Patient had respiratory difficulty, Pancreatitis

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1336609	5/21/2021	WA	16	M	5/8/2021	5/11/2021	10	Patient developed dull R chest/axilla pain "around the time of vaccine". On 5/11/2021 diagnosed with spontaneous pneumothorax. s/p 10 day hospital stay including pleurodesis
1338829	5/21/2021		12	M	5/16/2021	5/17/2021		5 days prior to admission on 5/16/21, he received a first Pfizer COVID vaccination. The day after the vaccine, he had neck pain and stiffness. He subsequently developed fever, diarrhea, and vomiting. The day prior to admission, he developed a diffuse popular rash. He was seen in clinic on 5/20 and lab work was obtained, which was consistent with MIS-C findings (elevated troponin, elevated fibrinogen, elevated CRP, hyponatremia, relatively low absolute lymphocyte count).
1337056	5/21/2021	TX	16	M	5/1/2021	5/19/2021	2	Patient is a 16yo girl admitted on 5/19 with sepsis secondary to myocarditis and pneumonia, s/p IVIG, after presenting with fever, myalgia, sore throat, hypotension, elevated troponin, elevated CRP, and leukocytosis with left shift. Sore throat has been present for about a week and fevers began on 5/17 with a Tmax of 103. On 5/18, she began developing shortness of breath and upon evaluation by the PCP on 5/19, she was admitted. During initial workup on 5/19 upon admission, hospitalist was high concerned as she developed hypotension of 91/48 on 5/20 at 08:35am. CT of chest on 5/20 showed patchy consolidation of the posterior lower lobes bilaterally. At that point, I was contacted and recommended broadening regimen to clindamycin , ceftriaxone, and azithromycin. Upon transfer to Hospital, further serologies were collected which showed leukocytosis with left shift, highly elevated CRP, elevated troponin, elevated IL-6, elevated ferritin, negative Covid abs test, negative RVP, and negative Covid PCR. IVIG (2grams/kg) started on 5/20 at 22:57. Cardio and ID on board and all regular myocarditis infectious workup has been collected. ID consulted for workup and management. Of note, patient received the Covid vaccine on 5/1/21

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1337921	5/21/2021	NM	16	F	4/23/2021	4/25/2021		48hrs post-vaccine began with polyarthralgia, progressed to myalgias, arthritis, weight loss, abdominal pain/diarrhea, mucosal ulceration, and dyspnea, now admitted for evaluation which is suggestive of systemic lupus erythematosus.
1338627	5/21/2021		17	F	5/13/2021	5/14/2021	7	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 Iv for inflammation as well and steroids. Has been put on steroids for 1 month, Colchicine for 3 months, naproxen for inflammation.

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

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								paresthesias and 1 day of hyperacute onset of lower extremity weakness and perhaps some mild confusion. History notable for covid vaccine three days prior to presentation and anixety surrounding covid and return to school. His general examination is notable for anxious affect with difficult to localize neurologic exam. Exam shows possible bilateral lower extremity weakness of TA and hamstring>quad/IP that is very challenging to grade due to poor effort and giveway, and decreased sensation in a bilateral stocking/glove distribution to all sensory modalities. MRI w/wo contrast brain and spinal cord normal on admission. LP perfromed in ED also normal. Given negative workup and history of anxiety with recent psychosocial stressors, most likely sudden onset weakness is secondary to a functional neurologic disorder. Plan for discharge to rehab pending PT evaluation.
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.
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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1333197	5/20/2021	CA	16	F	5/15/2021	5/16/2021	2	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.
1334563	5/20/2021	WA	15	M	5/14/2021	5/15/2021		Recevied 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 subsuquently 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 likey points to myocarditis as a diagnosis. Continues with elevated troponin level, no medication intervention at this time, no longer having chest pain
1334678	5/20/2021	MI	17	M	5/1/2021	5/19/2021	2	NSTEMI/Troponin elevation/pericarditis

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1334629	5/20/2021	WA	17	M	5/7/2021	5/14/2021		17-year-old male with a past medical history notable for autism who presents with 3-day history of worsening tachypnea, shortness of breath tachycardia. Patient presents with elevated BNP and troponin as well as severely depressed LV function on echocardiogram with associated EKG changes. Echo on admission with EF 22% and severe acute LV systolic and diastolic heart failure. Now on milrinone 0.5 mcg/kg/min, Lasix 20 mg IV q8h. Repeat 5/18 today continues with severe dysfunction, EF 28%. Troponin 0.09, BNP 616. Started carvedilol 5/19.
1335999	5/20/2021	AZ	16	M	5/16/2021	5/17/2021	3	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 arrhytmia, transferred to a hospital PICU. Chest pain was mild to moderate, stabbing, and was somewhat relieved by antinflammatory 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
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.

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1336040	5/20/2021	WI	17	M	5/13/2021	5/14/2021	2	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.
1331110	5/19/2021	IL	16	F	5/1/2021	5/5/2021		Ruptured appendix with minimal clinical prodrome. Resulted in phlegmon/abscess.
1330562	5/19/2021	CA	17	M	5/14/2021	5/16/2021	2	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	3	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.
1332393	5/19/2021	CA	16	F	4/9/2021	4/27/2021	14	see prior
1331020	5/19/2021	RI	17	M	5/12/2021	5/15/2021	3	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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1330866	5/19/2021	IL	16	F	4/26/2021	5/10/2021		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.

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1327571	5/18/2021	CA	16	M	5/12/2021	5/12/2021		Patient notes that he about 3d PTA he had his 2nd Pfizer Covid vaccine (received on 5/12/21) after which he had about 24 hrs of myalgias, low-grade fever, headache that all resolved. Patient was admitted to the hospital on 5/15/21 with likely post-viral myocarditis.
1327004	5/18/2021	IL	15	F	5/16/2021	5/16/2021	1	Patient experienced difficulty breathing and felt throat was closing within 3 minutes after administration of vaccine. Also complained of change in vision (temporary loss of vision) and skin tone changed in tone (face turned pale). Epi-pen was administered and 10 ml of liquid Benadryl.
1326494	5/18/2021	CT	17	M	5/14/2021	5/15/2021	2	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.

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1326646	5/18/2021	CT	16	M	5/13/2021	5/14/2021		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.
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.
1327095	5/18/2021	AL	17	M	5/5/2021	5/6/2021	2	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.

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1327432	5/18/2021	MD	17	M	5/12/2021	5/14/2021	3	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

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								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 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.
1328253	5/18/2021	CA	17	M	5/15/2021	5/17/2021	2	Developed chest pain and diagnosed with myopericarditis based on EKG and elevated troponins. admitted for monitoring
1328262	5/18/2021	GA	17	F	4/15/2021	5/14/2021	5	on 5/14 developed severe bilateral pulmonary embolism with severe right ventricular hypertension and heart failure. Progressed to cardiac arrest requiring mechanical circulatory support (ECMO) in PICU. Managed in the Cardiac ICU
1327104	5/18/2021	FL	16	F	5/18/2021	5/18/2021	1	Patient received vaccine in her left arm. It was made aware to the immunizing technician prior to vaccinating that the patient had a history of dizziness after vaccines. Patient was seated when receiving shot and after stayed seat. About 30 seconds after the shot patient lost consciousness and fell out of the seat hitting her head on the way down. The pharmacist and mother helped patient back to her seat. As she came to consciousness patient reports a little headache and dizziness. Pharmacist took blood pressure which read 84/52, temp 97.9 and gave patient some water and 911 was called. As EMS arrived patient reported still some dizziness but was feeling better.

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1324803	5/17/2021	IL	17	F	4/18/2021	5/8/2021	4	Patient received first COVID19 Pfizer vaccine on 4/18. At that time, had about 3 days of cough and chest tightness. Subsequently began having neck pain on 5/8 and received second Pfizer vaccine on 5/9. Then began having fevers (Tmax 103F), cough. Admitted to Hospital on 5/15 with respiratory failure and shock. Unclear etiology of pneumonia vs multisystem inflammatory syndrome in children (MIS-C). Did not initially respond to antibiotics so treatment for MIS-C was initiated. Now slowly improving but still hospitalized.
1323977	5/17/2021	OH	16	F	5/17/2021	5/17/2021	3	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.
1323903	5/17/2021	MI	16	F	5/13/2021	5/14/2021	3	Patient presented to the ED with dizziness, fever and heavy vaginal bleeding around 24 hours after receiving her first dose of the Pfizer-BioNTech COVID-19 vaccine. She was tested for active COVID-29 infection via nasal swab PCR and tested positive. Upon presentation labs were drawn and her platelet count was found to be 8 on 5/15. Repeat labs were drawn that day to confirm low platelet count and confirmed diagnosis and thrombocytopenia secondary to an immune reaction to the vaccine was suspected. She was admitted and was started on tranexamic acid, medroxyprogesterone, dexamethasone and IV immunoglobulin (Ig) to help treat low platelet count and vaginal bleeding. As of writing, she is still admitted and her most recent platelet count on 5/17 was 16.
1323784	5/17/2021	VA	16	F	5/15/2021	5/15/2021	4	SMALL BUMPS/RASH WITH WHITE HEADS OVER BODY THAT BEGAN ON CHEST AND GROIN APPROX 6 HRS AFTER; PROGRESSED TO ENTIRE BODY WITHIN 24 HOURS- ITCHING. APPEARS AS CHICKEN POX.

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1323709	5/17/2021	NC	17	M	5/5/2021	5/8/2021	4	Pt was seen at ED on5/8 for L sided weakness in the setting of a headache. Pt?s mother reports that these symptoms began 2 days after receiving second dose of Pfizer COVID-19 vaccination in R deltoid. She says that on 5/6, pt complained of L arm weakness during cooking class at school, which was followed by a mild L sided headache later in the day. Symptoms resolved without intervention but recurred on 5/8 with associated L sided facial droop, slurred speech, L arm spasms, and L foot drag. Pt was seen at ED for this and had a HA (5/10 in severity) at that time -- workup was unremarkable with a normal head CT, laboratory workup, and resolution of symptoms. Pediatric Neurology evaluated the pt, deemed no further workup necessary, and advised outpatient follow up. Pt presented again to the ED on 5/10 with concern for full tonic/clonic seizure, witnessed by pt?s mother. Mother reports that she heard pt fall and went upstairs to find pt seizing on his bed -- says that pt had shaking of bilateral upper extremities (in flexed position close to chest) and symmetric lower extremity shaking; eyes were closed without clear focality or eye deviation. Also some drooling, though no incontinence or tongue biting. Episode lasted for approximately 2 minutes; pt was confused and did not recall what happened immediately afterwards but improved within the next 8 minutes. He was taken to the ED by EMS. By the time he arrived in the ED, he had left sided weakness again. He was given Keppra 1g, placed on EEG, and was admitted. EEG overnight was read "normal" and additional workup was unremarkable. Pt had MRI brain completed showing cortical abnormalities in the R parietal lobe, suspected to be related to recent seizure. MRA showed patent intracranial cerebral vasculature. MRV showed no evidence of dural venous sinus thrombosis. Weakness resolved by the morning and pt was back to baseline on morning of 5/11/21. However, around 9 AM, L sided weakness (face, arm>leg) with associated headache recurred. Mom says that this event was captured on EEG. He was then transferred to our facility. He was placed on pEEG and had repeat labs, imaging completed. Pt did have L sided facial droop, L arm weakness, and slurred

speech on arrival, but this resolved within 24 hours. Pt had one additional episode of "wave" of L sided weakness including L sided facial droop and slurred speech at one other time during the hospitalization, but no additional seizure like activity. He was discharged on 5/14 with a normal neuro exam--some labs (including labs of Rheum and Id workup were pending at time of discharge.) Primary and consulting teams elected to forgo steroids but reconsider should symptoms worsen or return. Pt was readmitted on 5/16-- had an episode of expressive aphasia + headache while at a social gathering; states that he became overwhelmed by the noise. No additional seizure like activity.

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1323004	5/17/2021	CT	17	M	4/30/2021	5/10/2021		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 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

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								transaminitis, ferritin/D-dimer wnl. COVID RNA neg, spike Ab positive c/w recent COVID vaccination. Normal function on ECHO. CRP continues to downtrend. Troponin has started downtrending again and pt remains asymptomatic. Plan 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
1321726	5/16/2021	OH	16	M	5/3/2021	5/14/2021	2	Thrombocytopenia. Had sore throat and intermittent fevers, as part of evaluation PCP obtained CBC with differential that showed leukopenia and thrombocytopenia. No bleeding or bruising, no petechiae.
1321985	5/16/2021	MI	17	M	4/26/2021	4/26/2021	3	Patient presented 4 days after the start of symptoms, which started 14 days after the second dose of the vaccine. Patient presented with fevers with a Tmax of 102, chills, conjunctivitis, stocking glove rash to the hands and feet and to the extensor surfaces of the extremities, and a geographic tongue.

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1322387	5/16/2021	UT	17	M	4/27/2021	5/5/2021	8	17-year old M with history of recurrent ear infections requiring PE tube placement who was in his usual state of health until 5/5 when he noticed a new itchy hive-like rash. He was short of breath 5/6, and developed fevers that night along with vomiting. He was seen 5/6 with negative COVID19 PCR and documented fever to 104. Fevers continued, and he was admitted the evening of 5/10 with concern for myocarditis. See below for hospital course. Additional information for Item 18: ...Screening labs were notable for mild lymphopenia, hyperbilirubinemia, hepatitis, and elevated inflammatory markers. Given prior COVID infection, rash, and systemic inflammation, additional studies including troponin, D-dimer, BNP, and EKG were obtained. EKG was reassuringly normal, however the D-dimer (2.48), troponin (1.27), and BNP (469) were elevated. Other work-up included chest x-ray which was unremarkable, and right upper quadrant ultrasound with incidental cavernous hemangioma of the liver. He was started on milrinone (5/11-5/12) after initial TTE was concerning for severely diminished LV function. Follow-up TTE 12 hours later was normal (on milrinone), and remained so after milrinone was discontinued 5/12. Follow-up TTE after discontinuation remained normal. Cardiac MRI was completed 5/14, although read remains pending. He received IVIG on 5/11, and was started on methylpred 50 mg IV BID, Anakinra 100 mg SQ BID 5/14, and transitioned to prednisone 30 mg PO BID with clinical improvement, down-trending troponin and systemic inflammatory labs. Subsequent CBCs have been notable for rising leukocytosis (5/16 WBC 56.3) and thrombocytosis (5/16 plts 690) and 4+ spherocytes (with no known personal or prior history of spherocytosis). He will likely be discharged 5/17. Infectious evaluation was unrevealing including cultures and viral studies. COVID spike and nucleocapsid antibodies were sent, but remain pending. Pt. initial COVID-19 infection was diagnosed October 2020, with positive saliva PCR testing. He was symptomatic for 3-5 days. He received his second dose of the Pfizer COVID19 vaccine 4/27 in his left arm; denies any significant reactions (arm swelling, injection site redness,

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								lymphadenopathy, myalgias, fatigue, or fever). He has had passing contact with school classmates who have recently been diagnosed with COVID19.
1320682	5/15/2021	CA	17	M	5/10/2021	5/11/2021		chest pain, palpitations admitted for myocarditis now with troponin of 17 today 5/15
1320793	5/15/2021	UT	17	M	4/16/2021	4/27/2021	6	After 1st shot; Patient developed multiple blood clots (lungs and legs) about 10-11 days afterwards. All tests for cause of clots were inconclusive. Patient received his second dose and with in 48 hours was hospitalized for appendicitis. If it was a reaction after just one shot, I would normally think it was a coincidence. With him have severe reactions after both shots, it seems very suspicious!
1317615	5/14/2021	UT	16	F	4/19/2021	5/6/2021		16-year-old medically complex female, JIA, bronchiectasis and chronic nighttime oxygen requirement who presented to the hospital on 5/6 with fever, increased stool output, and perianal skin breakdown. Her course was complicated by respiratory failure (requiring ICU admission for CPAP), pancytopenia, diarrhea with buttock skin breakdown requiring rectal tube for wound and stool management, and extensive workup which was unrevealing for an infectious cause. She clinically improved with respect to pancytopenia with discontinuation of felbamate, and completed a treatment course with Zosyn for suspected buttock SSTI.
1317129	5/14/2021	CA	17	M	5/7/2021	5/10/2021	3	HI, couple days after my son (17 years old) got the 2nd shot he was heaving a pressure in his chest and left arm so we rushed him to the hospital. When we got to the hospital with his level of 26 (normal 1) and blood test show also lever inflammation they hospitalized him right away. He was there 3 days and just got released. now he need to be under care with medication and visit to a heart cardiology doctor every few days for tests. he cannot do any activity (per to the doctor including computer games that can raise his heart rate)

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1317116	5/14/2021	TX	17	M	1/19/2021	5/7/2021	7	Patient was recently admitted to the hospital with heart failure due to rejection. The medication that has been administer to him has caused too many side effects and negative reactions. I was told to report it.
1315976	5/14/2021	NY	17	F	4/7/2021	4/25/2021	2	Appendicitis with hospitalization and surgery. Vaccine site. 2nd dose administered on 05/12/2021 at 3:00pm
1313852	5/13/2021	NY	17	M	5/9/2021	5/10/2021	2	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)
1313706	5/13/2021	MA	17	M	5/6/2021	5/8/2021	2	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.
1314326	5/13/2021	WA	16	M	4/17/2021	5/6/2021	3	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
1314459	5/13/2021	NC	16	F	5/3/2021	5/8/2021	4	Patient started swelling in the left hands on Saturday May 08th and inflammation in the bowel during Monday morning May 10th. She was not able to eat and had nausea. Patient stayed at Hospital until May 13th and got many exams as endoscopy and colonoscopy and did not find any reason for such inflammation. Also, blood exams were ok. The swelling in the hands combined with inflammation on the bowel sound suspect of reaction of Pfizer vaccine as there is no event close to this date to create abnormal effects of swelling and inflammation.

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1315154	5/13/2021	IL	16	M	5/4/2021	5/5/2021	1	Patient is a 16-year-old male patient admitted with seizure like activity. One day prior to admission patient received his second COVID vaccine, Pfizer brand. On the day of admission Patient woke at 0200 with pain in the left side of the chest, mid-axillary per patient's description it was cramp-like pain and he was able to go back to sleep. At 0500 he got up to use the restroom and went into the kitchen. He told his mom he didn't feel well and fell forward making a gurgling sound, arms rigid, was unresponsive, and this lasted 1.5minutes according to mom. Mom called EMS and when he awoke he stated he was nauseous. After EMS arrived it was 2-3 minutes and he did not feel well again, he stood up and head fell back, eyes open, he was shaking, and making a gurgling noise again, this episode lasted 30 seconds. Upon awaking he was disorientated for a few minutes then back to baseline, he was nauseous again and very tired. He came to the ED where EKG (pending), CBC (normal), PT/PTT/INR (slight elevation), CMP (normal), TSH (normal), Ethanol (None), Troponin (normal), Head CT (normal), and chest xray (normal) were done. He received a NS bolus was given. He was admitted to the pediatric hospitalist for further evaluation and management. This is where he had a 24hour Video EEG with normal EEG he was discharged home.

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1315414	5/13/2021	MI	17	F	5/12/2021	5/12/2021	1	Approximately 5 minutes after receiving vaccine client became quiet, clenching fists, and started crying. RN asked if she was okay, stated she was scared and that her arms felt weird and her chest was tight. RN asked some questions about her health history, she then offered a granola bar and water. Client drank some water, declined snack. Clients hand began to shake, RN offered to lay client on a cot but client declined. Her dad came to check on her, she broke down saying that her arms were numb and chest was tight. The 15 vaccine minute timer went off, client stood but legs were week. She sat down and then slid herself onto the floor. She at first went into a fetal position then laid out flat on the floor. Client began acting more panicked and frantic with short quick breaths and her hands appeared to be contracting some. Clinic team made the decision to call 911 and administer 0.50 mg epinephrine. Ambulance arrived quickly and client was taken to the Medical Center via ambulance.
1315645	5/13/2021	WI	16	M	4/24/2021	4/25/2021	4	Constant stomach pain , and vomiting - symptoms occurred 24 hours after injection of 1st vaccine shot.
1315653	5/13/2021	FL	17	M	5/2/2021	5/3/2021	7	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.
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.
1310120	5/12/2021	OH	16	M	5/6/2021	5/10/2021	2	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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1310719	5/12/2021	TX	16	M	5/5/2021	5/9/2021	3	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.
1310248	5/12/2021	NJ	17	M	4/11/2021	4/29/2021	2	Extreme stomach pain, appendicitis
1311150	5/12/2021	PR	17	F	4/23/2021	5/3/2021	10	Hematomas on the body from the thrombocytopenia
1306598	5/11/2021	IL	16	M	5/6/2021	5/9/2021		Pt came to ER with nausea, vomiting, difficulty breathing. Pt was coughing up blood O2 sat 90 room air initially then down to low 80's. Put on high flow 10 L nasal cannula. Diagnosis hypoxia, dyspnea at rest, pericarditis, elevated troponin 35. Transferred to second hospital. Update from them : likely myopericarditis with cardiogenic shock, respiratory failure, diffuse ST elevation on EKG, on Inotropes
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.
1306981	5/11/2021	VA	16	M	5/1/2021	5/3/2021	3	Acute narcolepsy. Suspected Guillain-Barre Syndrome. Could be related to concurrent-onset campylobacter infection.

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1303530	5/10/2021	UT	16	M	4/27/2021	4/29/2021	2	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

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1299961	5/8/2021		16	M	5/4/2021	5/6/2021	4	Patient is a previously healthy 16 year-old M presenting with acute onset chest pain, shortness of breath, nausea, vomiting, malaise, fever and myalgia to ED on 5/6/2021 at 20:44. He started experiencing symptoms on 5/6/2021 morning a t06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10:: AM. In the ED, CBC, CMP and UA was within normal limits. EKG at 20:46 and again at 21:14 showed ST segment elevation in inferolateral leads with possible myocardial injury, ischemia or pericarditis. Troponin 0 hour was 835 and at 2 hours 1674. Patient was admitted to the PICU for further evaluation and management. Echo on 5/6/2021 showed normal LV systolic function with SF 31% . Cardiac MRI on 5/7 showed contrast enhancement of inferolateral wall consistent with myo-pericarditis with small pericardial effusion. Troponins were trended every 12 hours and plateaued in the 1800's on 5/8/2021. Patient was diagnosed with acute myo-pericarditis. Respiratory viral PCR and COVID-19 PCR on 05/06/2021 were negative. Thyroid studies were normal. ANA titer is pending. Viral serology for HbsAg was negative and HIV was non-reactive. Results for additional viral serologies for Coxsackie viruses, EBV, CMV and HHV6 are awaited. Patient was treated with NSAIDs and Colchicine. IVIG was not given based on clinical judgement. Pediatric Cardiology was involved in patient's care and clinical decision making. Patient remained hemodynamically stable on room air throughout his PICU course. He was discharged on 5/9/2021 with Pediatric Cardiology outpatient follow up in 2-3 weeks. He will continue Ibuprofen 600 mg every hours and Famotidine 20 mg 2 times daily until his follow up.

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1296650	5/7/2021	KS	16	F	4/14/2021	4/17/2021	2	Patient was seen at the urgent care clinic on 4/19/2021 having congestion for a couple of days as well as cough, news 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.

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1295509	5/7/2021	TX	16	F	4/10/2021	4/14/2021	5	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

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								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.
1292713	5/6/2021	GA	14	M	4/28/2021	4/30/2021	4	Developed fever, SOB and chest pain 3 days after second vaccine dose.
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

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1290426	5/5/2021	UT	17	M	4/21/2021	4/21/2021		17-year-old male who presents with 8 days of headache. He received his first dose of the Pfizer vaccine on 4/21. He felt like he had the flu after getting the vaccine and developed right-sided neck pain and a temperature to 100. The patient did endorse being elbowed in the neck playing basketball during this time as well, as he played in a basketball tournament in right after this. He got his Covid vaccine in his right deltoid. He saw his pediatrician on 4/26 and a CT scan of his neck with IV contrast was done and this showed significant diffuse right-sided deep spatial neck edema and right-sided adenopathy. The pediatrician discussed the findings with ENT who recommended augmentin and a medrol dosepak. The patient developed a headache several days after this and went to urgent care for evaluation. There was concern that the augmentin and steroids had caused the headache, so the steroids were stopped and he was switched to keflex on 4/30. He was given phenergan and toradol at Urgent Care and discharged home. His mom notes that several days ago he had fevers of 101-104. He has not had a fever for several days now. His headache continued and he felt unwell at basketball practice so he returned to urgent care on 5/4. A CT scan of his head was done which showed right sigmoid and transverse sinus thrombosis as well as thrombophlebitis of the right IJ. He was sent to ED for further management at that time. In the ED, the patient was hemodynamically stable and well-appearing. The CTs were overread by our radiologists here. The patient had some labs done at the outside urgent care but PT/PTT/INR and a CRP were drawn here, which were unremarkable. A Covid PCR is negative. Neurosurgery, neurology, and hematology were consulted. Neurology recommended heparin and a hypercoagulable workup and hematology agreed with this plan. The patient was admitted to the ICU for neuro checks and monitoring during initiation of heparin.

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1289980	5/5/2021	CT	17	F	4/29/2021	5/2/2021	3	non-epileptic seizures onset 3 days after 2nd dose. 5-6 hours in the ER, trying to figure out if it was epilepsy, then 48 hours of observation once valium was given to calm the muscle spasms down. 5-5-2021 patient still has seizures less frequently, but they still occur. patient did not have these prior to 2nd dose of vaccine.
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.
1286225	5/4/2021	NM	16	U	4/28/2021	4/30/2021	4	The patient developed acute perimyocarditis 2 days following Covid-19 vaccination. Ultimately this was mild, with recovery with NSAIDs alone.
1285722	5/4/2021	VA	17	M	4/28/2021	4/29/2021	2	6 days of abdominal pain, nausea, found to have acute pancreatitis with elevated amylase/lipase without any other identifiable etiology
1285671	5/4/2021	WV	16	M	4/16/2021	4/19/2021		Patient was given dose #1 at a vaccine community clinic on Friday. There were no reports of him being ill. Parents were present at the time of the vaccine. He went to school on Monday and had a seizure and was transported to hospital. He was placed on life support and was unresponsive. He began improving and was taken of life support on Wednesday and was discharged after a few days.
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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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.
1283185	5/3/2021	WA	16	M	4/30/2021	5/1/2021	1	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.
1282512	5/3/2021	IA	17	M	4/30/2021	5/2/2021		Patient with initial low grade fever which resolved but then developed 3 days after shot developed acute myopericarditis with elevated troponins requiring intensive care unit and therapy.

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1282487	5/3/2021	VA	16	F	4/13/2021	4/13/2021	2	Status Migrainosus. - IN ER for severe migraines that began 6 hours after the vaccine shot on 4/13/201 In Hospital for IV Infusions, Neurology specialist are following her. Migraines are still happening
1282242	5/3/2021	TX	16	F	4/14/2021	4/24/2021	9	MIS-C
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.
1282128	5/3/2021	NJ	17	M	4/29/2021	5/2/2021	2	Myopericarditis secondary to Pfizer vaccine
1281795	5/3/2021	MN	17	F	4/8/2021	5/1/2021	3	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
1279549	5/2/2021	CA	16	F	4/17/2021	4/20/2021	4	Abdominal pain and vomiting starting the night of April 20, 2021. Went to the emergency department on April 21, but was not diagnosed to be appendicitis. Went again on April 22 and was diagnosed to be appendicitis with possible perforation.

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1280493	5/2/2021	NC	16	M	4/26/2021	4/26/2021	4	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.
1279956	5/2/2021	GA	16	M	4/20/2021	4/29/2021		Guillain Barre syndrome - treated with IVIG - undergoing PT/OT; still hospitalized
1278576	5/1/2021		16	F	4/23/2021	4/28/2021	1	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.

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1277983	5/1/2021		16	M	4/27/2021	4/28/2021	2	myocarditis
1270531	4/29/2021	NH	16	F	4/10/2021	4/12/2021	1	From 2 days post vaccine, fever, fatigue, sore throat and headaches, lasting about a week. Persistent symptoms of headaches, dizziness, and blurring of vision still present at 19 day post vaccine.
1269675	4/29/2021	CA	17	M	4/7/2021	4/8/2021	1	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.
1266390	4/28/2021	AZ	17	M	4/26/2021	4/27/2021		Right paresis, paresthesia, aphasia, fall and incontinence found to have left MCA occlusive CVA

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1264148	4/27/2021	TX	16	M	4/23/2021	4/25/2021		Extensive hives, joint swelling; swelling over left eye. I saw him on 4/26/21. He had some minor hives. I prescribed an epiPen, prednisone (40 mg daily), and benadryl (25 mg tid prn rash, hives). He came back on 4/27/21. He had more hives, swollen left upper eyelid, joint pain, difficulty walking because of hives on soles of feet. He had no respiratory distress. His chest was clear. I admitted him on 4/27/21 to the Hospital.
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.

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1263480	4/27/2021	MT	17	F	4/21/2021	4/22/2021	1	At 2am 4/22 patient started to feel sick and sent a text that I didn't read until 630 as I was asleep. She had severe muscle aches, hurt to move, hurt to breathe and felt like she was having a heart attack. She felt like she might pass out and had some blurred vision. At 630am, I saw her texts and immediately brought her 2 tylenol and a large glass of water. She went back to bed. She woke up around 10:45 and was feeling decent except for a headache but no fever or anything so we went to try on some Prom dresses. At the dress shop, she collapsed and had a seizure lasting around a minute. She lost her bladder and was completely confused and incoherent. She's never had a seizure before. I scooped her up, brought her to the ER where they ran every test and scan imagineable. Full blood work up and cultures, a chest xray, a CT scan of her brain and lungs. Her temp was high 103-104 and she had full body chills and a pounding headache. Her BP kept dropping and got as low as 81/36. They threw 2 bags of IV fluids into her and admitted her to the hospital. She had also developed a heart murmur. Over the course of the night, her BP stabilized but her temp continued to spike and come back down with Tylenol/Ibuprofen. She also had IV Tordahl for the headache. Her inflammatory markers were high at 15.3 which we were told should be less than 1. They reran labs in the morning but everything can back really low which they felt was a dilution effect from all the fluids so wanted us to follow up with her primary care on Monday. On Saturday night, he lymph nodes were swollen to the size of ping pong balls but have since slowly reduced in size although still there. Her labs were better from discharge and her white blood cell count was within range and her inflammatory marker was down to 1.7. Her blood sugar was a little low. She did pass out and have seizure like response to giving blood in the doctors office, lost bladder control again, shot pupils, etc. She is still stuttering over words, has some short term memory retention and has some motor function issues which they think is a result of the initial seizure and should resolve itself over time. Her liver function tests were totally normal in the hospital but are a high now so they will

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								be checking her out again next week.
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.
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.
1258199	4/26/2021	PA	17	M	4/8/2021	4/10/2021	1	Fever, dysequilibrium
1258642	4/26/2021		16	F	3/31/2021	4/4/2021	7	Guillan Barre Syndrome (ascending paralysis with labs/imaging below)
1255030	4/25/2021		17	M	3/30/2021	4/19/2021	3	Elevated liver enzymes and dilation of common bile duct found on biopsy to be acute liver rejection in the setting of multiple prior acute liver rejections post transplant
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.
1252407	4/24/2021	NC	17	M	3/11/2021	3/12/2021	15	Severe headaches due to ventricular bleed, following bleed from arteriovenous malformation (AVM). Headaches persisted starting March 12 and continued for following 11 days. A visit to the Emergency Department led to an MRI, which revealed the AVM. Craniotomy removed the AVM, followed by 12 days in intensive care. Post-surgical complication of intracranial hemorrhage. Patient is currently in rehabilitation.
1252055	4/24/2021	AZ	16	M	4/19/2021	4/21/2021	3	Diffuse urticarial reaction leading to mild distributive shock and syncope

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1249757	4/24/2021	OR	16	F	4/14/2021	4/15/2021	2	Patient developed fatigue and headache within 24 hrs of receiving 1st vaccine, over the next several days she developed periorbital edema and cervical LAD. 6 days after vaccine she developed fever and chills and was febrile to 103. She went to the ER and labs revealed pancytopenia. She was admitted on the evening of 4/20 and was observed for 36 hrs. Symptoms improved without antibiotics
1242082	4/22/2021	PA	17	M	4/16/2021	4/17/2021	1	Started Saturday, April 17 around 9am with nausea, abdominal pain and vomiting bile (this started 23-24 hours after the vaccine; no other side effects). The focus of the pain was on the lower right side of his abdomen, and when he tried to stand up straight the pain increased in intensity and he felt like it was "pulling". With all the vomiting the pain spread to most of the abdomen, but after getting Zofran and resting that additional area subsided. He was evaluated at Medical Center and ultimately transferred to hospital for appendectomy on April 17 around 5pm. Appendectomy was done early morning Sunday, April 17 and he was discharged home that afternoon
1238456	4/21/2021	NC	16	M	4/16/2021	4/16/2021	5	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.
1236864	4/21/2021	IN	17	F	4/15/2021	4/20/2021		patient woke up with aphasia. per ER note, differential TIA vs focal seizure vs stress.

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1231560	4/20/2021	NJ	17	F	4/15/2021	4/17/2021	1	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.
1229182	4/19/2021	IN	16	F	3/25/2021	4/15/2021		lethary and altered mental status 2.5 weeks after COVID vaccine. Found to be septic (hypotension, hypothermia, suspected infection). Admitted to ICU. Required 15L vapotherm for respiratory support and several fluid boluses for blood pressure. Urine culture resulted positive for a bacterial infection. Started on antibiotics and improved. Concern for vaccine adverse event is low.
1229179	4/19/2021	IN	16	F	3/25/2021	4/15/2021		lethary and altered mental status 2.5 weeks after COVID vaccine. Found to be septic (hypotension, hypothermia, suspected infection). Admitted to ICU. Required 15L vapotherm for respiratory support and several fluid boluses for blood pressure. Urine culture resulted positive for a bacterial infection. Started on antibiotics and improved. Concern for vaccine adverse event is low.
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.

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1221633	4/17/2021	MO	16	F	4/15/2021	4/16/2021		Patient is only 16 and the Moderna vaccine is only approved for those 18 and over. Her 23 year old sister, was forced by her father to take Patient with her to get the vaccine because Sister already had an appointment and it was "convenient" and less of a hassle for him. It is believed that they lied about Patient's birth date because the forms (consent, registration, etc.) provided for the vaccine CLEARLY state the minimum age to receive the Moderna vaccine is 18. However, there should have been some accountability and proof of age should have been required (ie a birth certificate). It is believed that Patient is experiencing side effects, and that they may be serious. Her father and her sister, as well as her grandmother, (the court-mandated "Supervisor" for custody) refuse to provide me, Patient's mom with any information regarding Patient's well-being at this time- 1 1/2 days after the administration of the vaccine---and they have refused my attempts to contact them by simply not replying---which is unlike them. In the past, Patient has been hospitalized for several days and they did not advise me (again, this is against the court mandate.) It is not only illegal that Patient was vaccinated with the Moderna Covid 19 vaccine- and that Sister, Dad, and Grandma are liable (her grandma, knew in advance they were going to have the vaccine administered) but it is also illegal and unethical that my daughter may be quite unwell at this time and may be wanting and /or needing me and yet, I do not know where she is or how to get to her to help her. If she is okay, I want and deserve to know this information as well.

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1219125	4/16/2021		17	F	4/12/2021	4/12/2021	2	Patient had anaphylaxis with recorded trigger (Pfizer COVID vaccine). She received epinephrine onsite, and then an additional dose of 0.3mg in ED. She however, required required two more doses of 0.5mg epinephrine and racemic epi neb. She was admitted for further observation given need for multiple doses of epinephrine. At approximately 9:00 am (~18 hours post vaccine) a rapid response was called on 4/13 and patient was transferred to the PICU for further treatment. Patient also received the last dose of epinephrine 0.5mg at approximately 9:00 am (~18 hours post vaccine). Patient received famotidine 20mg IV x1 and methylprednisolone 90mg IV x2 in the PICU. Patient was discharged on 4/14 at 8:00 am from the PICU, approximately 41 hours post vaccine administration. Received a total of epinephrine x7 doses during the hospitalization.
1215121	4/15/2021	CA	16	F	4/14/2021	4/14/2021	2	15 min after vaccine administration, pt experienced frontal headache, diffuse subjective weakness of LE, and gait instability. Admitted to medical center for monitoring and workup.
1212716	4/15/2021	AZ	16	F	4/3/2021	4/9/2021	4	Admitted to hospital on 4/10 with 2 day history of mydriasis, diplopia with blurry vision, dizziness and balance difficulty. Found to have enhancement of 6th and 3rd CNs on MRI. Patient continued to have blurry and double vision during her stay and mild gait instability. She developed mild frontal headache managed with Tylenol. Her exam was remarkable for mydriasis, mild lateral gaze limitation R>L, mild dysmetria, dizziness and unsteady gait without notable ataxia. No papilledema. Her reflexes were 2+ in her BL UE and LEs. Pediatric Neurology and ophthalmology consulted and followed patient. Eye exam remarkable for bilateral cranial nerve 6 palsy but no other element of CN3 palsy and bilateral dilated but unreactive pupils. Patient treated with IVIG 1mg/kg/day x2 days for likely miller fisher syndrome variant of Guillain-Barre.

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1206421	4/14/2021	CA	17	M	3/11/2021	3/14/2021	5	Blood clot in right calf. Noticed pain and knot in calf on Sunday 3/14/2021. It worsened over the next few days. Went to Urgent care on 3/18 and they sent us straight to ER for Ultrasound. In hospital they found it was a clot identified as deep vein thrombosis, and started a treatment of blood thinner and pain medication.
1207321	4/14/2021	FL	17	M	3/10/2021	3/11/2021	5	Severe, debilitating fatigue to the point of not being able to stay awake for more than a couple of hours a day. This continues, although minimally improved, 1 month out from 2nd vaccine Migraine-type headache- daily, continues 1 month out Dizziness Thrombophlebitis Initial low-grade fever and arm soreness resolved within 2 days
1197826	4/12/2021	CA	17	M	4/8/2021	4/11/2021	3	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.
1193717	4/11/2021	CA	17	M	4/1/2021	4/7/2021		Diagnosed w/ severe pneumomediastinum involving base of neck and right upper extremity. Emphysematous changes in the airway and vascular structures of the neck.

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1155731	4/1/2021	NC	16	F	3/23/2021	3/29/2021	5	Patient had a CVA (stroke) to the R internal capsule and basal ganglia while therapeutic on warfarin. She has a history of Truncus Arteriosus s/p repair and has been anticoagulated for >10 years without issue. Stroke occurred 1 week after vaccine. She now has L sided motor deficits which are likely permanent. Left arm is flaccid. L leg with poor motor function.
1148292	3/30/2021	CA	17	M	3/5/2021	3/25/2021	3	Pt is an 17 year old male who presents with a history of left shoulder pain since 3/25. He has recently been vaccinated for SARS Co-V2 (First dose on March 5th with second dose on March 27). He is currently hospitalized for elevated troponin and working up for myocarditis.
1136945	3/26/2021	WY	16	M	3/17/2021	3/22/2021		Sore arm on 3/20/2021. No other symptoms/signs. Presented for routine heart transplant follow up visit 3/22/2021 and was found to have new decreased cardiac function by echo, new 1st degree heart block by ECG, and new gallop. Patient taken to cath lab 3/22/2021 for biopsy and hemodynamic assessment, but he had V fib arrest with anesthesia induction. After initiation of CPR, patient was placed on ECMO. Biopsy shows ACR 2R (moderate cellular rejection) and pAMR 2 (moderate antibody-mediated rejection). Labs show new donor specific, complement-fixing Antibody against the cardiac allograft. Patient is in ICU being treated for acute rejection.
1127200	3/23/2021	WY	17	M	3/19/2021	3/21/2021	2	one day of fever found to have elevated inflammatory markers, LV dysfunction (now resolved), elevated troponin and ST elevation in EKG concerning for myopericarditis. Admitted to hospital. No documented fever in hospital, no rash, no GI symptoms, no other criteria met for MIS-C. Unclear etiology of myopericaraditis.
1099241	3/14/2021	CA	1	F	3/10/2021	3/11/2021		Patient is breastfed by mother, who was vaccinated on 3/10. Patient developed jaundice 3/11, and was admitted for evaluation of hemolytic anemia. Evaluation ongoing. Likely not related to vaccine, but occurred within 2 days of possible to vaccine components via breastmilk

VAERS_ID	RECVDATE	STATE	AGE_YRS	SEX	VAX_DATE	ONSET_DATE	HOSPDAYS	SYMPTOM_TEXT
1096709	3/13/2021		17	F	3/11/2021	3/12/2021	1	Fever of 103 F, received Tylenol, then developed tonic-clonic seizure activity for about 20 minutes (received 10mg intranasal midazolam and 0.5mg buccal clonazepam while awaiting EMS)
1071409	3/4/2021	CA	16	M	2/21/2021	2/24/2021	4	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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1062853	3/1/2021	MO	16	F	2/3/2021	2/3/2021		Per MD's note on patient's chart on 2/26/21: Spoke with both the patient's mother and father today. Patient is 16 and received Moderna vaccine. Both state's current guidance and my correspondence with CDC indicate that she should receive 2nd dose of Moderna and not change to Pfizer. Patient does have a history of Rett Syndrome (rare neurologic genetic defect). Parents report 1 week after receiving Moderna vaccination, she experience her first seizure and was transported and treated at Hospital. Seizures can be a feature of this disorder but the patient had not experienced one in the past. Her parents report that her Neurologist does not believe the seizure to be related to vaccination. I informed parents I would search the VAERS system for similar reports. They were not enrolled in V-Safe, but I encouraged them to do so and gave them a link to the CDC site for registration. Correspondence with CDC (via email): "If the Moderna vaccine is inadvertently administered to patients 16 or 17 years old instead of Pfizer-BioNTech as the first dose, CDC currently recommends that the Moderna vaccine may be administered as the second dose (as off-label use). The second dose should be administered as close to the recommended interval as possible, 28 days for the Moderna vaccine. Additional information regarding administration errors and deviations can be found in CDC?s current interim clinical considerations regarding mRNA COVID-19 vaccines.
1055003	2/25/2021	TX	16	F	1/30/2021	2/1/2021		1. 48 hours after the first vaccine dose, she developed a raised, red, bump ~4-5cm area on her back with irregular borders. It was slightly itchy but not painful. 2. The area on her back worsened over the next 2-3 weeks and developed dark black scabs. 3. 24 hours after the second vaccine dose (which was given on 2/20/21), she developed scattered lesions on her neck, hairline, ear, face ? some with blisters, some with scabbed tops. Again slightly itchy but not painful. She also had a transient headache and chills that resolved on their own that same day.

VAERS_ID	RECVDATE	STATE	AGE_YRS	SEX	VAX_DATE	ONSET_DATE	HOSPDAYS	SYMPTOM_TEXT
921641	1/5/2021	NY	17	F	1/4/2021	1/4/2021		Administered first dose of COVID19 vaccine at 1:29pm on 1/4/21. At approximately 11:00pm resident exhibited acute respiratory decompensation with very limited air entry and hypoxemia. Patient received Benadryl, steroids, epinephrine, and Duoneb without improvement. Resident was referred to the emergency room and found to be COVID positive. No fever or rash were reported.