COVID-19 Vaccine Drug Reactions: Child Myocarditis/Pericarditis

Preliminary Notes – Reactions Listings Start on Page 2 Below

1. Child Myocarditis/Pericarditis cases Reported through June 4, 2021 in the United States to the Vaccine Adverse Event Reporting System (VAERS).

2. In the United States, it is very rare for children to be given COVID-19 vaccine drugs. As children are tested with experimental drugs, there may be a significant increase in child fainting cases.

3. In February and early March, 2021, there were articles published related to the large number of deaths linked to COVID-19 vaccine drugs, including pieces by Reuters and International Business Times. Shortly after these publications, there appeared a small number of *fake cases* submitted in order to try to discredit VAERS. This included a death of a 2-year-old child. Submitting a false case to VAERS is against U.S. federal law. Fake cases only benefit the drug manufacturers and do not benefit people who experience serious short-term reactions such as death and blood clots or reactions from long-term, repeated injections.

Child Myocarditis/Pericarditis: COVID-19 Vaccine Drugs

VAERS_ID	RECVDATE	STATE	AGE_YRS	SEX	VAX_DATE	ONSET_DATE	SYMPTOM_TEXT
1371348	6/3/2021		16	F	4/7/2021	4/22/2021	Myocarditis (with chest pain, shortness of breath, dizziness) starting after first dose, worsening after second
1371326	6/3/2021	MI	17	M	5/1/2021	5/19/2021	Woke up with severe chest pain two days after receiving the vaccine. Was taken to the ER and was admitted for elevated enzyme level and pain. Inflammation around the heart.
1371086	6/3/2021	NY	17	M	5/29/2021	6/1/2021	pt had nausea, fatigue and headache the day after taking the vaccine. On 6/1/2021 he woke up with chest pains and was brought to Hospital ER. He had labs which showed he had elevated troponin levels so was transferred to another Hospital where he was admitted. He has been given pain and anti-inflammatory medicines. His DX is post vaccine myocarditis and pericarditis. Once the medicine wears off his pain returns. Troponin levels are back up so they are currently waiting for the attending physician to see him.
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).
1368721	6/2/2021	CA	16	M	5/29/2021	6/1/2021	Myocarditis: Patient reports developing intermittent non-radiating substernal chest pain (5/30/21 at 7am) one day following his second Pfizer vaccine. He had also been experiencing cough for the last few weeks starting in early May about a week after his first Pfizer vaccine . He states having an intermittent non-productive cough since receiving his first COVID vaccine in early May. Symptoms are worsened by walking or exertion. No leg swelling. Patient presented to the ER where troponin was elevated to 9000 and EKG was consistent with myocarditis . Patient admitted for NSAID treatment, cardiology evaluation and observation. Troponins quickly down-trended and patient clinically stable. Anticipate discharge home in next 24-48 hours.

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1368062	6/2/2021	OH	16	M	5/28/2021	5/30/2021	Patient received second dose of Pfizer COVID-19 vaccine on 5/28/21. Within 12 hours patient experienced chills and subjective fever. The follow day patient reported developing fever. The day prior to admission (admitted 5/31/21) patient developed chest pain but worsened to 8-9 out of 10. Pain described at pressure in the center/sternal area of chest or like bricks on his chest. No pleurisy or radiation of pain, pain worsened when supine. Negative for shortness of breath, syncope, palpations. Did no improve with acetaminophen or ibuprofen at home. Patient presented to outside hospital where troponin was 0.37 and EKG showed ST abnormalities. Patient received 30 mg of ketorolac and 4 mg of ondansetron and was transferred to this facility. In our ED, pain improved to 4-5 out of 10. Diffuse ST elevations on EKG, troponin elevated to 7.38. Chest X-ray and rapid covid test were negative. Patient was started on naproxen sodium 500 mg enteral BID 5/31/21 through discharge on 6/2/21.
1367905	6/2/2021	NJ	14	M	5/26/2021	5/27/2021	Patient received the Pfizer COVID-19 vaccine 3 days prior to admission, and felt weak with complaints of headache the following day, and the symptoms have since resolved. Mother mentioned that he has been complaining of intermittent midsternal chest pain that worsened after eating since the day prior to admission. She had been giving him peptobismol, thinking it was gas related pain. However, due to him persistently complaining of the pain after eating, she brought him to. She denied any fever, shortness of breath, weakness/fatigue. Of note, mother had COVID in march 2020 and she believed he might have been sick around that time as well. Patient is still in the hospital and continues to receive pain medication and treatment for myocarditis (NSAIDS and opioids)
1365552	6/1/2021	CO	17	M	5/27/2021	5/29/2021	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.
1365543	6/1/2021	WA	17	M	5/29/2021	6/1/2021	myopericariditis
1364803	6/1/2021	NY	17	M	5/29/2021	6/1/2021	Myocarditis

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1362568	5/31/2021		17	M	5/26/2021	5/30/2021	myocarditis
1362637	5/31/2021		16	M	5/7/2021	5/30/2021	Patient received first COVID-19 vaccine as noted above on 5/7/21 at University Health without significant side effects. He received his second vaccine dose as noted above on 5/28/21 at University Health. Two days later (5/30/21) he noted persistent, crushing substernal chest pain. He was brought to the emergency department where he was given the diagnosis of myopericarditis and admitted to the hospital for pain control and monitoring.
1361623	5/30/2021	MA	14	M	5/24/2021	5/28/2021	Myocarditis. Presented with chest pain and increased Troponin.
1361628	5/30/2021		16	M	5/27/2021	5/29/2021	Chest pain with elevated troponin consistent with myocarditis.
1361923	5/30/2021	MN	17	M	5/26/2021	5/30/2021	pericarditis 5/30/21 Tested + for rhinovirus/enterovirus on PCR Resp Pathogen Panel at time of admission, so unclear if from rhinovirus (more likely)
1362007	5/30/2021	OR	17	U	5/27/2021	5/29/2021	pericarditis
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.

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

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							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
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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1359871	5/29/2021	MN	15	M	5/21/2021	5/23/2021	On 5/23 two days after vaccine he was irritable, tired, fatigued, not sleeping well. He could not complete his track meet . He had abdominal pain, felt bloated, and he felt this nausea & discomfort. He thought he might be constipated, so he took MiraLAX and then he had diarrhea all day yesterday. on 5/26 he had a temperature of 99.2, he had acute chest pain retrosternal and feeling of compression on the chest, head fullness as if he is going to explode. He had nausea, insomnia. Ibuprofen was given to him by his mother and this helped a lot But he woke up on morning of 5/27 , but the chest pain returned with increased pressure, very nauseous, agitated, unable to be comfortable. No fever,, the pain was a sharp pressure. He had no syncope or chest shortness of breath He was seen at Hospital ER where a chest x-ray was normal. Echocardiogram was done, ,noted to have EKG changes. Troponin was elevated. He had a cardiac catheterization done emergently at hospital through the right radial artery and was noted to have normal coronaries. He also had a chest x-ray done which was negative for pulmonary lesions, and his abdominal pain he says was relieved after the MiraLAX and the diarrhea. His twin sister who received the vaccine 15 minutes after him is completely asymptomatic.
1357792	5/28/2021	CA	16	M	5/9/2021	5/10/2021	Received 2nd Pfizer COVID vaccine 5/9. On the evening of 5/10 he awoke with severe 7/10 CP located centrally and radiating down both arms. Not a distinct pain such as sharp, stabbing, burning, throbbing but located in center of chest and was really uncomfortable. No other associated CV symptoms (palpitations, SOB, syncope). Pain slightly worse supine. Pain self-resolved but recurred on 5/12. he had no symptoms of COVID disease.
1358844	5/28/2021	GA	15	M	5/22/2021	5/26/2021	Abdominal pain, chest pain and myopericarditis
1357884	5/28/2021		16	F	4/15/2021	4/17/2021	Myocarditis. Chest pain started 2 days after the 2nd shot. Elevated troponin and went upto 20. Near syncope and tiredness.
1354648	5/27/2021	CA	17	M	5/21/2021	5/23/2021	myocarditis with elevated troponins, findings on cardiac MRI. No treatment required, self-resolved. Admitted for close monitoring

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1354101	5/27/2021	NY	17	M	5/19/2021	5/24/2021	Patient hospitalized for overdose. Patient found to have potential myocarditis. Patient overdosed on antihistamines loratadine and doxylamine. Found to have rhabdomyolysis. CK levels have been trending downward. Patient found to have elevated troponin and ECHO showed decreased EF raising concern for myocarditis. Also with EKG changes. Patient is asymptomatic without chest pain or palpitations. Cannot differentiate cause of myocarditis, can be due to over dose and related to rhabdomyolysis or other causes.
1355216	5/27/2021	FL	17	M	5/1/2021	5/5/2021	Chest pain, elevated cardiac enzymes (troponin), myocarditis. Peak troponin 11.6 on 5/7. CMR demonstrating myocarditis
1354654	5/27/2021	MD	14	M	5/17/2021	5/21/2021	Patient presented to ER with severe unrelenting chest pain beginning abruptly 4 days after receiving first dose of Pfizer COVID19 vaccine. He was diagnosed at the ER with pericarditis and discharged with ibuprofen. Chest pain has gradually improved over past 6 days though is still intermittently present.

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1351950	5/26/2021	LA	17	M	5/22/2021	5/23/2021	chest pain, nausea, sweating w/ alternate chills, and headaches onset at approximately 10-11 a.m. Sunday, 5/23/21. Because he was reporting for work to a camp, he reported to the camp nurse. After conferring with parents, he reported to Hospital for testing. EKG there was normal; minimal labwork performed - Troponin test requested by parent came back at 0.03. Advil taken earlier had resolved pain at that time, but pain was persistent the following day. Parent retrieved patient, and he reported to his pediatrician at the PCP Clinic and more labwork was performed at approximately 10 a.m. Troponin level had increased to 14, with other inflammatory markers elevated and abnormal EKG result. Pediatrician consulted with pediatric cardiologists, and parents were advised to proceed to the ER. Mother arrived with Hospital at approximately 5:30 p.m. Troponin results from 6:45 elevated to 16. Ped. Cardiologist performed echo-cardiogram, which showed no abnormal heart functioning. Ped. 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.
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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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.
1347131	5/25/2021	VA	17	M	5/20/2021	5/23/2021	Myocarditis
1346428	5/25/2021	IN	15	M	5/22/2021	5/23/2021	Patient began to have chest pain 12-24 hours after administration of vaccine. Chest pain worsened over 48 hours. Pain described as constant pressing sternal chest pain. He also had associated fatigue. Initial work up consistent with peri/ myocarditis. Chest pain has no longer been persistent during admission. No chest pain at rest any longer. Patient describing some ?throbbing? heart pressure with walking.

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1343854	5/24/2021	NJ	15	M	5/17/2021	5/21/2021	Myocarditis
1343066	5/24/2021	IA	16	M	4/30/2021	5/16/2021	myopericarditis
1343445	5/24/2021	MA	17	M	5/4/2021	5/24/2021	Woke up on 5/7 with pleuritic chest pain, and admitted to the PICU on the same day. Found to have myopericarditis confirmed by MRI, now with residual low-normal EF of 56%. Discharged from hospital on 5/11.
1343709	5/24/2021	TX	16	F	4/15/2021	4/19/2021	Vaccine administered at outside facility. Patient is a 16 yo girl, admitted on 4/19 with myocarditis, s/p IVIG (4/19) after presenting with progressive new onset chest pain. She was in usual state of health up until 2 days ago when she started developing body aches, and chest pain. Patient received her 2nd Pfizer COVID vaccine last week (4/15). No known history of COVID infection. Parents brought her to the ED yesterday after she complained of dizziness, SOB, chest pain, and had a near syncopal event. EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, normal CXR, negative COVID PCR. Denies fever, GI symptoms, GU symptoms, headache, rash. Once transferred to our PICU, she was worked up for myocarditis vs MIS-C. Troponin has been trended q6 and is trending up (now 11). Of note, there have been no fevers. Patient is a 16 yo girl, s/p admission (4/19-4/23/21) with myocarditis, s/p IVIG (4/19), has now been readmitted on 5/10 with myocarditis after presenting with headache and neck pain for 2 days. Following discharge from the PICU on 4/23, patient states that symptoms have lingered (low grade fevers, feeling tired, on and off chest pain). After developing a progressive headache and neck pain, she came back to the ER for re-evaluation. Upon readmission, her troponin was elevated (2.06 on 5/10). Her CBC and CMP were reassuring. Blood culture collected on 5/11 and urine culture collected on 5/10. ID consulted for workup.

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1343848	5/24/2021	VA	17	M	5/20/2021	5/22/2021	17-year-old male with no medical history, no allergies and no surgeries presented to the ER on 5/22 at 11 PM with concern for chest pain. The patient received his 2nd COVID-19 Pfizer vaccine on Thursday, 05/20/2021 in his left arm. The patient developed a temperature of a 102.5° with aches, chill, and pain overnight. The symptoms subsequently dissipated. Around noon on 5/22 he began to experience an achiness and pressure beneath the sternum and it has been constant since. The pain does not radiate into the back. No associated ripping or tearing sensation. No shortness of breath or difficulty breathing. In ED, EKG showed normal intervals, no ST changes and no STEMI. The patient underwent a CT angio of the chest and abdomen and did not show any dissection of the aorta. The left and right proximal coronaries are visible, however their path could not be seen on the studies performed. No pneumomediastinum both pneumothorax was observed. He had an elevated troponin of 3.1 and it increased to 7.3 prior to transfer to the ICU. VS were stable with HR 80 - 90 and normal BP. Repeat ECG was normal but his troponin increased x 2 with maximum of 16. His CRP was mildly elevated and BPN upper limits of normal. Echo was normal. Cardiologist consulted and pt diagnosed with myocarditis. As of 5/24/21, patient remains hospitalized as troponin was 13.1 at 9:00 am.

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1344312	5/24/2021	OH	14	M	5/19/2021	5/23/2021	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.
1344363	5/24/2021	WA	17	M	5/21/2021	5/23/2021	17 y/o M with no PMHx presenting to ED from another ED for work-up of acute onset chest pain. Patient experienced this pain at approximately 2200 on 5/23 and this prompted ED visit. His chest pain was 8/10 at that time. Did not radiate. He mentioned pain with deep inspiration. Prior to Sunday night he describes feeling tired, malaise on Saturday. He says he had a fever on Saturday. Temperature at that time unknown. Otherwise patient was in usual state of health. Of note, Friday 5/21 was his second dose of the COVID-19 vaccine. He denies having any adverse effects after vaccine #1. Patient diagnosed with acute pericarditis at this time thought to be due to COVID-19 vaccine
1345283	5/24/2021	NJ	17	F	4/29/2021	5/3/2021	Patient developed substernal chest pain that began about 3 days after her first Pfizer Covid shot. It was worsened by laying flat and relieved somewhat by sitting upright or forward. NSAIDS were slightly effective at improving the pain. It took about a week to totally resolve. The patient went to a walk-in clinic initially and they noticed right-axis deviation on an EKG and sent her to the Hospital for further workup. She was discharged from the ER several hours later with no clear diagnosis but a suggestion that it sounded clinically like a viral pericarditis.

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1343775	5/24/2021	TX	16	M	4/24/2021	4/26/2021	Vaccine administered at outside facility. Pt. is a 16 yo male with no significant PMH admitted on 4/26 with myocarditis, elevated troponin, and abnormal EKG. Pt. states that he was feeling his usual self until the day that he received his 2nd dose of the COVID vaccine on 4/24. On 4/24, he started to have a headache and subjective fevers. On 4/26, he reports having substernal chest pain at rest, non-radiating, associated with shortness of breath. Patient took tylenol with minimal relief. Patient denies cough, congestion, abdominal pain, nausea, vomiting, diarrhea, rash. No sick contacts. Since admission, troponin has been rising (up to 16), BNP normal, CRP to 87, ESR normal, CBC and electrolytes unremarkable. Clinical course and findings consistent with myocarditis. ID consulted for infectious workup and management. In my prelim recs upon admission, I recommended a dose of IVIG and holding off on steroids and antibiotics.
1342268	5/23/2021	PA	17	M	5/4/2021	5/7/2021	Patient complained of chest pain 3 days after his second Pfizer COVID vaccine and was diagnosed with Myocarditis.
1342146	5/23/2021	OR	16	M	5/22/2021	5/23/2021	Suspect pericarditis, elevated CRP, very very slight pericardial effusion, classic story, few EKG findings
1341671	5/23/2021	PA	16	M	5/21/2021	5/22/2021	pericarditis
1341490	5/23/2021	OR	12	M	5/20/2021	5/21/2021	Pericarditis, temp 100, chest pain
1341017	5/22/2021	CA	17	M	5/19/2021	5/19/2021	COVID-19, mRNA, LNP-S, PF (PFIZER-BIONTECH) 5/19/2021 (17 Y) , 4/28/2021 (17 Y) Severe chest pain, Requiring hospitalization for pain management and MI/Myocarditis therapy.
1340644	5/22/2021	MD	17	M	5/12/2021	5/13/2021	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.

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1336694	5/21/2021	NC	16	M	5/8/2021	5/9/2021	05/09 Woke up with Chest pain/fever/headache 05/17 went to urgent care due to chest pain/diagnosed with Pericarditis 05/20 pericarditis diagnosis confirmed by cardiologist No other contributing factors
1338627	5/21/2021		17	F	5/13/2021	5/14/2021	Chest pains, difficulty breathing, outcome: diagnosed with myopericarditis and costochondritis as well as inflammation in joints. Was in the hospital for 7 days and was on IV, morphine and then switched to hydro-morph for severe pain. Was given ketorlax via Iv for inflammation as well and steroids. Has been put on steroids for 1 month, Colchicine for 3 months, naproxen for inflammation.
1337056	5/21/2021	TX	16	M	5/1/2021	5/19/2021	Patient is a 16yo girl admitted on 5/19 with sepsis secondary to myocarditis and pneumonia, s/p IVIG, after presenting with fever, myalgia, sore throat, hypotension, elevated troponin, elevated CRP, and leukocytosis with left shift. Sore throat has been present for about a week and fevers began on 5/17 with a Tmax of 103. On 5/18, she began developing shortness of breath and upon evaluation by the PCP on 5/19, she was admitted. During initial workup on 5/19 upon admission, hospitalist was high concerned as she developed hypotension of 91/48 on 5/20 at 08:35am. CT of chest on 5/20 showed patchy consolidation of the posterior lower lobes bilaterally. At that point, I was contacted and recommended broadening regimen to clindamycin , ceftriaxone, and azithromycin. Upon transfer to Hospital, further serologies were collected which showed leukocytosis with left shift, highly elevated CRP, elevated troponin, elevated IL-6, elevated ferritin, negative Covid abs test, negative RVP, and negative Covid PCR. IVIG (2grams/kg) started on 5/20 at 22:57. Cardio and ID on board and all regular myocarditis infectious workup has been collected. ID consulted for workup and management. Of note, patient received the Covid vaccine on 5/1/21
1337375	5/21/2021	CA	17	M	5/7/2021	5/8/2021	Second COVID vaccine was administered 5/7/21. Patient then developed chest pain and presented 3 days later to Hospital on 5/11/21. Admitted for treatment of myopericarditis.

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1336040	5/20/2021	WI	17	M	5/13/2021	5/14/2021	About 18 hours after the vaccine was given, the patient developed chest pain. The chest pain progress over about 24 hours to 9/10. He presented to the ER where he was found to have elevated troponin (up to 15) and ST changes on EKG. Echo was normal x2. He was treated for myopericarditis with NSAIDs and colchicine. He quickly improved. No clear etiology of his myopericarditis was identified, raising suspicion that it may have been an adverse reaction to the vaccine.
1335999	5/20/2021	AZ	16	M	5/16/2021	5/17/2021	Patient developed chest pain starting 3 PM on 5/17. Presented to a local ED for this on 5/18 and was found to have elevated troponin level. Transferred to a hospital with pediatric floor and was seen by a pediatric cardiologist. Echocardiogram notable for evidence of pericarditis but normal cardiac function. Given concern for development of 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
1334678	5/20/2021	MI	17	M	5/1/2021	5/19/2021	NSTEMI/Troponin elevation/pericarditis
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.
1334612	5/20/2021	WA	16	M	5/15/2021	5/16/2021	Chest pain, fever, headache and fatigue starting morning after vaccination. Progression of chest pain prompting evaluation in the emergency room where he was found to have a Troponin of 23,000 (nl less then 50). D'Dimer mildly elevated. ST changes on EKG. CTA negative. LFT mildly elevated. Sent to hospital where admitted to cardiology service pm 5/19 and given a diagnosis of myocarditis. Still under care at this time of report.

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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
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.
1333629	5/20/2021	NY	16	M	5/12/2021	5/14/2021	Patient developed sudden onset of chest pain and shortness of breath worse with supine position. Patient went to the ER and ECG was done which was consistent with Acute Pericarditis. Patient was treated with Ibuprofen 600mg PO TID with resolution of his chest pain and SOB. patient was discharge home from the ER with cardiology follow-up 2 days later. Patient continues to have no chest pain or SOB and continues on Ibuprofen 600mg PO TID at this time. Repeat labs are pending.
1331020	5/19/2021	RI	17	M	5/12/2021	5/15/2021	Patient developed severe chest pain and was found to have myopericarditis. This occurred 3 days after receiving his 2nd Pfizer covid vaccine. Prior to this event, he was in his usual state of health and denied any viral prodrome or illness. In the hospital, he received NSAIDs and supportive care with significantly clinical improvement. He was discharged with cardiology follow up.

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1330871	5/19/2021	MA	16	M	5/13/2021	5/15/2021	~~The patient presented with symptoms of pericarditis and palpitations. Evaluation revealed elevated troponin levels consistent with myocardial injury, ST elevation on ECG (consistent with pericardial inflammation) and short episodes of non-sustained ventricular tachycardia that were not hemodynamically significant. Echocardiography revealed normal anatomy and normal ventricular / valvular function with no pericardial effusion. He was observed in hospital on telemetry for 24 hours and transitioned to outpatient care with exercise restrictions as well as oral non-steroidal anti-inflammatory and colchicine therapy. Clinical diagnosis was peri-/myocarditis without ventricular dysfunction.~~
1331020	5/19/2021	RI	17	M	5/12/2021	5/15/2021	Patient developed severe chest pain and was found to have myopericarditis. This occurred 3 days after receiving his 2nd Pfizer covid vaccine. Prior to this event, he was in his usual state of health and denied any viral prodrome or illness. In the hospital, he received NSAIDs and supportive care with significantly clinical improvement. He was discharged with cardiology follow up.
1330562	5/19/2021	CA	17	M	5/14/2021	5/16/2021	Left sided chest pain few days after second shot. Noted troponin to be elevated. Troponin: 1.27 -> 1.62 -> 1.74 -> 1.62->1.05 -> 1.06 -> 0.99. Normal ECHO. Normal EKG. Dx with myocarditis. Patient's pains symptoms resolved in 1-2 days; observed in hospital until troponin trended down.
1328253	5/18/2021	CA	17	M	5/15/2021	5/17/2021	Developed chest pain and diagnosed with myopericarditis based on EKG and elevated troponins. admitted for monitoring

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

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							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.
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.

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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 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

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							and pt remains asymptomatic. Plan Plan: #Myopericarditis - Repeat echo today - q8 troponin, AM CBC, CRP, ferritin - Motrin 400mg prn - steroid taper per Rheumatology recs 30mg PO BID for 7 days 30mg PO qday for 7 days 15mg PO qday for 7 days 7.5mg PO qday for 7 days 2.5mg PO qday for 7 days Off - f/u ID and rheum labs - continuous telemetry: patient at high risk of arrhythmia #FEN/GI - Regular diet - strict I/O - Pepcid 20mg BID #dispo - steroid taper sent for delivery to bedside - upon d/c start ASA - f/u cardiology - If echo today reassuring and troponin continuing to downtrend will plan for discharge this afternoon
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
1317129	5/14/2021	CA	17	M	5/7/2021	5/10/2021	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)
1315653	5/13/2021	FL	17	M	5/2/2021	5/3/2021	Myocarditis. Patient initially presented with chest pain 12 hours after vaccination. No other risk factors. Patient required to be in Pediatric ICU for treatment and cardiac monitoring.
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.
1313852	5/13/2021	NY	17	M	5/9/2021	5/10/2021	presented to ER for chest pain on 5/11 and 5/12, diagnosed with myopericarditis with elevated troponin level, abnormal ECG; hospitalized and treated with anti-inflammatory (Ibuprofen)

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1310120	5/12/2021	OH	16	M	5/6/2021	5/10/2021	The patient developed severe chest pain on the 4th day after the vaccine, he presented to the local emergency room and had the abnormal tests as described below. His symptoms improved rapidly but due to active myocarditis was given recommendations for limited activity to reduce risk of fatal arrhythmia
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
1303394	5/10/2021	NY	17	M	5/3/2021	5/7/2021	Chest pain with myocarditis
1303530	5/10/2021	UT	16	M	4/27/2021	4/29/2021	Patient received his 2nd Pfizer COVID vaccine on Tuesday 4/27/2021; he had low grade fever (100.3 deg F) on Wed 4/28/2021. On Thursday 4/29/2021, he developed "heartburn", and on Friday 4/30/2021 he developed chest pain that radiated to his jaw and left arm. He presented to Hospital on late 4/30/2021 or early 5/1/2021 for evaluation; initial labs showed a CRP of 1.23, POC troponin of 6.56 ng/mL (03:18 on 5/1) and lab level of 17.6 ng/mL (03:05 on 5/1) that increased to 24 ng/mL later in the morning on 5/1. COVID-19 PCR was negative. He was transferred to another Hospital mid-day on 5/1/2021 due to concerns for myocarditis/myopericarditis. He was started on NSAIDs. His troponin level improved, had decreased to 9.69 ng/mL on 5/2/2021; at that point as his chest pain had improved and labs were improving, parents requested that he be discharged from the hospital. He had 2 echocardiograms at PCH which reportedly showed normal biventricular systolic function. He had an echo at the hospital on 5/2/2021 which showed normal biventricular systolic function, no pericardial effusion, and normal valves. As an outpatient, he had repeat troponin-I levels: 2.49 ng/mL on 5/3; 0.31 ng/mL on 5/5; the troponin level was reportedly normal on 5/10/2021 per his primary cardiologist

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1301093	5/9/2021	MI	16	F	5/4/2021	5/7/2021	Myopericarditis with chest pain. currently improving
1299961	5/8/2021		16	M	5/4/2021	5/6/2021	Patient is a previously healthy 16 year-old M presenting with acute onset chest pain, shortness of breath, nausea, vomiting, malaise, fever and myalgia to ED on 5/6/2021 at 20:44. He started experiencing symptoms on 5/6/2021 morning a t06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10:: AM. In the ED, CBC, CMP and UA was within normal limits. EKG at 20:46 and again at 21:14 showed ST segment elevation in inferolateral leads with possible myocardial injury, ischemia or pericarditis. Troponin 0 hour was 835 and at 2 hours 1674. Patient was admitted to the PICU for further evaluation and management. Echo on 5/6/2021 showed normal LV systolic function with SF 31% . Cardiac MRI on 5/7 showed contrast enhancement of inferolateral wall consistent with myo-pericarditis with small pericardial effusion. Troponins were trended every 12 hours and plateaued in the 1800's on 5/8/2021. Patient was diagnosed with acute myo-pericarditis. Respiratory viral PCR and COVID-19 PCR on 05/06/2021 were negative. Thyroid studies were normal. ANA titer is pending. Viral serology for HbsAg was negative and HIV was non-reactive. Results for additional viral serologies for Coxsackie viruses, EBV, CMV and HHV6 are awaited. Patient was treated with NSAIDs and Colchicine. IVIG was not given based on clinical judgement. Pediatric Cardiology was involved in patient's care and clinical decision making. Patient remained hemodynamically stable on room air throughout his PICU course. He was discharged on 5/9/2021 with Pediatric Cardiology outpatient follow up in 2-3 weeks. He will continue Ibuprofen 600 mg every hours and Famotidine 20 mg 2 times daily until his follow up.
1296139	5/7/2021	PA	17	M	5/4/2021	5/6/2021	myopericarditis, received toradol, cardiac cath negative, admitted to hospital

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

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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	The patient developed acute perimyocarditis 2 days following Covid-19 vaccination. Ultimately this was mild, with recovery with NSAIDs alone.
1285570	5/4/2021	IL	16	M	4/29/2021	5/3/2021	My son woke up with a upper backache in the middle of the night (5/3/21) and shortly after that he said that it felt like someone was squeezing his heart. We called the pediatrician on call who recommended I take him to the ER. At the ER, they performed two EKG's, a chest x-ray, bloodwork and an echocardiogram. We were discharged from the ER 7 1/2 hours later with the following diagnoses: acute chest pain and acute pericarditis. His treatment consists of taking 600 mg of Advil every eight hours for at least the next, laying low and not exerting himself for the next and following up with his primary care provider and seeing the pediatric cardiologist later this week.
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.
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.
1281795	5/3/2021	MN	17	F	4/8/2021	5/1/2021	acute myocarditis; acute onset chest pain; admitted to the pediatric intensive care unit; about to receive IVIG. Chest pain started 5/1/20 about 2 days after her 2nd Pfizer COVID-19 vaccination

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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.
1283185	5/3/2021	WA	16	M	4/30/2021	5/1/2021	Previously healthy 16 year old young man presenting with chest pain admitted for myopericarditis. He was in his usual state of good health until 2 days ago when he experienced fever, chills and myalgias after receiving his 2nd dose of COVID pfizer vaccine. He improved until 5/2 when he developed a crushing, non-radiating, substernal chest pain which was waxing and waning in nature without specific alleviating factors. He had shortness of breath, but no palpitation, dizziness, or changes in pain on exertion vs rest. Family activated EMS who gave 325 mg of aspirin en route to the ED. In the ED, he was afebrile and hemodynamically stable. He was mildly diaphoretic, but otherwise, unremarkable on physical exam. STAT EKG showed ST elevations in V5 and V6 and ST depressions in V1 and V2 as well as PR depressions, which persisted on repeated EKG. Given concern for myopericarditis, they ordered labs including CBC, CMP, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and CRP 3.5. Chest x-ray was normal. Cardiology was consulted and they recommended transthoracic echo which is pending. Cards also recommended starting Ibuprofen 600 mg q8 hrs and admission to cards for further management.
1282128	5/3/2021	NJ	17	M	4/29/2021	5/2/2021	Myopericarditis secondary to Pfizer vaccine
1277983	5/1/2021		16	M	4/27/2021	4/28/2021	myocarditis
1277706	5/1/2021		16	M	4/27/2021	4/30/2021	Patient presented to urgent care with chest pain that started on 4/30/2021. EKG with diffuse ST elevation, consistent with Pericarditis. Sent to ED for further care and management.

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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.
1257935	4/26/2021	VA	16	M	4/21/2021	4/22/2021	myocarditis. Positive troponin, downtrended. Neg EKG , echo.
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.
1238456	4/21/2021	NC	16	M	4/16/2021	4/16/2021	Presented with chest pain, found to have diffuse ST elevation, elevated troponin/CRP/pro-BNP and echo concerning for low normal left ventricular systolic function. Ultimately diagnosed with myopericarditis.
1231560	4/20/2021	NJ	17	F	4/15/2021	4/17/2021	On 4/17/21 (ie within 48 hours of receiving COVID 19 Pfizer Shot #2 (4/15/21), my daughter began experiencing chest pain in the PM (PM of 4/17). It was initially mild so we did a watch and wait overnight but when it did not go away by morning of 4/18/21 we went to Urgent Care . Upon presentation at urgent care, she had an irregular EKG, we were advised to immediately do to a Hospital ER , upon arrival she presented with same EKG findings from urgent care, BW was run and her troponin level was a 7, this hospital recommended (after consultation with their cardiologist) that based on her age and urgency of the heart condition, we should be transported to a pediatric hospital with cardiology expertise. She was transported by ambulance to another Hospital, Cardiology Unit. . After a scary 24 hour overnight stay at the hospital she was released on 4/19/21.
1225732	4/18/2021	VA	16	M	4/15/2021	4/16/2021	On 4/16/21, the day after receipt of the second SARS-CoV-2 vaccine the patient developed new headache, fever, malaise, and myalagias. on 4/17/21 the patient then developed chest pain which worsened over time and lead to diagnosis of myocarditis with decreased left ventricle function of 44-47% and with troponin I of 1.58 ng/mL.

VAERS_ID	RECVDATE	STATE	AGE_YRS	SEX	VAX_DATE	ONSET_DATE	SYMPTOM_TEXT
1197826	4/12/2021	CA	17	M	4/8/2021	4/11/2021	Chest pain developed 3 days following vaccine administration. Presented to ED the morning of 4/11/2021, and was found to have diffuse ST elevation on ECG, and troponin level of 0.52. Received dose of aspirin, and then was transferred to Hospital for treatment and monitoring of pericarditis the afternoon of 4/11. Echo at Hospital with good LV function. Repeat EKG demonstrated ST elevation again, and he was started on ibuprofen 600 mg every 6 hours. Chest pain recurred in the evening of 4/11, but resolved some time after administration of ibuprofen. Troponin level upon arrival to Hospital were 3.92 at 17:11 on 4/11, then rose 8.68 at 23:42 on 4/11 at the time of his worsening chest pain. Chest pain still resolved by morning of 4/12, and troponin level downtrended to 5.87 at 6:22 on 4/12. Diagnosis consistent with myopericarditis.
1071409	3/4/2021	CA	16	M	2/21/2021	2/24/2021	Since receiving his second dose of COVID-19 vaccine (Pfizer) on Sunday 2/21 he has had fever (tmax 103.0 F), headache, and stomach ache. His fever started on 2/21 and had persisted through 2/24. He woke up from a nap on 2/24 in the afternoon at 1600 had onset of severe chest pain. Then reoccurring multiple times throughout the evening. He was taken to a local hospital and the transferred to another hospital for higher level of care. Pediatric cardiology was consulted and treatment was started for suspected atypical pericarditis with colchicine 0.6mg BID and ibuprofen 600mg QID w/ famotidine 40mg QDay. His chest pain resolved the day of admission, even prior to starting treatment. Patient was discharged in clinically stable condition to follow up with pediatric cardiology in 2 weeks as outpatient.