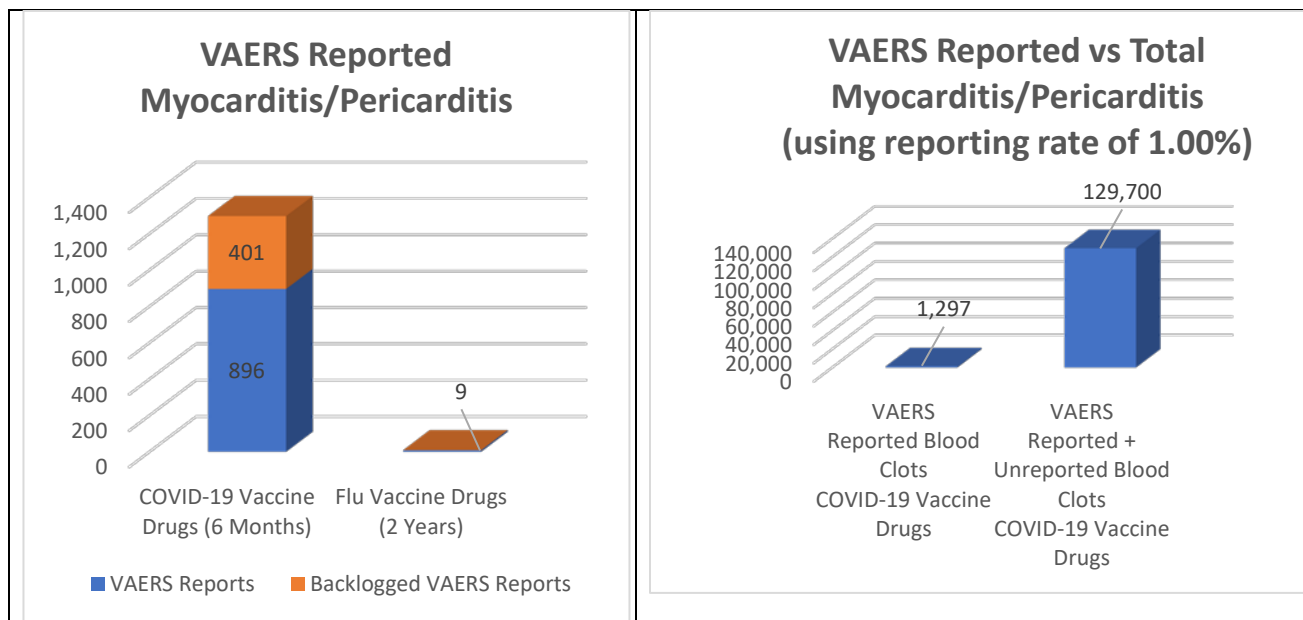


COVID-19 Vaccine Drug Reactions: Myocarditis/Pericarditis

Preliminary Notes – Reactions Listings Start on Page 2 Below



1. Myocarditis and Pericarditis cases 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. The cases listed below were pulled from the VAERS raw data files looking for the CDC-listed symptom of “myocarditis” or “pericarditis.”

Myocarditis/Pericarditis: COVID-19 Vaccine Drugs

<i>VAERS_ID</i>	<i>RECVDATE</i>	<i>STATE</i>	<i>AGE_YRS</i>	<i>SEX</i>	<i>VAX_DATE</i>	<i>ONSET_DATE</i>	<i>SYMPTOM_TEXT</i>
1374497	6/4/2021		32	M	5/27/2021	5/29/2021	Myocarditis, ST elevation on ECG and elevated troponin, CRP

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1374268	6/4/2021	FL	59	M	3/30/2021	4/20/2021	<p>Pericarditis; Pain in their chest; shallow breathing; Fever; Chills; Inappropriate schedule of vaccine administered; This spontaneous case was reported by a consumer and describes the occurrence of PERICARDITIS (Pericarditis) in a 59-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 047a21a and 037b21a) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Molluscum contagiosum ('triamcinolone acetonide' as treatment) since 02-Apr-2021. Concomitant products included EZETIMIBE, PANTOPRAZOLE, IBUPROFEN and COLCHICINE for an unknown indication. On 30-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 20-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 20-Apr-2021, the patient experienced INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Inappropriate schedule of vaccine administered). On 21-Apr-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced PYREXIA (Fever) and CHILLS (Chills). On 11-May-2021, the patient experienced PERICARDITIS (Pericarditis) (seriousness criteria hospitalization and medically significant) and CHEST PAIN (Pain in their chest). 11-May-2021, the patient experienced HYPOPNOEA (shallow breathing). The patient was hospitalized on 11-May-2021 due to PERICARDITIS. The patient was treated with MORPHINE for Pain prophylaxis, at an unspecified dose and frequency and OXYCODONE for Shallow breathing, at an unspecified dose and frequency. On 20-Apr-2021, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Inappropriate schedule of vaccine administered) had resolved. At the time of the report, PERICARDITIS (Pericarditis), CHEST PAIN (Pain in their chest), HYPOPNOEA (shallow breathing), PYREXIA (Fever) and CHILLS (Chills) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (unknown) was not applicable. Treatment medications included morphine and oxycodone. Company comments: This report refers to a case of inappropriate schedule of product administration for mRNA-1273 (lot # 037b21a) with AEs</p>

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							of Pericarditis, Chest pain, Hypopnoea, Pyrexia and Chills reported. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. This case was linked to MOD-2021-177226 (Patient Link).; Sender's Comments: This report refers to a case of inappropriate schedule of product administration for mRNA-1273 (lot # 037b21a) with AEs of Pericarditis, Chest pain, Hypopnoea, Pyrexia and Chills reported. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.
1374166	6/4/2021	MA	30	M	5/20/2021	5/26/2021	Onset of pericarditis 6 days after 2nd Pfizer vaccine - with CRP elevation and EKG changes. Symptomatically resolving after 1 week of treatment with ibuprofen.

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1370571	6/3/2021	NY	17	M	5/1/2021	5/5/2021	<p>myocarditis; myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. This physician reported similar events for two patients. This is the second of two reports. A 17-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 01May2021 (Batch/Lot number was not reported) as 2nd dose, single dose (at the age of 17-years-old) for COVID-19 immunization. Medical history included myocarditis from 2019 to an unknown date. The patient's concomitant medications were not reported. The patient previously received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as 1st dose, single dose for COVID-19 immunization. Patient admitted to hospital with chest pain and shortness of breath, diagnosed with myocarditis on 05May2021. The patient was hospitalized for 6 days. Treatment received for the adverse events include metoprolol, amiodarone, ketorolac, IVIG. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 05May2021. The outcome of the events was recovering. The events were considered as serious (hospitalization). The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. Information on the lot/ batch number has been requested.; Sender's Comments: Myocarditis is not uncommon disease in young population. This 17-year-old male patient had medical history of myocarditis from 2019. Based on information available, the reported recurrence of myocarditis with symptoms of chest pain and shortness of breath was not considered as causally related to the bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE). The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics committees and</p>

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							Investigators, as appropriate.,Linked Report(s) : PFIZER INC-2021565225 same reporter/AEs/vaccine, different patient.
1371251	6/3/2021	HI	26	M	5/1/2021	5/31/2021	patient received Moderna vaccine approx 1 week prior, developed chest pain x 2 days, presented to ED with elevated troponin I, possible STEMI on EKG, appears to be myocarditis
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.
1371082	6/3/2021	NJ	33	M	5/19/2021	5/24/2021	mild myocarditis (tight hear muscle) in day time tightness gets stronger usually at night, causes discomfort in sleeping
1371061	6/3/2021	DC	23	M	5/4/2021	6/1/2021	Pericarditis with troponin elevation and chest pain

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1370818	6/3/2021	IL		F	1/23/2021	2/23/2021	<p>Pericarditis; This spontaneous case was reported by a consumer and describes the occurrence of PERICARDITIS (Pericarditis) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 029K20A) for COVID-19 vaccination. No Medical History information was reported. On 23-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) at an unspecified dose. On 23-Feb-2021, the patient experienced PERICARDITIS (Pericarditis) (seriousness criterion medically significant). The patient was treated with CLONIDINE for Symptomatic treatment, at an unspecified dose and frequency and MORPHINE for Symptomatic treatment, at an unspecified dose and frequency. At the time of the report, PERICARDITIS (Pericarditis) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) and mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown Route) was unknown. Concomitant product use was not provided by the reporter. The patient had a pace maker put in on 23-Feb-2021 and had pericarditis the same day. About two weeks before Easter, the patient had pain every time she took a breath like she was going to have a heart attack. Based on current available information and the temporal association between product use and the start date of the events a causal relationship is unlikely.; Sender's Comments: Based on current available information and the temporal association between product use and the start date of the events a causal relationship is unlikely.</p>

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1370649	6/3/2021		34	M	5/15/2021	5/1/2021	<p>woke today, 19May at 1 am with bad chest pain and tingling down his arm; woke today, 19May at 1 am with bad chest pain and tingling down his arm; pericarditis; myocarditis; He still felt off on Tuesday; then felt malaise later in the day; This is a spontaneous report from a non-contactable consumer. A 34-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on 15May2021 (Batch/Lot number was not reported) as 2nd dose, single for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 on an unspecified date for covid-19 immunisation. Clinical course, after vaccination, patient felt fine most of 16May2021, and then felt malaise later on 16May2021, and took off from work on 17May2021. He still felt off on 18May2021 and woke on 19May2021 at 1 am with bad chest pain and tingling down his arm. He was admitted. Patient was diagnosed with myocarditis and pericarditis. His tropic level was 11. The outcome of events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.</p>

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1371318	6/3/2021	CA	76	M	2/13/2021	4/1/2021	Rheumatoid factor elevated at 45, CRP 122 Patient was in good health, with distant history of Graves Disease until April 5 when he presented to Hospital with complaints of chest pain, worse with sitting up. CAD was ruled out with troponins and he was taken to the cath lab and found to have essentially normal coronary arteries. He was started on colchicine with improvement in chest pain. On April 30th he presented to Hospital with low grade temps, cough and right sided chest/abdominal pain. He was found to have moderate pleural effusion. Because he was on Eliquis, for episode of afib thought related to pericarditis, pleurocentesis was delayed until May 3 when 1.5 L of fluid was removed from his pleural space. He continued on colchicine and 3 days later reported feeling essentially normal. Blood and fluid cultures were negative. Pleural fluid cytology showed predominantly chronic, inflammatory lymphocytes and macrophages/monocytes, reactive mesothelial cells. There was no overt morphologic evidence of malignancy. Patient was feeling well. Dr stopped Eliquis, Colchicine and patient did well until May 17 when he again reported aches, chills and pleuritic chest pain. Pleural effusion recurred and patient restarted colchicine with improvement

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1370587	6/3/2021	TX	74	U	2/27/2021	3/9/2021	Red blood cell sedimentation rate: 35; Inflammation in my pericardial sac of my heart, around my heart my lungs; Inflammation in my pericardial sac of my heart, around my heart my lungs; This is a spontaneous report from a contactable consumer (patient). A 74-year-old patient of an unspecified gender received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number: EN6202) via an unspecified route of administration, administered in left arm on 27Feb2021 (at the age of 74-year-old) as 2nd dose, single for COVID-19 immunisation. Medical history included heart valve replacement and heart surgery. Historical vaccine includes first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number: EL9269) on 06Feb2021 (at the age of 74-year-old) for COVID-19 immunisation. Concomitant medications included prednisone (PREDNISONE) for atrial fibrillation prophylaxis; colchicine (COLCHICINE) for atrial fibrillation prophylaxis; amiodarone (AMIODARONE) for atrial fibrillation prophylaxis; losartan (LOSARTAN) taken for an unspecified indication; metoprolol (METOPROLOL) and rivaroxaban (XARELTO) taken for an unspecified indication. On an unspecified date after vaccination patient underwent lab test and procedures which included inflammatory marker test that showed the patient's inflammation markers was way up the charts, patient had a lot of laboratory work with unknown result and had a red blood cell sedimentation rate of 35. It was reported that the patient had a huge inflammatory response and experienced inflammation in the pericardial sac of the heart; around the heart and lungs on 09Mar2021. The patient was inquiring if the company has any information on this that could help the situation. Outcome of events was unknown.
1370985	6/3/2021	NJ	39	F	5/19/2021	6/1/2021	Within a week went to hospital with severe chest pains. Diagnosed with inflammation around and in my heart

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1370570	6/3/2021	NY	18	M	5/7/2021	5/7/2021	<p>Fevers; Headaches; Chest pressure; Rash on palms and soles; Myopericarditis; Possible atypical Kawasaki disease; Sore throat; This is a spontaneous report from a contactable physician. An 18-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number was not reported), via an unspecified route of administration, on 07May2021 (at the age of 18 years), as first dose, single dose, for COVID-19 immunization. The patient had no medical history. The patient's concomitant medications were not reported. The patient had no known allergies. Prior to vaccination, the patient was not diagnosed with COVID-19. On the day of the first dose of vaccine (07May2021), the patient developed sore throat. The next day (08May2021), the patient had fevers and sore throat, developed headaches and chest pressure. Fevers persisted for 5 days so presented to emergency department with rash on palms and soles, diagnosed with myopericarditis, possible atypical Kawasaki disease; all started on 08May2021. The events were considered serious per hospitalization in May2021 for 8 days. Treatment received for the adverse events included vancomycin, ceftriaxone, intravenous immunoglobulins (IVIG), ibuprofen, aspirin, and dobutamine. Since the vaccination, the patient has been tested for COVID-19 (nasal swab) that was negative on 12May2021. The patient was recovering from the events. Information about lot or batch number cannot be obtained. No further information expected.; Sender's Comments: Based on current information available, the event myopericarditis, Kawasaki disease, sore throat, pyrexia, headache, chest pressure and rash mostly represented intercurrent condition in this patient, unrelated to Bnt162b2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Committees and Investigators, as appropriate</p>

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1370567	6/3/2021	NY	16	M	5/6/2021	5/8/2021	myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. This physician reported similar events for two patients. This is the first of two reports. A 16-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 06May2021 (Batch/Lot number was not reported) (at the age of 16-year-old) as single dose for COVID-19 immunisation. Medical history was none. Prior to vaccination the patient was not diagnosed with COVID-19. The patient's concomitant medications were not reported. The patient previously took ceftriaxone and received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) for COVID-19 immunisation. On 08May2021, the patient experienced myocarditis, chest pain and shortness of breath. The patient was hospitalized for 4 days due to the events. The patient underwent lab tests and procedures which included COVID-19 test (nasal swab): negative on 09May2021. Therapeutic measures were taken as a result of the events and included treatment with ibuprofen. The patient outcome of the events was recovering. Information on lot/batch number has been requested.; Sender's Comments: Based on temporal association a contributory role of BNT162B2 to the reported myocarditis, chest pain and shortness of breath cannot be totally excluded. Additional information is needed to better assess the report. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.,Linked Report(s) : US-PFIZER INC-2021565275 same reporter/AEs/vaccine, different patient.

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1370557	6/3/2021	NY	18	M	5/10/2021	5/13/2021	<p>myopericarditis; This is a spontaneous report from a contactable Physician. An 18-year-old male patient received his second dose of bnt162b2 (Pfizer-BioNTech Covid-19 vaccine) as an intramuscular single dose in left arm on 10May2021 14:30 (lot number unknown) for COVID-19 immunisation. The patient received his first injection as an intramuscular single dose in left arm on 16Apr2021 02:45 pm (lot number unknown) at age of 18-year-old for Covid-19 immunization. The patient's medical history included asthma and morbid obesity (BMI 47). Patient had no known allergies. Concomitant medications included salbutamol (ALBUTEROL HFA). The patient did not receive other vaccine in four weeks. Patient developed chest pain and was admitted to the hospital with myopericarditis. The event started at 03:00 am on 13May2021. He had elevated troponin and an abnormal EKG. He improved with NSAIDS and Colchicine. The patient was hospitalized for 3 days and recovered from the event on an unspecified date. The patient had no Covid prior vaccination and had real time PCR via nasal swab on 13May2021 with negative result. Information about the Lot/batch number has been requested.; Sender's Comments: Based on the available information and known product profile, the causal relationship between the reported event myopericarditis along with its symptoms and the use of BNT162B2 cannot be fully excluded. However, the patients state of morbid obesity and asthma maybe considered risk factors. The limited information available precludes further assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Authorities, Committees and Investigators, as appropriate.</p>

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1370341	6/3/2021		37	M	3/25/2021	5/25/2021	<p>Pericarditis; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PERICARDITIS (Pericarditis) in a 37-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 021C21A and 029A21A) for COVID-19 vaccination. No Medical History information was reported. On 25-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 25-May-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced PERICARDITIS (Pericarditis) (seriousness criterion medically significant). The patient was treated with IBUPROFEN on 25-May-2021 for Pericarditis, at an unspecified dose and frequency. On 27-May-2021, PERICARDITIS (Pericarditis) had resolved. Concomitant product use was not provided. The patient experienced chest pain on 25 May 2021, went to the ER , and was diagnosed with pericarditis; stayed in the ER for 3 hours and was prescribed Ibuprofen. No history of heart related problem was reported by the patient. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Very limited information regarding this event has been provided at this time. No further information is expected at this time. Reporter did not allow further contact; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Very limited information regarding this event has been provided at this time. No further information is expected at this time.</p>

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1370642	6/3/2021	OR	71	M	4/6/2021		I'm curious about this condition called Myocarditis, and I think I'm experiencing symptoms of this conditions'; This is a spontaneous report from a contactable consumer (patient). A 71-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 06Apr2021 (Batch/Lot Number: EN6208) as 2nd dose, single for covid-19 immunisation. No patient history. No other medical conditions. Concomitant medications included periodically thyroid medication. The patient received first dose of BNT162B2 on 11Mar2021 (lot number: EN6202) at age of 71 years old for covid-19 immunisation. Patient was curious about this condition called myocarditis and he think he was experiencing symptoms of this conditions, this kind brought on his Pfizer vaccine and so Pfizer was his first contact right now and there was couple of numbers on the sheet when he got his second vaccine shot. The outcome of event was unknown.
1371818	6/3/2021		78	M	5/13/2021	5/14/2021	Death with 24 hours of second vaccine - per autopsy Myocarditis

<i>VAERS_ID</i>	<i>RECVDATE</i>	<i>STATE</i>	<i>AGE_YRS</i>	<i>SEX</i>	<i>VAX_DATE</i>	<i>ONSET_DATE</i>	<i>SYMPTOM_TEXT</i>
1370738	6/3/2021		18	M			pericarditis; a large pericardial effusion; This is a spontaneous report from a contactable physician. An 18-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: unknown), at the age of 18 years old, at single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The reporter explained the only probable trigger to the 18-year-old male patient developing pericarditis and a large pericardial effusion was the receipt of the first dose of BNT162B2, 2-3 weeks before the diagnosis. The reporter added he read through the CDC website, about increased cases of myocarditis and pericarditis after getting the second dose of BNT162B2. The reporter asked if the second dose was contraindicated after such adverse reaction to the first dose. The outcome of events was unknown. Information on the lot/batch number has been requested.; Sender's Comments: As there is limited information in the case provided, the causal association between the events of Pericarditis and Pericardial Effusion and the suspect drug BNT162B2 cannot be excluded. The case will be reassessed once new information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees and Investigators, as appropriate.
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.
1372114	6/3/2021	NJ	28	M	5/22/2021	5/26/2021	MYOCARDITIS,FATIGUE,JOINT PAIN,PALPITATION AND CHEST PAIN
1372039	6/3/2021		20	M	4/12/2021	4/14/2021	PERICARDITIS.

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1371913	6/3/2021	NV	26	F	4/1/2021	5/23/2021	Presented with chest pain that was determined to NOT be related to ACS. Myocarditis (no troponin) and pericarditis (no EKG changes, no effusion, no friction rub) remained in the differential with costochondritis. Her symptoms resolved with NSAID and colchicine and was sent home after a three day hospitalization.
1371652	6/3/2021	MD	53	M	4/14/2021	5/7/2021	Pericarditis. Started with pain in right shoulder and trap area on Friday afternoon, started including significant chest pain, pain when breathing. I recognized symptoms from having pericarditis 15 to 20 years earlier. Went to Hospital emergency room, where pericarditis was diagnosed.
1371548	6/3/2021	FL	28	M	4/2/2021	4/14/2021	Tingling, numbness in left arm and heart area; shortness of breath; abnormal heartbeat all on a daily basis since about a week or 2 after the second vaccination shot.
1371494	6/3/2021	FL	24	M	5/26/2021	5/29/2021	pericarditis/myocarditis
1371355	6/3/2021	FL	33	M	5/28/2021	5/31/2021	Woke up to chest pain 3.5 days after 2nd dose. Went to ER where elevated Troponin levels were found from bloodwork. Sent to another hospital in ambulance where I was put on a Heparin drip. After multiple tests (EKG, echocardiogram, CT scan) cardiologist diagnosed Myocarditis. Released from hospital after 2 days once they determined that the heart was healthy aside from the inflammation.
1371353	6/3/2021	VA	61	F	1/4/2021	1/9/2021	Joint pain and rash starting within week after vaccine administered. Pericarditis diagnosis on 5/7/2021. Was hospitalized. Rheumatoid Arthritis probable with elevated RA factor, positive ANA, and High ANA titer. Awaiting other autoimmune test results to verify diagnosis.
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

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1371943	6/3/2021	TX	50	F	3/22/2021	3/22/2021	Patient has been suffering from headaches, rashes, chest pain, and numbness to her hands and fingers. Patient was order a CT scan of the chest. CT scan indicates mild pericarditis as well as post inflammatory lung changes. Echocardiogram is pending to confirm the diagnoses of pericarditis. Patient had MRI of the head and brain and that showed up as unremarkable. Patient continues to have these symptoms and denies having any of these symptoms before the COVID-19 vaccine.

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1368614	6/2/2021	CA	22	M	5/12/2021	5/31/2021	Reason for Admission Patient 22-year-old male with a history of seasonal allergic asthma who presented to ER with a chief complaint of chest pain. He said he started having multiple episodes of vomiting/fever on Saturday morning, went to urgent care and diagnosed with sinus infection, prescribed amoxicillin, then he started having chest pain on Sunday at 4 PM, mid sternum, constant, pressure type of pain, 5 out of 10 in severity, worse with cough and deep breathing/lying down flat a lateral position, better with sitting up/ leaning forward. No radiation. Denies lifting any heavy weight or any heavy exercise. Never had similar symptoms in the past. He had his second dose Pfizer COVID-19 vaccine on May 12. He denies leg pain or swelling. His vomiting and fever resolved. ED: He was found to have troponin of more than 12,000, EKG showed diffuse ST segment elevation with possible repolarization. Transferred for possible cardiac cath/cardiac MRI. CT angio chest no PE, normal aorta, no infiltration. Pending second set of troponin, stat echo, aspirin po given in the ER. In addition to the above HPI, he reports having 2 days of fevers, chills, nausea, vomiting, diarrhea. T-max 103F. His chest pain began around 4 PM yesterday and he felt like it was initially consistent with his asthma, however it did not improve so around 1:30 AM he states they went to the ER. He states that the chest pain gets better with exertion, and is worse with deep breaths and lying on his side, or leaning forward. He did take Nyquil decongestant which contains phenylephrine. Hospital Course 22 yo M w/PMH exercise induced asthma admitted for evaluation of CP, elevated troponin to 21,292 with negative LHC. UDS Negative. EKG w/diffuse ST changes so consistent with Myopericarditis I31.9 given Recent Viral Illness resulting in first time myopericarditis, will treat per pericarditis algorithm, ASA+Colchicine w/90% response rate by 1 week. -ASA 650 to 1000 mg TID, weekly tapers if CRP normalized and sx free; will start at 650 mg dose -Colchicine 0.6 mg BID for 3 months, no taper (lowers recurrence rate, NNT = 5) -Glucocorticoid generally not indicated in first-time acute myopericarditis as observational studies suggest increased recurrence rate, but can consider if he does not adequately respond to aspirin and colchicine -Trend troponin to ensure downtrend continues -No strenuous exercise during recovery period

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1367760	6/2/2021	WI	48	M	4/1/2021	5/26/2021	Pt presented with 1 week of progressive fatigue, dry cough, chest pain, nocturnal fevers. Presented to ER on 5/30/2021, hs troponins were 71 twice. Discharged with advice for symptom management with antipyretics. Symptoms worsened and pt returned to ER, worsening CP and fevers up to 100+F. Repeat troponins 1100 to 1200+, elevated LFTs, diffuse 1mm J point elevation on EKG Cardiac MRI 6/1/2021: IMPRESSION: 1. Patchy subepicardial left ventricular delayed enhancement, greatest in the basal inferolateral wall, compatible with myocarditis. Normal left ventricular size and systolic function. LVEF = 52%. 2. Patchy consolidation in the right lower lobe consistent with pneumonia. Small right pleural effusion. 3. Mild splenomegaly. CT chest RLL consolidation, splenomegaly
1368677	6/2/2021	CA	53	M	4/6/2021	4/8/2021	Consistent pain in the chest area around two days after 2nd shot- light shortness of breath . Pain became severe May 10th - Saw my doctor and was sent to the emergency room. Diagnosis was Pericarditis
1368362	6/2/2021	WI	38	M	5/20/2021	5/21/2021	Patient experienced myalgias, dizziness and nausea. Single episode of mild chest pain 2 minutes day prior to presentation. Diagnosed with myocarditis in the Emergency Department (5/24/2021) and admitted for treatment. Discharged on 5/26/2020.

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1368539	6/2/2021	MA	18	M	5/28/2021	5/31/2021	Patient received second Materna vaccine 5/28/2021 around 630 pm. Around 10 PM felt fatigue and headache. Felt very fatigued and unwell and slept most of 5/29 - 5/30. On 5/31, began experiencing chest discomfort radiating to left arm and palpitations. Presented to hospital which was notable for abnormal EKG with diffuse ST elevations and PR depressions, troponin peak of 25. TTE revealed low normal systolic function with EF 50%, no valvular disease or wall motion abnormalities. Cardiac MRI revealed subepicardial delayed myocardial enhancement in the mid, apex lateral wall of the left ventricle and adjacent pericardium consistent with myopericarditis. Patient was treated with colchicine and improved. Infectious work-up for cardiotropic viruses were sent, viral swab was notable for positive rhinovirus/enterovirus. Patient's presentation and timing of vaccine should be looked into as it is unclear wheter this presentation can be entirely due to presence of virus as above. This is notably at least the second presentation of teenager with myopericarditis on this cardiology service in the past 2 weeks in setting of recent Covid vaccination.
1368529	6/2/2021	KY	38	M	4/5/2021	4/19/2021	pericarditis lead to 5 days in the hospital and possibly months to recover from...
1368468	6/2/2021	MA	19	M	5/22/2021	5/24/2021	Massive chest pain, went to urgent care told it was anxiety sent home, went to ER later due to increased pain in lower chest where ribs meet stomach, ended up with elevated ECG, then proceeded to be give anti-anxiety and a Troponin level check. Troponin was over 5 ng/mL admitted to hospital after an Echo which resulted in an MRI the next day and concluded that it was likely Myocarditis.

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1368434	6/2/2021	OH	29	M	4/24/2021	4/25/2021	Chest pain with exertion beginning night of Sunday (4/25). Increased chest pain with exertion through Monday morning and afternoon. Went to ER to get checked Monday evening. Admitted due to elevated troponins. Stayed in hospital for 2 nights. During stay had echocardiogram and heart cath done due to troponins continuing to elevate. These showed clear and ruled out anything serious like a blockage. Discharged Wednesday afternoon to rest at home with MRI scheduled for Friday morning. Appointment with cardiologist Monday after the MRI and given the diagnosis of myopericarditis. Still resting at home and avoiding strenuous activity to recover fully.
1368345	6/2/2021	VA	19	M	4/28/2021	5/1/2021	19 year old with no significant past medical history presented to the ED with c/o chest pain. He was noted to have chest pain starting on 4/30. Patient stated that he had 2nd COVID vaccine on 4/29. He was noted to have one episode of vomiting and developed coughing. He has been c/o of sharp chest pain for the past two days. He was noted to have arm pain. He had chest pain when he breaths. He took advil and noted to have slight improvement in his pain. He was noted to have an elevated troponin and CK. Cardiology was consulted. His initial troponin came back 4.49 with a CPK of 294. Serial troponins were obtained. Troponin peaked to 44.8 and CPK to 1345, Echo showed newly reduced LVEF of 55%. Diagnosed with myopericarditis possibly related to the Covid vaccine and pt was transferred to the Hospital for cardiac MRI and further work-up. Upon transfer to the hospital, cardiac MRI was performed and showed acute myocarditis with no evidence of pericardial thickening or pericarditis. It also showed left ventricular function was at the lower limits of normal with a calculated left ventricular ejection fraction of 50% and no focal wall motion abnormality. He was treated with colchicine 0.6mg, pepcid 20 mg, and ibuprofen 600mg for the myocarditis and oral morphine 15mg and tylenol 1,000mg for chest pain. He was counseled on avoiding strenuous activity for the next 3 months and following up with cardiology upon discharge.
1368155	6/2/2021	CA	36	F	4/27/2021	5/2/2021	Pericarditis; myocarditis, cardiogenic shock. Supported via ECMO and heart pumps for 1.5 weeks

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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.
1368040	6/2/2021	IL	59	M	3/30/2021	3/30/2021	Patient was diagnosed, admitted to hospital for 7 days and discharged home without O2, he got his 1 dose of Moderna vaccine after 45 days of COVID19 diagnosis. With in 8 hours patient started developing Shortness of breath, Chest pain and myalgia so admitted to ICU, intubated and found to have Diffuse alveolar hemorrhage and Myocarditis.
1367996	6/2/2021	MA	35	M	4/20/2021	5/27/2021	Went to the ER experiencing chest pain 2 weeks after my second shot. Was told my heart is enlarged and was diagnosed with pericarditis. I am experiencing shortness of breath and exhaustion.
1367747	6/2/2021	WI	48	M	4/1/2021	4/30/2021	Myocarditis
1368680	6/2/2021	WA	38	M	5/30/2021	6/2/2021	Pt was seen in the emergency department for substernal chest pain four days after his vaccination. He was found to have an elevated troponin. Echocardiogram in the ED was unremarkable. The patient was diagnosed with myocarditis and admitted for observation. Patient is currently stable and admitted.

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1369788	6/2/2021	PA	19	M	5/22/2021	5/23/2021	Patient started having generalized body weakness and fatigue few hours after vaccination on 05/22/2021. He subsequently developed chest pain on 05/23/2021 which progressively worsened and resulted in his presentation at the emergency room on 05/25/2021. While in the ED, Troponin was elevated at 17.22. EKG done had revealed ST elevations with PR depression. Cardiac MRI done showed myocardial edema involving the mid/apical lateral wall suggestive of acute myocarditis/inflammation. Patient received a loading dose of Colchicine and Ibuprofen as anti-inflammatory agents. Troponin was trended and peaked at 23.60 and slowly down-trended to 1.84 on 5/28/21 and he was subsequently discharged to follow up as outpatient.
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)
1369782	6/2/2021	PA	18	M	5/28/2021	5/31/2021	myocarditis
1369330	6/2/2021		19	M	5/6/2021	5/7/2021	Acute myopericarditis.
1367545	6/2/2021	CO	26	M	1/13/2021	1/29/2021	Myocarditis
1368704	6/2/2021	AZ	34	M	1/19/2021	2/19/2021	Ongoing shortness of breath, cough, left-sided chest pain eventually diagnosed as Pericarditis by cardiologist.
1369326	6/2/2021		20	M	3/18/2021	3/21/2021	Acute myocarditis
1369323	6/2/2021		22	M	4/26/2021	4/28/2021	acute myopericarditis

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1369318	6/2/2021		37	M	4/27/2021	4/29/2021	acute myopericarditis
1369019	6/2/2021	OR	40	M	5/22/2021	5/31/2021	Patient reported left chest pain since 8:30AM 5/31, onset while driving, worse with movement such as moving his arms or neck. Later around noon he began having numbness in his left pinky and hand, thus presented to the UC. Diagnosed with costochondritis and discharged but high-sensitivity troponin came back elevated at 94 and was asked to present to hospital. Repeat trending down. Cardiology consulted, diagnosed with pericarditis.
1368850	6/2/2021	CA	14	M	5/15/2021	6/1/2021	Acute myocarditis presenting with chest pain and elevated troponin I. Admitted to the PICU at Hospital on 6/2/21 (previously had been in the ER on 6/1/21 at the start of chest pain).
1368816	6/2/2021	IL	45	F	5/15/2021	5/31/2021	Myocarditis with histiocytic involvement on pathology. Presented with new onset acute heart failure with reduced ejection fraction of 15%. Had several days of dyspnea on exertion approximately 5 days prior to presentation.
1368748	6/2/2021	FL	86	F	1/13/2021	3/29/2021	Developed Pericarditis, A-FIB, Tachycardia
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.
1369308	6/2/2021		25	M	5/22/2021	5/23/2021	acute myocarditis

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1369804	6/2/2021	KS	47	F	3/3/2021	3/4/2021	3/5/21: Fatigue Fever Headache Nausea Brain fog body Aches Pain at injection site Armpit lymph node swelling (left side) Sore throat Upper neck pain (left side) Hives 3/12/21: heart/chest pain 3/17/21: Sharp chest pain, coughing, constant heart pain and pressure, painful breathing, loss of appetite PCR COVID test = Negative 3/18 all of the above symptoms...felt really odd, fatigued, achy joints in knees and ankles 3/19: Swelling in upper lip Hives on left buttock and inner thigh PCR Covid Test = Negative 3/22/21: Chest tightness, Heart pain, loss of appetite, chills fatigue 3/22/21: Telehealth appt. and continued symptoms to varying degrees 3/31/21: noticeable and strong heart arrhythmia began early morning 4/1/21: continued heart arrhythmia with nausea, cough and rapid pulse, went to ED and diagnosed with PVC bigeminy. Labs were normal. 4/2/21: Continued PVC?s w/bigeminy. Saw Dr. (Cardiologist) outpatient and he ordered a stress echo and holster monitor. 4/3/21: Continued PVCs w/bigeminy 4/4/21: Continued, persistent PVCs w/bigeminy, racing pulse and increased blood pressure while resting. Went to medical Center ED, was assessed and admitted. 4/6/21: Diagnosed with Myocarditis, Discharged to home 4/11/21: Chest pain, arm numbness, left side pain. Assessed at ED and sent home 4/28/21: Seen by Cardiologist 5/8/21: Chest pain, fatigue, left arm pain, Assessed at ED 5/11/21: FDG PET Scan showed bilateral mild atelectasis, myocarditis has cleared To present date: continuing extreme fatigue and chest pain Disconnect to cosmic rhythm...hearts are all connected...measure the pulsation of the blood in the veins. Breathing soul in/out...3rd breathing...breath soul into incarnation and out of it. Space inbtween this and the new birth...new cosmos jourey...soul takes in planetary...take in ...return into incarnation...inspiration...inhaling. Yourself back...archangels/angels until tickle ba k in to mommy?s tummy take over controls..journey is expressed in to blood circulation...upper loop and lower loop...figure 8 realigned the cosmi original RH thing into your constitution...rhythm instead of dissonance...paradox and putting them together was often difficult...dissonance into feeling so love and rhythm of life...got a reboot. Start trickling into into me as a rise of joy and hope and later enter into each cell of my body. Speaking to: His health and redefinition of our relationship...contributed thought I

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							see jovial and happy and emotional fragile...in concerns with other stressors...aspect of stability that shifted that I'm still redefining...self identity. Aspect with the children...affluent...growth..expanded who/how what we are...virus into my heart. Virus can be kicked Call in own angles and guides...clear presence and guidance and enough Flip top water bottle Black Slippers (in closet I think) Black Pj - top drawer on right. There are shorts, a top and pants Travel size liquid body wash....all sorts of samples in my drawer to the left of my sink
1364510	6/1/2021	NY	19	M	5/27/2021	5/27/2021	started developing chest pressure - admitted in the hospital for myopericarditis
1365209	6/1/2021	WA	76	M	3/22/2021	5/20/2021	Patient received Covid vaccine in March (unknown date). He subsequently developed a burning chest pain and cough. Diagnosed with Covid May 20,2021. Admitted to the hospital May 27th with new stroke symptoms and mycoarditis/NSTEMI
1365183	6/1/2021		63	M	2/14/2021	4/22/2021	Bilateral shoulder and wrist pain. Elevated troponins. Diagnosed as myocarditis.
1365003	6/1/2021	OH	18	M	4/29/2021	5/31/2021	On 6/1/2021 patient presented to the Medical Center with C/O chest pain, diaphoresis, and nightmares during his sleep. Physical exam revealed mild tachypnea.
1364930	6/1/2021	NJ	43	M	5/22/2021	5/27/2021	Pericarditis. Pressure in upper chest, trouble breathing, slight fever, rapid heartbeat. Given 800mg Ibuprofen 3 times a day for 5 days and doing much better.
1364878	6/1/2021	CT	68	M	3/13/2021	4/30/2021	Pericarditis
1364803	6/1/2021	NY	17	M	5/29/2021	6/1/2021	Myocarditis
1364646	6/1/2021	OK	60	F	4/8/2021	4/13/2021	pericarditis
1364641	6/1/2021		47	F	5/28/2021	5/29/2021	Chest pain, high blood pressure, troponin elevation with negative coronary angiogram consistent with myocarditis.

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1365214	6/1/2021	ID	19	M	5/28/2021	5/30/2021	Severe chest pain requiring a visit to the ER. Patient was admitted into the hospital and evaluated by the ER Physician and moved to Cardiology. He was diagnosed with Myocarditis. He was released midday on Monday. On Monday night, we returned to the ER with even worse chest pains (self rated at 10/10). He was re-diagnosed with both Myocarditis and Pericarditis.
1364688	6/1/2021	CA	19	M	5/9/2021	5/13/2021	Received 2nd dose of Pfizer-BioNTech Covid19 vaccine on 5/9/2021. The following day developed substernal chest pain radiating to neck and left shoulder and arm. Also reports fever of 101 degrees on 5/10/2021. Used Tylenol, initially with some relief, but symptoms worsened over the course of the next few days. Then presented to ER on 5/13/21 because of worsening pain. EKG showed diffuse ST elevations c/w pericarditis. Initial Troponin 11.1, ultimately peaking at 13.67, c/w myopericarditis. Admitted to hospital for supportive care, and treated with PO colchicine. A transthoracic echocardiogram revealed normal LV function without segmental wall motion abnormality and no pericardial effusion. A Cardiac CT showed normal coronary arteries. The patient's symptoms improved with colchicine. He was discharged home with a course of colchicine on 5/15/21. A subsequent outpatient Cardiac MRI did show epicardial and mid wall late gadolinium enhancement involving the basal to mid lateral and inferolateral walls, and a mid wall stripe of distal anteroseptal, septal and inferoseptal segments, c/w myocarditis, idiopathic cardiomyopathy or sarcoidosis. The pericardium was borderline thickened at 3 mm.
1365298	6/1/2021	OR	23	M	5/6/2021	5/8/2021	PERICARDITIS

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1365300	6/1/2021		57	F	3/3/2021	3/15/2021	<p>Pt is a 57 y.o. female with hx episodic svt, on no meds, presented after 4 hrs of tachycardia and chest discomfort, given 6mg then 12 mg adenosine by EMTs which worked in the field. Arrived here, trop is 0.21, CTA chest neg for PE, labs otherwise ok, DR consulted with another Dr, thought it was ok to go home on low dose metop, but patient has continued chest discomfort and was afraid to go home, was decided to admit for serial trop. Dr will see in am. No cardiac risk factors; nonsmoker, brother has svt and had successful ablation, no fam hx CAD. Drinks up to 3 glasses wine per night. Office worker. EKG now nsr without ischemic changes. Hospital Course by Problem: #Paroxysmal SVT: No recurrence of sxs following adenosine administered by EMTs. Associated mild troponin elevation as below to 0.41 likely due to persistent tachycardia. EKG NSR w/o ischemic changes. Admitted and started on metop 25 mg XL nightly without recurrence. Cardiology consulted. Echo showed no WMAs or valvular issues, with preserved LVEF (although E/A flow reversal suggestive of possible diastolic dysfunction). Pt stable to discharge 3/16 with outpatient cardiology follow-up. - discharge on metop XL 25 mg nightly - referred to follow up w/ Dr (info added to AVS) w/ TOC cardiology. Since she is a patient, she may elect to seek a referral through her PCP. #Elevated troponin: Trop peak 0.4. No ischemic changes on EKG. Suspect due to prolonged tachycardia. Also possible mild pericarditis as below. No WMAs seen on echo. Outpatient stress test recommended by cardiology. - outpatient follow up with Dr for stress test #Small pericardial effusion, ?mild pericarditis: Small effusion seen on echo. Given associated mild chest discomfort, query possible pericarditis. Unclear if this triggered SVT or vice versa. Hemodynamically stable w/ no evidence of tamponade physiology on echo and only mild symptoms. - given small size and mild sxs, no anti-inflammatories rx'd - pt given return precautions and advised of signs/symptoms that should prompt her to reach out to PCP or cardiologist</p>

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1365396	6/1/2021	IA	30	F	3/11/2021	3/24/2021	Exactly 2 weeks after having the second moderna COVID vaccine, the patient developed acute chest pain and shortness of breath. She was evaluated in the ER. Negative troponins, normal EKG, negative CT angio PE. She followed up with a cardiologist. Echocardiogram was normal. She was treated for presumed pericarditis with colchicine and NSAIDS with no improvement in symptoms. She had very severe chest pain and shortness of breath at times to the point that it was difficult to breathe and do light exertion. There was a second ER visit a month later for the same symptoms negative for acute MI/ heart failure. Cardiac event monitor showed many PVCs and there is slight symptom improvement with metoprolol but she is still symptomatic to some degree 2.5 months later. She is following up with general cardiology and electrophysiology. There was also a TSH elevation at the time that symptoms started. This resolved upon recheck about 6 weeks later with no change in levothyroxine dose and a thyroid ultrasound was normal.
1365447	6/1/2021	LA	36	M	5/28/2021	5/29/2021	Pt presented with SOB and CP with EKG findings consistent with pericarditis. Symptoms began 1 day after vaccine and worsened.
1365453	6/1/2021		18	M	5/30/2021	6/1/2021	chest pain starting at 7:30 AM, not relieved by Tylenol. Went to pediatrician office where EKG showed ST elevations in II, III, aVF. On arrival to ED EKG findings more consistent with pericarditis.
1365543	6/1/2021	WA	17	M	5/29/2021	6/1/2021	myopericarditis
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.

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1365261	6/1/2021	OR	21	M	5/21/2021	5/25/2021	Reason for Hospital Admission Please refer to the record for full details. Briefly, this is a 21 y.o. male with no significant PMHx other than his 2nd COVID Pfizer vaccine on May 21st presented from urgent care with chest pain and elevated troponin. Found to have presumed myocarditis, possibly secondary to vaccine reaction. Hospital Course by Problem Chest pain Patient presenting with significant chest pain with significantly elevated troponin a few days after receiving second dose of Pfizer Covid vaccine on 5/21/2021. Troponin peaked at 2900. No recent illnesses at home and no known sick contacts.
1362502	5/31/2021	FL	25	M	5/8/2021	5/10/2021	-- Myocarditis, i.e. inflammation of the heart muscle and area surrounding the heart -- Inflammation/pressure around my ears/head, leading to headaches/dizziness/disorientation I have confirmed this with both my primary care doctor and my cardiologist. It has been 3 weeks and I am not feeling better at all. I have a pounding heartbeat, and a pounding headache. At this point the vaccine has been worse than the disease itself. I hope you stop misleading the public and communicate that myocarditis and severe inflammation IS 100% A SIDE EFFECT THAT IS CAUSED BY THE VACCINE RESPONSE. I know because I am experiencing it, and you've ruined the last 24 days of my life. Thank you.

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1362473	5/31/2021	UT	18	M	5/28/2021	5/31/2021	It is thought to be vaccine-induced myocarditis. Myocardial infarction was ruled out. Patient does now have a reduced ejection fraction of 45%. Here is the note from the ED today: "He indicates that he was awakened from sleep with chest pain this morning around 2:50 AM. He ended up trying to sleep longer to see if it would improve and ended up going to his mother's room. She recommended that he drink some orange juice and gave him some Tylenol. He states that the pain continued to increase since that time and he asked her to bring him to the emergency department. The patient states that the pain is on the left side of his chest radiates to his left shoulder and down his left arm. He denies that it radiates to his back. He has had lightheadedness. He does not feel short of breath. He does have some pain into his left jaw as well. He has not had any vomiting. He denies abdominal pain. He denies diarrhea. The patient did receive his second dose of the Moderna vaccine on Friday to his left arm. He has had fevers over the past 24 hours to 103 at home. His mother and he indicate that the go away with Tylenol though seem to come back when the Tylenol wears off. He did complain of some headache, myalgias, malaise and sore throat which she states were all worse when he would have a fever and seemed to dissipate when his fever resolved. He states he did not and has never had chest pain like this until this morning. The patient does not have a history of Covid infection. He is active and has run track in the past. He has not had any travel. He denies any pain or swelling to his legs or calves. He has had no sick contacts. His mother received her second dose of the vaccine on the same day that he did and has not had any similar symptoms. ~~

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1362548	5/31/2021	CA	31	M	5/26/2021	5/27/2021	Pericarditis Probable .Went to the ER Chest Pain. Pressure. feeling of pain around the heart Feels swollen. and bruised. Fast hard pounding heart skipped beats.. when strenuous movement pain across left chest. Got the shot last Weds day Heart Trouble Thursday. Never had heart trouble. Had 2 EKG's Both Normal. Chest X Ray normal blood work Normal. But Has Had pain since Thursday. and a squeezing feeling around the heart. Doctor said inflammation of the Heart and Prescribed Aspirin 360 mg as is allergic to Advil. and Tylenol rest for 2 days
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.
1362636	5/31/2021	NY	39	M	5/18/2021	5/24/2021	Myocarditis.
1361628	5/30/2021		16	M	5/27/2021	5/29/2021	Chest pain with elevated troponin consistent with myocarditis.
1362007	5/30/2021	OR	17	U	5/27/2021	5/29/2021	pericarditis
1361623	5/30/2021	MA	14	M	5/24/2021	5/28/2021	Myocarditis. Presented with chest pain and increased Troponin.
1361672	5/30/2021	VA	67	M	2/16/2021	3/7/2021	SYMPTOMS- excessive vomiting, high fever/ chills , back pain; TREATMENT - diagnosed with Idiopathic Necrotizing Acute Pancreatitis Developed blood clots(SMB Thrombosis) , esophageal ulcers/ internal bleeding, internal fluid sacs retention (+25lbs- abdominal and thoracic,) jaundice. Required insulin injections; oxygen nasal cannula; nasogastric tube; TPN Central line and Physical Therapy to regain legs mobility TIME COURCE - One Hospital 8 Days; Another Hospital - 22 Days ED, ICU(20 days), Stepdown; Rehab Center - 9 Days

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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)
1361977	5/30/2021	OR	16	M	5/26/2021	5/29/2021	myocarditis - 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.
1361543	5/30/2021	NY	18	F	3/28/2021	3/20/2021	18 year old female suffered a heart attack/swelling of the sack around the heart die to the second Pfizer vaccine. Spent two days in the hospital/cardiac wing. She is still being monitored by doctor to this day.
1360744	5/29/2021	CO	72	F	1/16/2021	2/9/2021	Weakness, lightheaded, high blood pressure, inability to take deep breath, less able to breath lying down - needed to sit up. Diagnosed at Hospital with Pericarditis. Treatments: MRI of head and chest, EKG, Nitroglycerin, Echo cardiogram, blood test, prescription to cure inflammation of sack around heart. Greatly improved in 2 days. Final stress test and blood test showed pericarditis resolved.
1359899	5/29/2021	CO	18	M	5/12/2021	5/26/2021	Patient presented to urgent care with 3 days of pleuritic chest pain. He had abnormal EKG with T wave inversions in V1 to V3, elevated D-dimer and elevated troponin. Sent to ED. Patient received Pfizer Covid vaccine, first dose, approximately 2 weeks ago. About 3 days ago he developed chest pain with breathing, located at the anterior chest and radiating to the left shoulder. No associated cough, dyspnea, sputum production, hemoptysis. Chest pain is not associated with activity. He does not describe chest pain with the positional change or laying down. no fever or chills. He had 3 episodes of emesis this morning. No abdominal pain, no diarrhea.

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

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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.~~

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1360445	5/29/2021		18	F	4/20/2021	4/1/2021	Problems with her heart; Shortness of breath; Pain the chest; Low blood pressure; Passed out; Started shaking "like a seizure"; Started shaking "like a seizure"; Dizziness; Tiredness; Stomach pain; Chills; Fever; Sweats; Nausea; Vomiting/throwing up; Inflammation in the chest, muscle or maybe heart inflammation; Inflammation in the chest, muscle or maybe heart inflammation; Inflammation in the chest, muscle or maybe heart inflammation; Pain in the heart; Not feeling well; Had a severe allergic reaction; Headache; Weak; This is a spontaneous report from a contactable consumer (patient's mother). An 18-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EW0169; Expiration date was not reported) on the left arm on 20Apr2021 as a 1st dose, single dose, with route of administration unspecified, for COVID-19 immunization. The patient had no relevant medical history and concomitant medications. On 20Apr2021, the patient had passed out; started shaking "like a seizure"; dizziness; tiredness; stomach pain; chills; fever; sweats; vomiting/throwing up; and nausea. The patient was brought to urgent care/emergency room (ER) due to the reported events. On 21Apr2021, the patient had shortness of breath; pain in the chest; and low blood pressure. On 22Apr2021, the patient had problems with her heart. The patient was brought to urgent care/emergency room (ER) due to the reported events, and for cardiac work up. On an unspecified date in 2021, the patient was not feeling well; had a severe allergic reaction; headache; and was weak. In Apr2021, the patient had "inflammation in the chest, muscle or maybe heart inflammation". The patient received treatment for the events, pain in the chest and "inflammation in the chest, muscle or maybe heart inflammation" (double dose of naproxen. The patient's laboratory tests included normal blood pressure on 22Apr2021; chest x-ray on 21Apr2021 (results were not provided); echo sonogram on 22Apr2021 (results were not provided); electrocardiogram (EKG) was normal on 21Apr2021, 22Apr2021 and 23Apr2021. The outcome of the events was not recovered for tiredness; was recovered on an unspecified date in 2021 for chills, sweats, vomiting/throwing up; was recovering for pain in the chest; and was unknown for all the other events. The

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1360627	5/29/2021	NJ	15	M	5/17/2021	5/21/2021	<p>patient's primary care provider was writing a doctor's note recommending that she not receive the second dose based on her reaction to the first dose, and the PCP recommended that the mother call Pfizer as well.</p> <p>Myocarditis; This is a spontaneous report from a contactable pharmacist. A 15-year-old male patient received the first dose of BNT162B2 (PFIZER COVID-19 VACCINE, lot number: EW1077), at the age of 15 years old, intramuscularly on 17May2021 at single dose for covid-19 immunisation. The patient medical history was reported as none. The patient had no known allergies. The patient was not diagnosed with covid-19 prior to vaccination. The patient did not receive any other vaccines within 4 weeks prior to vaccination. The patient experienced myocarditis on 21May2021. The event resulted in hospitalization for 2 days. The patient was currently still in hospital. The patient had been tested for covid-19 since the vaccination. The patient underwent lab tests and procedures, which included covid-19 test: negative on 22May2021 by nasal swab. Therapeutic measures were taken as a result of myocarditis and included treatment with analgesic. The outcome of event was not recovered. No follow-up attempts are possible. No further information is expected.; Sender's Comments: As an individual case report there is not enough evidence to establish a causal relationship with the suspect vaccine. Currently there is no clear biological plausibility between the vaccine use and the even onset. More information such as complete medical history and concomitant medications are needed for fully medical assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p>

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1360635	5/29/2021			U			have swelling of the heart muscle after getting vaccinated.; This is a spontaneous report from a contactable consumer. A patient of unspecified age and gender received BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: unknown), via an unspecified route of administration on an unspecified date as a single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. On an unknown date, the patient experienced swelling of the heart muscle after getting vaccinated. The clinical outcome of swelling of the heart muscle after getting vaccinated was unknown. The lot number for the vaccine, BNT162b2, was not provided and will be requested during follow up. Amendment: This follow-up report is being submitted to amend previously report: patient initials updated. Follow-up attempts are completed; information about lot number cannot be obtained. Follow-up (25May2021): This is a follow-up report to notify that the case 2021475747 and case 2021600303 are duplicates. All subsequent follow-up information will be reported under Manufacturer report number 2021600303.
1360693	5/29/2021	CA	22	M	4/30/2021	5/18/2021	Myocarditis; started as a feeling like I had a very bad viral infection on 5/18. Then 5/20 I started getting intense chest pain and went to Hospital where I was admitted for 5 days. They observed my condition and gave me Ibuprofen, Motrin, and Colchicine. Released on 5/25 once my fever broke.
1360725	5/29/2021	GA	19	F	4/18/2021	4/21/2021	Three days after patient took the vaccine she felt light head and dizzy. She went to the doctors and they did a number of test and eventually referred her to a cardiologist. The cardiologist saw swelling or enlargement of her heart. Patient took a stress test and afterward felt fine. However, the swelling of the heart was concerning. She never had any issues before taking the vaccine. More tests scans are planned, to see what is going on.
1359882	5/29/2021	MD	20	M	5/26/2021	5/28/2021	Acute myopericarditis

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1360730	5/29/2021	NC	22	M	5/25/2021	5/27/2021	Acute myocarditis with markedly elevated serum troponin (peak hs-Troponin I 21,818 ng/L) and abnormal ECG changes. He was transferred to hospital for emergent cath amid concern for possible STEMI, which showed no coronary artery disease. Echo showed normal LV function. Cardiac MRI demonstrates myocardial edema consistent with myocarditis. He was treated with corticosteroids for presumed vaccine-associated myocarditis.
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.
1360831	5/29/2021	CA	16	M	5/26/2021	5/27/2021	Myocarditis
1360955	5/29/2021	PA	54	M	5/17/2021	5/25/2021	Presented with acute onset chest pain, worse with leaning forward, EKG showed PR depression and ST segment elevation - strongly suspected to have pericarditis based on story and EKG findings. Symptoms improved after initiation of NSAIDs. Discharged home with prescription for ibuprofen.

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1361223	5/29/2021	MA	42	M	4/1/2021	4/4/2021	Pericarditis or pleurisy. Was better after three days. Had myocarditis in 2019 and the infection timeline was identical. That one took 6 days to heal.
1361265	5/29/2021	FL	24	M	5/26/2021	5/29/2021	Myopericarditis, 3 Days after Vaccination, elevated troponin/NSTEMI, chest pain Treated with high dose ASA/Colchicine per cardiology
1361342	5/29/2021	AZ	20	F	5/7/2021	5/9/2021	Myocarditis - admission and treatment in Hospital - discharge with treatment ongoing for myocarditis
1361389	5/29/2021	MD	43	F	4/19/2021	4/20/2021	Patient developed sharp substernal chest pain that was worse when lying down ~36h after her second dose of the Pfizer COVID vaccine in addition to typical side effects including subjective fever and malaise. Pain became constant on the second day post vaccination, and patient presented to the ED and was admitted to the Cardiac Progressive Care Unit. Laboratory data suggested acute pericarditis. PE was ruled out by CTA. The CTA also revealed normal appearing coronary arteries without calcification (a coronary event is unlikely). Her echo was normal, suggesting no significant myocardial involvement. No pericardial rub was heard. She was treated with high dose aspirin and became asymptomatic rapidly.
1360931	5/29/2021	NY	23	F	5/24/2021	5/25/2021	Myocarditis; chest pain, troponin leak, peaked at 0.12. Improved w/ Maalox and Famotidine, essentially self-limited.

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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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1358471	5/28/2021	OR	21	M	4/24/2021	4/25/2021	Pericarditis diagnosis: This is a 21 year old male who presented to the emergency department on 4/27/21 with a two-day history of chest pain. He was seen in a emergency department on 4/26 and reported a normal EKG, blood work, and x-ray. He was discharged home. His was worsened so he reported to an urgent care in . That team had a concern for pericarditis, so referred the patient to the emergency room. He had a reproducible pain over the costal margin but did describe a positional component. Provider felt they still had to consider pericarditis as well as costochondritis. The suspicion for pulmonary embolism or acute coronary syndrome or very low. The suspicion also for myocarditis was low. His EKG did show some J-point elevation versus ST elevation in the anterior and lateral leads. There was no evidence of reciprocal depression. His troponin test was normal. His CBC and metabolic panel were normal. He had had CRP which was mildly elevated at 4.6. A bedside point-of-care ultrasound showed no evidence of a pericardial effusion. Provider felt it was reasonable to treat him for pericarditis although his EKG is not classic for this. It was recommended he use his scheduled ibuprofen 600 mg 3 times a day. He was also given a 1 month course of daily colchicine 0.6 mg. It was recommend he follow closely with his PCP to see if he needs to have this colchicine course extended. He will follow-up with his primary doctor in 1 week for repeat check.
1358062	5/28/2021		28	M	5/21/2021	5/24/2021	ACUTE MYOCARDITIS ABOUT 3 DAYS FOLLOWING 2ND DOSE OF 5 0 COVID-19 VACCINATION. TREATED WITH ANTI-INFLAMMATORY.

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1358097	5/28/2021	VA	23	M	5/11/2021	5/13/2021	Patient developed chest pain symptoms on the evening of 5/13, he said symptoms waxed and waned but worsened on 5/16 which prompted him to go the Hospital ER. There he was found to have an elevated troponin 27.9 and ST elevations on ECG. This prompted an emergent evaluation by cardiology and patient underwent a Left Heart Catheterization (LHC) on 5/16 which showed no obstructive disease. Cardiology suspected possible myocarditis which was confirmed on 5/18 with a cardiac MRI. Patient also had an echocardiogram that showed mildly reduced systolic function EF 50-55% and mild hypokinesia in the left ventricle (echo obtained on 5/17). Patient was discharged on two new medications: Losartan and metoprolol and has cardiology follow up on June 1.
1358183	5/28/2021	MD	59	M	3/22/2021	5/4/2021	Likely myocarditis. Elevated troponin, clean cath. Started on colchicine.
1358297	5/28/2021	VT	39	M	5/21/2021	5/26/2021	-NSTEMI (non-ST elevated myocardial infarction)
1358018	5/28/2021	WA	23	M	5/18/2021	5/19/2021	Fever, body aches starting 1 day after vaccination. Progressed by day 3 after vaccination to chest pain and vomiting. Patient presented to ER and diagnosed with perimyocarditis; transferred to tertiary hospital. Required hospitalization with troponin level of >6000. Patient required cardiac catheterization but no stenting. Required ibuprofen, colchicine, steroids.
1358379	5/28/2021	MA	36	M	4/22/2021	5/9/2021	Shortness of breath and feeling of pressure on sternum began on the evening of Sunday, May 8th and continued through Monday May 9th. Went to clinic on Monday evening (5/9/21). Slightly elevated troponin levels detected (0.14 ng/mL) and was subsequently transferred to Hospital. After 2 days of testing in cardiac unit final diagnosis was myocarditis with no determined cause.
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.

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1358334	5/28/2021	CA	70	F	1/28/2021	2/4/2021	Patient is 70 F with Type 1 von Willebrand's disease, mild hypertension, asthma, mild mitral regurgitation, and diffuse degenerative joint disease. She has been safe at home during the pandemic tested a few times for COVID-19, consistently negative. Approximately 1 month after the second Pfizer vaccine she developed a precipitous onset of severe acute congestive heart failure subsequently diagnosed nonischemic cardiomyopathy/myocarditis. Initially, prior to the diagnosis at the onset of the illness she was treated with 1 week course of high-dose prednisone as if this were asthma because of the primary symptom of shortness of breath. This was of no benefit. Over the ensuing 2 months she has been seen by primary cardio
1358006	5/28/2021	CT	28	M	5/1/2021	5/24/2021	Chest pain diagnosed Pericarditis
1358005	5/28/2021	MA	55	M	3/7/2021	3/27/2021	My first vaccine was Feb 14, 2021, my second Mar 7, 2021. Following both I had <24 hours of headache and lethargy before returning to normal. Symptoms were noted during hikes with cub scouts, so not particularly difficult terrain. On March 27 I was very short of breath during an uphill hike and almost gasping at the top. I did no more uphill hiking until the next event May 1, at where I experienced shortness of breath and dizziness on an uphill hike. After resting a few minutes I continued for a brief period before it returned requiring me to back. May 7, short of breath and dizzy while doing yard work requiring ladder climbing May 10, short of breath and dizzy on a quick 1/2 mile walk May 10, visited GP and was admitted to hospital with abnormal ECG
1357936	5/28/2021	WA	18	F	4/18/2021	4/18/2021	Myocarditis

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1357812	5/28/2021		22	M	3/19/2021	3/20/2021	<p>Chest Pain, Myopericarditis; From EPIC: From cardiologist healthy man who comes to the ER with left anterior chest discomfort for the last 36 hours or so. Symptoms are made worse by deep inspiration. Were improved following self administration of 600 mg of ibuprofen earlier today. 2 days ago he received his second COVID-19 vaccine (Pfizer). Following day he experienced arm pain muscular aches and pains severe discomfort of the right arm (injection site) later in the day there was nausea and vomiting on one occasion (nonheme). By last night he was able to eat dinner but subsequently felt short of breath with worsening chest discomfort morning the left arm continued to ache with musculoskeletal pains. Developed more discomfort in the left anterior chest radiating to the throat made worse by deep inspiration. Does not describe typical sharp catching pain of pericarditis. No cough sputum bruising bleeding abdominal pain change in color or character of bowels. Sign in the emergency room he was hemodynamically stable, in sinus rhythm with a normal EKG. Torrey work-up notable for an initial troponin of 1.28 and a follow-up troponin of 2.14. Chest x-ray perfectly normal. Elevated d-dimer. CT angiography negative for pulmonary embolism vascular injury, cardiomegaly, pericardial effusion but the radiologist did note thickening of several right posterior and lateral axillary lymph nodes raising a question of recent right-sided vaccination or injury/infection to the right arm. Presently he is perfectly comfortable able to take a deep inspiration with mild chest discomfort, breathing easily. I met him in July 2018. He came to the emergency room with a 3-day viral syndrome manifested as headache nausea vomiting diarrhea and abdominal discomfort and then developed chest discomfort. He was found with diffuse mild J-point elevation on EKG consistent with a viral type pericarditis with troponins which rose to a maximum of 10.4. Work-up for myocarditis was negative. Echocardiogram perfectly normal. Symptoms responded to a course of nonsteroidal anti-inflammatory agents and colchicine. Seen in follow-up of repeat echocardiogram was perfectly healthy. Our diagnosis was myopericarditis. There is no history of shortness of breath dyspnea on exertion decrement of exercise capacity peripheral edema orthopnea PND palpitations lightheadedness syncope or collapse. No ill contacts. He works in a high security</p>

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position and therefore qualified for early administration of the Pfizer COVID-19 vaccine. Graph past medical history notable only for the episode of myopericarditis and a remote tonsillectomy. There is no significant family history of sudden cardiac death or unusual heart disease. He takes no medications. Patient was recommended to take 4 weeks of ibuprofen and colchicine if needed for worsening chest pain. Patient was recommended to follow-up closely with his primary care doctor and check ESR, C-reactive protein as well as renal function. Needs close follow-up with cardiology as an outpatient.

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1358475	5/28/2021	CA	40	F	5/11/2021	5/11/2021	<p>She got her vaccine, within 10 minutes her heart felt like it was racing. She noticed over the next 2 days that she was unable to move with nausea and body aches from head to toe and had to lie in bed those days. She had been exercising regularly and now she had fatigue and had to stop exercising as her heart was acting strange and not able to do so. On 5/21/21 her heart was beating so fast and went to UC and they tested her blood work. She said that she had left chest pain, pain down her beds, and pain down her arms. They did blood work stated that she had very high troponin levels, and her BP was dropping to low levels and they called 9-1-1 and she was taken to another hospital and they did the same tests and found that her troponin levels were even higher, and that her heart was experiencing some kind of arrest. Her BP was dropping and she was admitted to the ICU where she was there 4 days. While she was there they did angiograms, echocardiograms, and every one came back stating that her heart was good. They told her that she may have had a mild heart attack and they did not know why and she said that she felt it was due to the vaccine. On 5/24/21 she was discharged and on 5/25/21 she called 9-1-1 again and her BP was high and her heart rate was high, and she was taken to the ER again. She was tested again and they did not see anything, and they felt that she had myocarditis or pericarditis and that she needed an MRI of the heart and to contact her cardiologist and her PCP. She came home that night and went to the ER again the next day and felt that she was having a heart attack, arm pain, heart racing, and did the same things again and told them what tests she was supposed to have, and they have not done an MRI of her heart yet. She is waiting to get a referral from her PCP for the cardiac MRI and she is experiencing the same reactions that she has been having. They have put her on a baby aspirin to take daily, Lopressor 25 mg twice a day, Lipitor 40 mg to take once a day. She continues to have the bouts of the chest pain, erratic heart beat, weakness and not able to take a shower due to the weakness and the heart racing and the shortness of breath. They were telling her during this time that parts of her heart were dying, and all kinds of other things, and that's when they put her in the ICU. She went to UC, and was transferred to ER and admitted to the ICU and stayed 4 days. She was</p>

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							discharged from there on 5/24/21. Then back to the ER on 5/25/21, and discharged from the ER. Then she went back again last night 5/27/21 to ER and they treated her partially, they did an EKG and tried to explain her situation and they told her that she was fine, and she told them that her troponin levels were high and he more or less dismissed her and said that his troponin levels would be high if he exercises excessively. She left the ER as they were not going to do anything for her. She has a phone appointment scheduled for Tuesday as they have nothing until later in June.
1359528	5/28/2021	OR	36	M	4/1/2021	5/6/2021	Monomorphic Ventricular tachycardia Reduced LV systolic dysfunction Myocarditis
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.
1357694	5/28/2021	WA	33	M	5/24/2021	5/27/2021	Chest pain with Myocarditis/pericarditis onset 3 days after vaccine administration
1357976	5/28/2021	CT	33	F	5/18/2021	5/27/2021	mild pericarditis
1359270	5/28/2021	CO	58	M	4/29/2021	5/23/2021	Pericarditis by ECG criteria requiring hospitalization.

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1358550	5/28/2021	OR	21	M	5/21/2021	5/23/2021	d. This is a 21 year old male who received his 2nd dose Pfizer vaccine on 5/21/21. On 5/25/21, he presented to an urgent care for chest pain that began on 5/23/21. He had an elevated troponin, so was transferred to the ED. He described this as a dull ache in his left parasternal area. No radiation to his back, neck, or arm. He exercised after and the chest pain did not worsen, although he felt fatigued. He denies pleuritic pain, orthopnea or positional change in chest pain. Patient was admitted to hospital with concern for myocarditis following covid vaccination. Cardiology followed. ?Suspect myocarditis likely due to second Pfizer COVID vaccine, as patient has no history of recent illness, drug use, recent medication use to suggest hypersensitivity reaction, systemic illness. Patient does have a history of chest pain during childhood, however no work-up at that time and denies history of kawasaki?s or autoimmune conditions.? Symptoms resolved by 5/26 and patient was deemed stable for discharge. Patient will establish with a PCP and was referred to outpatient follow-up with cardiologist.
1359866	5/28/2021	CA	24	M	5/25/2021	5/27/2021	Diagnosis: acute pericarditis and acute myocarditis. Patient received Moderna Covid19 vaccine 1st dose 4/21/2021 LOT 037A21B to left arm. Stated he had sore arm. Patient received Moderna Covid19 vaccine 2nd dose on Tuesday, 5/25/2021 LOT 044B21A to right arm. Tuesday afternoon he developed a fever but did not take his temperature. On Thursday morning (May 27) he was at rest and stated that's when he first felt chest pressure. Chest pain got worse since yesterday, prompting a visit to urgent care then urgent care sent patient to ED. Denies shortness of breath, dizziness, cough, or other associated symptoms. complains of anterior chest pain, does not radiate. non smoker. trop 3.79, CRP 35.4; sed rate 17, EKG . ED physician consulted with cardiologist. Patient given ibuprofen 600 mg PO x1 in ED and discharged on ibuprofen and will be following up with cardiologist. discharge dx by ED doc: acute pericarditis and acute myocarditis
1359312	5/28/2021	WA	19	M	4/23/2021	5/21/2021	left sided chest pain x1 week. Pericarditis on EKG. Troponin negative

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1359251	5/28/2021	WA	54	M	5/18/2021	5/23/2021	Acute pericarditis.
1359036	5/28/2021	MD	63	F	3/5/2021	4/8/2021	Myocarditis, pericarditis, pericardial effusion, pulmonary effusion
1359015	5/28/2021	NY	22	M	5/27/2021	5/27/2021	Myocarditis Pericarditis
1358844	5/28/2021	GA	15	M	5/22/2021	5/26/2021	Abdominal pain, chest pain and myopericarditis
1358593	5/28/2021	VA	30	M	5/21/2021	5/24/2021	Patient with no past medical history, presented to the emergency department with complaints of acute onset left-sided chest pain while getting ready for work. Pain was described as burning sensation that is somewhat improved with leaning forward. Notably patient had received his second dose of the COVID 19 vaccine series (moderna) 3 days prior to presentation. He also noted generalized weakness with hot and cold chills after the vaccination that resolved within 24 hours. ECG in the emergency department with concerning for ST-segment elevations in anterolateral leads and cardiac enzymes were positive. Patient then underwent cardiac MRI which found evidence of perimyocarditis believed to be due to acute inflammatory response to second dose of COVID-19 vaccine series as all other tests were negative and patient had no previous viral illness prodrome. The patient was treated with colchicine and later discharged home after a 3 day hospitalization.
1358750	5/28/2021	OH	19	M	4/30/2021	5/28/2021	On 5/28 patient developed mid-sternal chest pain that woke him from sleep. Worse with position changes, some associated palpitations and shortness of breath. Came to ED, EKG consistent with acute pericarditis. No evidence of myocarditis on either labs (troponin 0.028) or echocardiogram (normal biventricular function). Discharged from ED with supportive care.
1358576	5/28/2021	MD	19	M	5/13/2021	5/17/2021	Myocarditis
1358618	5/28/2021	WA	18	F	3/28/2021	4/18/2021	Palpitations started after receiving second dose of vaccine.
1358707	5/28/2021	NC	72	F	5/5/2021	5/20/2021	Pericarditis

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1358708	5/28/2021	CA	18	M	5/17/2021	5/20/2021	RAPID HEART RATE PERICARDITIS + MONO WEAKNESS
1358731	5/28/2021		18	F	4/19/2021	5/3/2021	Pericarditis and pericardial effusion with pulmonary effusion, fever, tachycardia and elevated inflammatory markers, knee pain, rash
1354623	5/27/2021	MI	25	M	5/5/2021	5/8/2021	Three days post-vaccination #1, patient developed chest tightness and shortness of breath, has continued for past 3 weeks. Had syncopal episode on 5/26/21 and presented to Emergency Department at facility. Was found to be COVID positive with result on 5/26/21. Admitted to facility on 5/26/21, and diagnosed with pericarditis. Hospitalist suspects that pericarditis could be result of Moderna vaccine, as patient was previously young and healthy with no chronic conditions, with symptom onset 3 days post-vaccination. Patient also had expected post-vaccination symptoms, including flu-like symptoms, fever, chills.
1354606	5/27/2021	CT	60	M	4/25/2021	4/28/2021	Several days after vaccine administration patient developed shortness of breath, orthopnea, tachycardia, leg swelling, cough. Seen by Cardiology outpatient, had Echo which showed EF 15%. Admitted to medical center. Patient diagnosed with myocarditis post vaccine administration by ID.
1354208	5/27/2021	MA	26	M	5/21/2021	5/23/2021	1 day after vaccination developed new HA and nausea 2 days after vaccination developed new SOB, pleuritic chest pain
1354460	5/27/2021	CA	19	M	5/11/2021	5/14/2021	Chest pain, palpitations. Diagnosed with myocarditis at hospital. (admitted 5/14/21-5/16/21).
1354571	5/27/2021	ND	27	M	4/24/2021	5/27/2021	myocarditid

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1354537	5/27/2021	CT	29	M	5/12/2021	5/13/2021	<p>Synopsis: 29 y.o. male w hx myocarditis of unknown etiology in September of this year presenting w six days of palpitations - a sx he associates w prior myocarditis. No CP or SOB. No dizziness. No weight gain. Had second COVID vaccine 5/12/21 and sxs began within a day or two following. Seen in rapid care and found to have tropinemia. Spoke w cardiology who requested an echo, motrin (confirmed w pharmacy), colchicine, and planned an echo. Reeval to follow - if trop downtrending, may be able to go. He would prefer discharge. 29yo patient with history of depression, OCD, who was admitted 8/2020 with chest pain for 2 weeks found to have episode of myopericarditis with troponin T peak 0.95 and Troponin I of 6.35. CRP was 14. At the time TTE showed LVEF 50%. He was treated with lisinopril and ibuprofen and had improvement of pain. He later followed with a cardiac MRI 9/2020 which showed LVEF 55% and patchy epicardial/midmyocardial enhancement consistent with myocarditis. Trace pleural effusion. Patient was called by his cardiologist today. He reported he has been feeling unwell for past 5 days (similar symptoms to his first moderna shot) after his moderna shot #2. He had fatigue, body aches, chest pain, back pain and feelings of palpitations. He had some mild fevers and chills initially as well. These symptoms also occurred when he had moderna #1 (exact same). He was asked by cardiologist to come to the ED concerning for myocarditis given reports of myocarditis post vaccination. Upon arrival to the ED, patients vitals were stable. He does not have any chest pain at this time. He reports that he had some palpitations starting after his shot. He denies any SOB, nausea, vomiting at this time. His HR was 60s in the ED with sBP 120s/67 on room air. His CRP was normal 2.8 Troponin I POC 1.66 EKG without any significant changes from prior but slightly more accentuates TWI in leads II, AVR. 29 y.o. male w hx myocarditis of unknown etiology in September of this year presenting w six days of palpitations - a sx he associates w prior myocarditis. No CP or SOB. No dizziness. No weight gain. Had second COVID vaccine 5/12/21 and sxs began within a day or two following. Seen in rapid care and found to have tropinemia. Spoke w cardiology who requested an echo, motrin (confirmed w pharmacy), colchicine, and planned an echo. Reeval to follow - if trop downtrending, may be able to go. He would</p>

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1354522	5/27/2021	CT	38	F	5/17/2021	5/20/2021	<p>prefer discharge.</p> <p>Patient is a 30-year-old previously healthy Mediterranean woman complaining substernal squeezing chest pain for 2 days in the setting of 2nd Pfizer COVID vaccine 2 days ago. The chest pain is pleuritic but otherwise has no exacerbating or relieving factors. It does not radiate. She has never had this pain before. The patient is worried about myocarditis or blood clot as she has heard the can be reactions from the vaccine. The pain is associated with shortness of breath. She denies vomiting, diarrhea. She has had some fever, chills and myalgias over the past few days. She denies cough. She denies history of VTE, hemoptysis, history of immobilization or trauma, estrogen birth control. She denies family history of early cardiac death or MI. 38y/o woman with no significant past medical history who had her second Pfizer vaccine on Monday and later that day developed low grade fever/ diffuse myalgias/ pleuritic and positional central dull 5/10 chest pain. On Tuesday and Wednesday she remained bedridden with same sx. Thursday morning felt improved except had persistent chest pain for which she presented to the ED for evaluation. She had tachycardia, +troponins, and +DDimer. EKG was negative for acute changes. She was admitted to the cardiology service for suspected myocarditis. She was started on colchicine, standing ibuprofen, and metoprolol. Echocardiogram complete on 5/21 was normal with an EF of 60%. She was evaluated again after her echo. She continued to feel significantly improved on medical therapy and was discharged home on 05/21/21. She will continue medical therapy as listed. She will follow-up with as arranged on 5/25/21.</p>

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1354494	5/27/2021	OR	78	M	3/21/2021	3/21/2021	HPI/Subjective: 78 yo with above PMH who presents for new patient evaluation. He was admitted to hospital on 4/3-4/5 for acute episode of dizziness jaw pain found to be hypertensive with elevated troponin. Troponin peaked at 10K. Echo showed no WMAs. Angiogram showed mild distal PLA disease but no other obstructive disease. Cardiac MRI showed a focal area of mid wall LGE consistent with myocarditis. Supportive treatment. Additionally during this admission was found to have small acute L occipital infarcts and tiny infarcts vs artifact in the left thalamus and medulla. Lipid panel and HbA1c unrevealing. ECHO unrevealing. CTA was unrevealing. Patient will D/C with zio patch. Long term blood pressure goal is <130/80. Today, reports feeling OK. No recurrence of the dizziness or jaw pain that brought him into the hospital. No chest pain or pressure or syncope or dyspnea on exertion. No orthopnea, PND or LE edema. Walking 2 miles fast pace without any symptoms. Blood pressures are 130-200s (pre increase in Lisinopril) lower in the morning and worse in the afternoon/evening. Former smoker (quit in '85). Family history - Mom had a AVR in 70s

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1354476	5/27/2021	OR	63	M	4/23/2021	5/3/2021	Please refer to the H&P for full details. This is a 63 y.o. male with PMHx of HTN and HLD who presented to the ED with chest pain NSTEMI Type 2 Myocarditis Patient was seen by her PCP on 5/12 with c/o chest pain found to have elevated troponin 0.06 (0.03 upper limits of normal) otherwise EXG and CXR nl and was recommended to come to the ED. Patient reports the chest pain started ~1.5 weeks ago, initially resolved, however began to have discomfort again 4d PTA. She describes the sensation as a dull ache with radiation to the neck and her right shoulder. No history of heart disease. Risk factors for this pt include HTN, HLD and tobacco use. On admission HS-Tn elevated at 230 and EKG shows NSR, no ST/Twave changes. ECHO shows EF 60%. Received ASA and nitro in the ED. -monitor on telemetry -cardiology consulted, angio on 5/14 showed normal coronaries, cardiac MRI with evidence for myocarditis per discussion with cardiology - final read is pending at dc - colchicine started Moderate aortic stenosis Noted on ECHO, no significant change in the aortic valve pathology or aortic root dimension compared to prior in 2017 HTN Normotensive in the ED -continue amlodipine and lisinopril HLD Last lipid panel on 12/1/2020 with LDL 109 -continue statin - increased to high dose 80 mg Tobacco abuse Current everyday smoker of at least 1 ppd -cessation discussed Tremor: Continue home med Aortic root dilation - 4.0 cm. Monitor.
1354602	5/27/2021	MN	25	F	5/10/2021	5/18/2021	myopericarditis, HFrEF. medication therapy ongoing

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1354446	5/27/2021	OR	37	M	3/29/2021	3/31/2021	From f/u note 5/18/21: HPI/Subjective: patient is a 37 y.o. male with above past cardiovascular history who presents today for follow-up. He was hospitalized at hospital from 4/1/21 to 4/2/21 after presenting to ED with 12 hours of chest pain, found to have markedly elevated troponin (9,142). Of note, he received 2nd COVID vaccine a day before symptoms began. CT coronary scan showed calcium score of 0. Cardiac MRI on 4/2 showed myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. He was started on colchicine x 6 months. Today, patient reports improvement in chest pain since discharge. He reports rare episode of chest pain with last episode ~3 weeks ago. He denies participating in very rigorous exercise, but did complete 20 mile bike ride recently. Denies palpitations, dyspnea, orthopnea, PND, abdominal distention, LE edema, fatigue, lightheadedness, dizziness, syncope or near syncope. Cardiovascular Problem List: #Myocarditis o 4/1/21. Echocardiogram: EF 60% o 4/1/21. CT coronary: Calcium score 0 o 4/2/21. Cardiac MRI: myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. Assessment/Plan: #Myocarditis: During admission, echocardiogram was normal with EF 60% and CT coronary angiogram showed Agatston score of 0. Cardiac MRI showed myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. Of note, he received the second Moderna COVID-19 vaccine the day prior, so - Monitor, will consider repeat MRI at follow up (more for activity recommendations given age) - Continue colchicine for total of 6 months (until Oct 2021)

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1354426	5/27/2021	OR	47	M	5/13/2021	5/16/2021	HPI/Subjective: is a 47 year old male with minimal past medical history who presents in consultation. He was hospitalized with myocarditis. The patient presented to PWF 5/16 with CP, fatigue and elevated HR. He had received his second dose of the Moderna COVID-19 vaccine 3 days prior. The initial ECG showed nonspecific ST abnormalities. HS-troponin 1,438 -- > 5,951. Echo showed ejection fraction of 35% with global hypokinesis, akinesis in inferior and inferoapical segments, and mild right ventricular hypokinesis. He was subsequently transferred to PPMC and underwent coronary angiogram on 5/18/21 which demonstrated normal coronary arteries. In consultation with Dr. , he was discharged on losartan 25 mg/day and metoprolol succinate 50 mg BID for outpatient follow-up. Cardiac MRI 5/19 showed T2 signal abnormality and LGE involving the subepicardium of the lateral wall, inferior wall, as well as septum c/w acute myocarditis. LVEF 53%. Dr. submitted his case to the VAERS site. reports feeling much improved. He denies fatigue, dyspnea, palpitation, or presyncope. He has noted fleeting chest discomfort. No fevers or chills.
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.
1354255	5/27/2021	RI	20	M	3/18/2021	3/19/2021	Pt presented with 2 days of chest pain in conjunction with the expected body aches, chills and fatigue after his second Pfizer vaccine. Found to have elevated troponin and diagnosed with myopericarditis. Treated with NSAIDs, colchicine. Had normal cardiac MRI and CTA coronary. Relatively preserved EF on echo (53%) with no focal wall motion abnormalities.

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1354158	5/27/2021	NY	21	M	5/1/2021	5/18/2021	For the next few days after I received the second dose of the vaccine, I experienced muscle and body aches, fatigue, and a low grade fever. About 3 days after getting the vaccine I woke up at about 2 AM on the 18th with severe chest pain, the other side effects had subsided at this point. I ended up going to the ER after about a half hour of the pain not going away. They ran a Troponin blood test and found my levels to be high. They also tested me for Covid which came back positive. They ended up doing an ultrasound of my heart, using a catheter to take a look at my arteries, a chest xray, a CT scan, and an EKG. The final diagnosis was myocarditis of the heart. I had to stay in the hospital for a few days while my heart stabilized. I was given orders to only participate in light exercise and to take it easy for now. I have a follow up visit with the cardiologist in about a week from now. It was also found out through testing that I may have Wolf Parkinson's white syndrome.
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
1354142	5/27/2021	MN	27	M	5/5/2021	5/9/2021	Myocarditis requiring transfer to higher level of care and hospitalization x 24 hours, continued mild chest pain.
1352783	5/27/2021	WA	37	F	2/4/2021	2/1/2021	Heart beat racing . Severe palpitations. Mri done after several visits to be told i had Myocarditis.
1352766	5/27/2021	TX	67	M	2/1/2021	3/1/2021	eosinophilia, cardiac tamponade/ pericarditis. Pericardial fluid was eosinophilic. One month later, he developed patchy pulmonary infiltrates.but biopsy was not obtained and ANCA was negative.

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1354399	5/27/2021	OR	28	M	3/21/2021	3/24/2021	<p>~~History obtained from: patient Patient is a 28 y.o. male with hx of post-viral myopericarditis in 2013 but otherwise healthy who presents for recurrence of myopericarditis incidentally not long after receiving 2nd COVID vaccine Got the 2nd COVID vaccine on Sunday. Monday felt fevers and chills and malaise all day. Tuesday morning felt some retrosternal chest discomfort that lasted an hour or so and spontaneously went away. Was able to go to work all day and do fine. Works in a garage and lifts heavy tires. Yesterday took kids to day care, felt a little pain that morning which resolved. Picked them up in the evening and was going to hang out with them but had recurrence of pain and this time was quite severe. Tried to take some tylenol but threw this up. Came to the ED and had to wait 1-2 hours to be seen, but the time he was his pain had nearly resolved. Troponin taken around 10000. Cardiology consulted, think this might be reactivation / recurrence of his prior myopericarditis." H&P 3/24/21 "This is a 28 y.o. male with hx of post-viral myopericarditis in 2013 but otherwise healthy who presents for recurrence of myopericarditis incidentally not long after receiving 2nd COVID vaccine # Myopericarditis</p> <p>Had episode of post-viral myopericarditis back in 2013, at which time he had an elevation of Trop I (non-HS variety) to 7.3 and echo showing basal inferolateral, basal inferior and mid inferolateral wall motion abnormalities but otherwise normal LV function. Has been highly functional. Recently got 2nd COVID vaccine and had fevers/chills after that. Recurrent chest pain 3/24 w/o provocation, aborted on its own but has trop elevated to 10,000. EKG does not show STEMI and patient actually asymptomatic in ED. No infectious symptoms. Unclear but wonder if COVID vaccine could have caused recurrence of prior myopericarditis? Cards called in ED, they would like him admitted, to treat with colchicine and advil, repeat TTE and they will consult in the morning." A/P 3/24/21 from admission</p>

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1355532	5/27/2021	TX	44	M	4/27/2021	5/1/2021	5/1/21: Patient woke with chest pain, elevated respiratory rate, nausea, and sweating. Recognizing symptoms of a heart attack, the patient presented to the emergency room at 5:30am. ECG normal, Troponin at 2.1 at presentation, continued to increase to 4.6 prior to being taken to Cath Lab. Coronary angiography showed no occlusion; patient admitted to telemetry unit for continued monitoring; discharged following day with order for cardiac MRI. Outpatient cardiac MRI conducted 5/5/21 revealed myocarditis. Treatment with beta blockers (Metoprolol Succinate 25MG QID) and anti-inflammatory (indomethacin 25MG TID) with direction to avoid exercise. Light yardwork on 5/22 resulted in patient feeling "racing heart".

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1353480	5/27/2021	AL	22	M	5/6/2021	5/9/2021	Myocarditis; Chest pain; Elevated troponins; This is a spontaneous report from a contactable pharmacist. A 22-year-old male patient received the 2nd dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) via intramuscular in the left arm on 06May2021 11: 00 am at 22-year-old as single dose for COVID-19 immunization. Medical history and concomitant medications were unknown. The patient had no known allergies. The patient previously received the 1st dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) for COVID-19 immunization. The patient experienced chest pain, myocarditis, elevated troponins on 09May2021 at 03:30 AM. The events resulted in: Emergency room/department or urgent care, Hospitalization. Days of hospitalization was 3 days. The patient had no covid prior vaccination. The patient had had covid test post vaccination, on 10May2021 with negative result. Outcome of the events was recovering. This report is serious with seriousness criteria-caused/prolonged hospitalization. Information on the lot/batch number has been requested.; Sender's Comments: Based on the available information and known product profile, the causal relationship between the reported events and the use of BNT162B2 cannot be excluded. The case will be assessed further upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Committees, and Investigators, as appropriate.

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1354651	5/27/2021	OR	63	F	4/2/2021	5/13/2021	<p>H&P: Patient is a 63 y.o. female who presents for chest pain found to have NSTEMI. No prior cardiac history who presents with acute onset left sided arm, and jaw pain. Associated with diaphoresis. Looked up "heart attack signs in women" and came to the ER after reading this. In the days/weeks leading up denies any chest pain or pressure, LH, dizziness or syncope. No exertional dyspnea, orthopnea, PND or LE edema. BP at home are usually 130-150s. BP in the hospital is always higher because of white coat hypertension. ER course BP 170-190s systolic, HR in the 90s, AF. EKG Q waves in the inferior lead with no significant ischemia or ST elevations. Labs notable for a troponin ~ 2000. CXR within normal limits. Given aspirin, statin, nitro and heparin. Currently feels pain free. No other acute issues or complaints/ Smoked 3 mos after a divorce, otherwise no smoking history. No significant family history of CAD. " D/C summary: "Principal Diagnosis: o Myocarditis Secondary Diagnoses: o Type II MI o Hypertension o Hypercholesterolemia o Prediabetes mellitus o Obesity Procedures/Diagnostics: 5/13/2021. Coronary angiogram. o Normal left ventricular function o Normal coronary anatomy o Right radial loop Note: A right radial loop was encountered requiring a femoral access. 5/13/2021. Echocardiogram. ? Left ventricle size is normal. Mildly increased wall thickness. Normal wall motion. Normal systolic function. LV EF is 75 % , ? Nrrmal valve function. 5/13/2021. Cardiac MRI. Evidence of myocarditis, with subepicardial late enhancement at the mid chamber and apical lateral wall with associated regional edema and mild native T1 signal elevation. Normal right and left ventricular size. Hyperdynamic LV. No significant valvular abnormality. Hospital Course: In brief, this is a 63 y.o. year old female admitted on 5/13/2021 with chest pain, troponin elevation and found to have normal coronary arteries. Preserved LV systolic function by echocardiogram. She underwent an cMRI demonstrating myocarditis. She was started on colchicine and remained pain free for the rest of the admission. Myocarditis: Presented with acute onset chest pain and troponin of ~2000. Diagnosed via MRI after normal coronary angiogram. Normal biventricular function. Etiology is likely idiopathic as she had no other obvious inciting events. Pain free prior to discharge. o Colchicine 0.6 mg twice daily. o Follow-up with Dr. on</p>

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							6/8 arrival time 12:40 PM Hyertension: well controlled today. Management per PCP o Metoprolol succinate 25 mg daily o Hyzaar 100-12.5 mg daily o Amlodipine 10 mg daily Hyperlipidemia: tolerating atorvastatin 20 mg daily. ~~
1356323	5/27/2021	LA	29	M	3/31/2021	4/26/2021	Pericarditis and subsequent myopericarditis. Intense chest pain that worsened upon lying down and a low grade fever.
1356079	5/27/2021	WA	18	F	4/18/2021	4/18/2021	Presenting symptom palpitations. Elevated troponin, diagnosed with myocarditis
1355762	5/27/2021	WA	40	M	4/21/2021	4/21/2021	SOB, Fever, fatigue, cough Hypoxia, tachycardia, HTN Admitted 5 days after the 2nd dose of vaccination Dx: Myocarditis and Pneumonitis RX: steroid, Diuretic
1356345	5/27/2021	DE	20	M	5/24/2021	5/26/2021	DEVELOPED CHEST PAIN, LEFT ARM PAIN ON 26TH MAY 2021
1355345	5/27/2021	MN	56	M	5/13/2021	5/24/2021	Pericarditis: presented to the ED on 5.26.2021 with chest pain x2 days. Has generally felt unwell since his 2nd COVID vaccination on 5.13.2021.
1355336	5/27/2021	WA	67	M	3/31/2021	4/14/2021	Three days after receiving second dose of Moderna vaccine patient began experiencing chest pain presented to ED on 4/9/21 CTE negative for PE, covid negative, respiratory viral panel negative. Echocardiogram revealed pericardial effusion. Patient diagnosed with pericarditis patient admitted 4/14/21 with ongoing chest pain due to pericarditis

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1354958	5/27/2021	NY	52	M	1/28/2021	2/22/2021	54 days after the first vaccination with Moderna Covid-19 Vaccine, and 25 days after the second vaccination, at approximately 0730 on Day 1, a 52 year old male, height 175.2cm, weight 95.5kg, without significant medical history or prodrome, had an acute onset of dyspnea manifesting as a small sigh at intervals of 4-6 minutes, which increased in frequency to intervals of 2-3 minutes over the course of the day. At approximately 1400 he had a one minute episode of tachycardia >120 bpm. At 1515, his forehead became diaphoretic. He had neither chest pain nor a pericardial friction rub at any time. He went directly to the local emergency department. Additional information for Item 18: Blood pressure at admission was 155/87, pulse 97, respiratory rate 22/minute, SpO2 98%, and Temperature 37.2. ECG at 1539 interpreted as: "NSR at 85, Lateral ST depressions; ST elevations in aVR, ischemia / Posterior wall MI". ECG at 1541 showed: NSR at 82, unchanged from prior ECG. ECG at 1552 interpreted as: "Sinus tachycardia at 102, ST depressions remain in lateral leads but now also in V3 and V4; persistent ST elevations in aVR CW evolving posterior wall MI". PR depression in leads II and V4-6, and reciprocal PR segment elevation in aVR (pericarditis ECG Stage 1) Atypically for pericarditis, ST depression, rather than ST elevation, was present in leads V3-V6. Owing to a working diagnosis of an evolving posterior wall myocardial infarction, an emergent cardiac catheterization was performed, which demonstrated non-obstructive CAD and a small myocardial bridge. Initial laboratory values were notable for a white blood cell count of 11.89 K/mm3 (4.5 - 11.5), monocytes 1.1 K/mm3 (0.0 -1.0), 9.4% (2.0 - 9.0), neutrophils 7.9 K/mm3 (1.5 - 6.6), 66.9% (40.0 - 75.0). Troponin was negative at admission and 18 hours later. D-Dimer was negative. Viral panels including SARS-CoV-2, Influenza A, Influenza B, and RSV were negative. He was admitted for overnight observation. On Day 2 an echocardiogram was normal with no effusion, and ECG was notable for the absence of PR depression and persistent ST depression in leads (PR segment normalization part of pericarditis ECG Stage 2)..... His dyspnea persisted, with a moderate sigh every 1-2 minutes at rest. He was discharged with a presumptive diagnosis of coronary vasospasm or a pulmonary etiology, and told to follow up with his pmd. Over the next several days, his dyspnea

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						<p>was continuous and progressively worsened, and he had diaphoresis of the forehead every morning approximately 0900 until Day 20. Sleep remained normal. On Day 5 he was sighing deeply more than once per minute at rest, causing him distress, and ECG showed (?persistent ST depression in V4-6 with reciprocal changes in aVR). On Day 12, ECG showed T-wave inversion in V1-6 and ST depression in V3-6 (ECG Stage 3); a computed tomography of the chest was normal; and blood tests notable for normal monocyte count .57 K/microliter (0.0 - 0.8), normal CRP 2.15 (1.0-3.0), and an ANA titer of 1:80 (elevated) described as a speckled pattern, which is associated with several autoimmune diseases. Repeat echocardiography on Day 26 showed a small, generalized pericardial effusion and was otherwise normal. Cardiac MRI on Day 29 showed delayed gadolinium uptake. Pulmonary function tests on Day 38 were normal. Stress echocardiography on Day 44 was normal. Cardiac CT angiogram on Day 46 was normal. The patient was diagnosed with pericarditis of unknown origin and started on aspirin 650 mg p.o. b.i.d. An ECG on Day 80 showed PR depression in II and V4-6, continued ST depression in II and V3-6, without T wave inversion (T wave normalization c/w ECG Stage 4). Symptoms progressively worsened from onset to nadir around Day 12, on which he had continuous moderate dyspnea upon awakening with severe dyspnea with mild exertion. Symptoms then generally improved until after Day 47, he began to have alternating periods of several days without symptoms followed by several days of mild dyspnea. Clinical symptoms resolved on Day 85.</p>	
1355827	5/27/2021	SC	60	F	4/29/2021	5/4/2021	Myopericarditis, chest pain, pericardial effusion, pleural effusion
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.
1355301	5/27/2021	OR	76	F	4/17/2021	4/24/2021	Acute Myocarditis

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1355012	5/27/2021	GA	44	F	1/18/2021	1/25/2021	Generalized fatigue requiring work up with rheumatology. Palpitation, which prompted visit with me. Findings indicative of myocarditis.
1355158	5/27/2021	HI	19	M	5/10/2021	5/13/2021	Myocarditis
1355197	5/27/2021	MD	23	M	3/26/2021	3/29/2021	Developed sharp,constant left sided CP which was relieved with sitting forward 3 days after his second dose of Moderna Covid-19 vaccine. No palpitations, edema or SOB. Dx: Probable Myocarditis
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
1355261	5/27/2021	FL	18	M	5/23/2021	5/25/2021	Myocarditis
1355288	5/27/2021	WA	60	F	4/3/2021	4/10/2021	Patient received COVID-19 vaccine on 4/3/21 subsequently admitted from 4/10-21-4/12/21 for acute pericarditis.
1350508	5/26/2021	VA	22	M	5/18/2021	5/21/2021	Per the nursing supervisor and medical records, this patient developed chest pressure, dizziness and shortness of breath 3 days after his second moderna vaccination.
1350881	5/26/2021	TN	25	M	5/13/2021	5/16/2021	Patient presented with chest pain. Troponins were elevated. Echocardiogram revealed decreased left ventricular systolic function with an ejection fraction of 30-35%, MRI was consistent with myocarditis.
1350827	5/26/2021	FL	32	M	5/20/2021	5/21/2021	Myocarditis with troponinemia to 4, no volume overload/heart failure. Presented with chest pain the day after vaccination, did not abate, associated with palpitations, went to the ED and found to have troponinemia. Treated conservatively. Left heart cath showed non obstructive CAD, preserved LVEF 55%, discharged home on colchicine.
1350804	5/26/2021	OR	86	M	4/24/2021	5/26/2021	Chest pain Pericarditis, AFIB
1350732	5/26/2021	NE	58	M	4/18/2021	4/24/2021	Pericarditis. Inflammation of the heart muscle.

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1350646	5/26/2021	NC	37	F	3/14/2021	4/1/2021	Jannsen covid-19 vaccine EUA Shortness of breath. Leg swelling. Myocarditis, fluid retention, fatigue, weakness. Heart failure symptoms
1350570	5/26/2021	CT	46	M	5/18/2021	5/19/2021	Patient developed a fever to 103 and pleuritic positional chest pain the day after receiving dose #2. He presented to the ED 2 days later on May 21, 2021. An ECG showed acute pericarditis. His Tnl was mildly elevated. An echocardiogram showed mild LV dysfunction with LVEF 40-45%. He was diagnosed with myopericarditis. Treatment included NSAIDS and colchicine and metoprolol. He was not admitted to the hospital.
1350898	5/26/2021	PA	19	M	5/19/2021	5/22/2021	Chest pain with EKG changes and elevated troponin - final diagnosis - myocarditis
1350424	5/26/2021	NJ	29	M	5/19/2021	5/25/2021	Patient presented with a myopericarditis with elevated troponin, normal LV function, normal coronary arteries.
1350339	5/26/2021	CT	41	M	5/3/2021	5/5/2021	He had his 2nd pfizer vaccine on 5/3/21 The next day he felt tired 2 days later (on 5/5) he started with fever, chills and body aches He then started with abdominal pain -- hurt to take a breath in, he could not lay flat He went to Hospital and was dx with myocarditis He was started on ibuprofen (changed to naproxen for discharge), colchicine and protonix
1350338	5/26/2021	IN	20	M	4/1/2021	5/3/2021	Shortness of breath, myocarditis, fatigue
1349759	5/26/2021	MD	41	F	3/9/2021	4/24/2021	Developed extreme anxiety symptoms after the vaccination, thought it was normal until the onset of extreme chest pains on or around 4/24/2021. Was diagnosed with Pericarditis on 4/29/2021.

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1349586	5/26/2021	NM	46	M	4/26/2021	4/27/2021	<p>nstemi; Myocarditis; This is a spontaneous report from a contactable physician. A 46-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number: unknown) via an unspecified route of administration on 26Apr2021, SINGLE for covid-19 immunization. The patient's medical history was not reported. The patient had no known allergies. The patient's concomitant medications were not reported. The patient did not receive any other vaccine within 4 weeks prior to the vaccine. On 27Apr2021, the patient reported to the hospital with complaints of chest pain with electrocardiogram (EKG) showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers. On 27Apr2021, the patient experienced non-ST-elevation myocardial infarction (NSTEMI) and myocarditis. The patient was hospitalized for one day. and the event required an emergency room/department or urgent care visit. The patient underwent lab tests and procedures which included blood test: negative on 02May2021, covid-19: negative on 02May2021, electrocardiogram: unknown showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers, myocarditis: unknown. Cath report did not reveal coronary artery disease (CAD). Therapeutic measures were taken as a result of NSTEMI (acute myocardial infarction), myocarditis (myocarditis), chest pain (chest pain), EKG showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers. The outcome of non-ST-elevation myocardial infarction (NSTEMI), myocarditis, chest pain and electrocardiogram (EKG) showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers was recovered on an unknown date. It was also reported that since the vaccination, the patient was tested for COVID-19 on 02May2021 and was negative. Information on lot number/batch number was requested.; Sender's Comments: The information available in this report is limited and does not allow a medically meaningful assessment of the case. Based on currently known drug profile it is unlikely that events non-ST-elevation myocardial infarction (NSTEMI) and myocarditis are related to BNT162B2. This case will be re-evaluated upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety</p>

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evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and investigators, as appropriate.

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1349575	5/26/2021	PA	75	M	2/19/2021	4/10/2021	Chest pain; Shortness of breath; Shoulder pain; Temperature: 100.3 degrees Fahrenheit; Pericarditis; The diagnosis he has is acute Pericarditis, peritonitis; This is spontaneous report from a contactable consumer (patient). This 75-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot#: EM9810) at single dose in left arm on 19Feb2021 11:00 for COVID-19 immunization. The first dose was on 28Jan2021 (Lot#: EL9261) at noon in left arm. Adverse events following prior vaccinations was none. Additional vaccines administered on same date of the pfizer suspect was no. Prior vaccinations (within 4 weeks) was no. Ongoing medical history included controlled high blood pressure diagnosed around 2000; heart beat irregularities, diagnosed in his 20s, in 1971, he had his first EKG at that time. Concomitant medication was not reported. On 10Apr2021, patient experienced chest pain, shoulder pain, shortness of breath and ended up in the hospital. Temperature was 100.3 degrees Fahrenheit on 10Apr2021. It took a while to find out what was wrong, it was pericarditis, an inflammation and probably a viral infection of the pericardium. Patient was hospitalized on 10Apr2021, in the evening and discharged in the middle of the afternoon the next day, 11Apr2021, less than one day. The chest pain ended on 12Apr2021, but he had a relapse, and it was ongoing and persisting. Shoulder pain basically lasted for 24 hours. He was put on medicine and it got better, but he had a relapse last week and it was persisting. Shortness of breath had a relapse last week. When he was put on medicine, he felt better, but when he got off the medicine, he relapsed and he didn't know if it was persisting or getting better. Pericarditis was diagnosed on 11Apr2021 and it was ongoing and improving. Temperature was resolved the next day, the 11Apr2021 with the medicine. Patient was put on medication when he went to the Emergency Room. The medication was provided to deal with the inflammation. Ibuprofen was taken 600 mg by mouth, 3 times daily for inflammation, he took it from 11Apr2021 to 18Apr2021. The dose was lowered to 1200 mg per day, then 600 mg per day. When he went off of it, the symptoms came back. Caller was taking 200 mg tabs by mouth 6 times a day. Caller had a prescription dose that was higher before, the big ones, but that's over with now. Patient was taking colchicine at 0.6 mg by mouth

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once a day. It was an anti-inflammatory. The ibuprofen was stopped and after 3 weeks, his symptoms came back and he was put back on the ibuprofen. The colchicine was a 30-day prescription. He would run out this week and would renew it for a 30-day supply. Patient added these medications tear up the stomach, so they put him on pantoprazole at 40 mg once per day. The ibuprofen was 600 mg tabs, NDC: 65162-0465-50, quantity 21 tabs, no refills, Rx: 6330005, it was just in a bottle, not a shrink-wrapped thing. The diagnosis he had was acute pericarditis, peritonitis and the cause was unknown, but was being treated as a viral infection. He was asked if he had a cold or upset stomach, which would then indicate the type of infection he had but he didn't have anything. These would help determine which type of virus it was. In his case it was unknown and unknowable. When the caller was weaned off the ibuprofen his symptoms came back with in a couple days. His temperature went up, he experienced shoulder pain and was short of breath. He was put back on the ibuprofen at that time. He was anticipating many more weeks of symptoms based of the way he was being treated by the doctor. The patient added the symptoms that presented were almost the same as a heart attack and he was concerned when he started to experience those symptoms. There was no clear evidence of what has caused his symptoms, he did not know if it was by Covid-19 or the Covid-19 vaccine but it was possibility. Patient hoped it was not the vaccine. All the adverse events required a visit to emergency room and physician office. Therapeutic measures were taken for all the adverse events. The outcome of event body temperature increased was recovered on 11Apr2021, the outcome of event pericarditis was recovering, the outcome of events shortness of breath and peritonitis was unknown. The outcome of rest events was not recovered. The information on the lot/batch number has been requested.

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1349573	5/26/2021	CT	21	M	4/1/2021	4/18/2021	Myocarditis; This is a spontaneous report from a contactable consumer(patient). The 21-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in arm left on 01Apr2021 12:45 (Batch/Lot number was not reported) as unknown, single for covid-19 immunisation. Medical history included attention deficit hyperactivity disorder (ADD).There was no known allergies, no Covid prior vaccination. The patient's concomitant medications were not reported. The patient experienced myocarditis on 18Apr2021 23:30 which led to emergency room with outcome of unknown. There was no treatment. Information on the lot/batch number has been requested.
1348866	5/26/2021	VA	18	M	4/13/2021	4/16/2021	Experienced chest pain two days after shot. I did have covid-19 1 year prior to the shot but was sent to the hospital for myocarditis. I was in the hospital for 2 days, now in unable to exercise and cannot do any harsh work.
1351065	5/26/2021	CT	39	M	4/30/2021	5/17/2021	I was in the hospital for 3 days with a heart condition. My cardiologist thinks it was either pericarditis or myocarditis.

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1349571	5/26/2021	ID	55	F	4/5/2021	4/7/2021	Pericarditis found on echo; vestibular labyrinthitis with severe vertigo; vestibular labyrinthitis with severe vertigo; This is a spontaneous report from a contactable consumer (patient). A 55-years-old female patient (pregnant no) received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in arm right on 05Apr2021 11:00 (Lot Number: ER8734) at age of 55-years-old as 2nd dose, single for COVID-19 immunization. Medical history included Hypertrophic cardiomyopathy (HCM), Semicircular canal fistula (SSCD). There was known allergies. Concomitant medications included metoprolol (12.5mg); vitamin c [ascorbic acid]; vitamin d nos. Historical vaccine included first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EN6206,) on 15Mar2021 02:45 PM at age of 55-years-old in right arm for Covid-19 immunization. On 07Apr2021 11:00 AM, the patient experienced vestibular labyrinthitis with severe vertigo. It lasted for about a month. Pericarditis found on echo by cardiologist at Clinic. The events resulted in doctor or other healthcare professional office/clinic visit, Disability or permanent damage. The patient underwent lab tests and procedures which included echocardiogram: pericarditis. Therapeutic measures were taken as a result of the events. Pericarditis: Advil, need another echo. There was no covid prior vaccination. There was no covid tested post vaccination. The outcome of the events was recovering.

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1351950	5/26/2021	LA	17	M	5/22/2021	5/23/2021	chest pain, nausea, sweating w/ alternate chills, and headaches onset at approximately 10-11 a.m. Sunday, 5/23/21. Because he was reporting for work to a camp, he reported to the camp nurse. After conferring with parents, he reported to Hospital for testing. EKG there was normal; minimal labwork performed - Troponin test requested by parent came back at 0.03. Advil taken earlier had resolved pain at that time, but pain was persistent the following day. Parent retrieved patient, and he reported to his pediatrician at the PCP Clinic and more labwork was performed at approximately 10 a.m. Troponin level had increased to 14, with other inflammatory markers elevated and abnormal EKG result. Pediatrician consulted with pediatric cardiologists, and parents were advised to proceed to the ER. Mother arrived with Hospital at approximately 5:30 p.m. Troponin results from 6:45 elevated to 16. Ped. Cardiologist performed echo-cardiogram, which showed no abnormal heart functioning. Ped. Cardiologist diagnosed myocarditis and prescribed 15-hour IVIg infusion. As of Wednesday, 5/26, at noon, troponin level had decreased to 10.8 and other inflammatory markers were improving. Patient is currently still hospitalized in the ICU Step Down Unit at Hospital.
1351036	5/26/2021	NY	47	M	4/28/2021	5/4/2021	pericarditis diagnosed in setting of positional chest pain, minimal EKG changes, trop negative, + leukocytosis

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1350946	5/26/2021	MA	26	M	4/22/2021	4/23/2021	A 26-year-old male with no past medical history presents to the emergency department (ED) with an acute episode of chest pain. He reports initially mild dull substernal chest pain for a day prior to an episode of acute sharp chest pain that radiates to his left neck and left shoulder accompanied by diaphoresis leading him to present to the ED. He had received the second dose of the Pfizer-BioNTech mRNA COVID-19 vaccine three days prior to presentation and reported myalgia and weakness beginning within 24 hours of vaccination. His blood pressure on arrival was 126/83 mmHg and pulse was 61 bpm. Electrocardiogram (ECG) on admission showed diffuse upsloping 2mm STE, no reciprocal changes, and PR elevation in aVR. Troponin-I on admission was 6.03 ng/ml prior to peaking at 21 ng/ml while initial CRP was 56.8 mg/L. Transthoracic echo (TTE) showed left ventricular ejection fraction (LVEF) of 55-60% with hypokinesis of the basal lateral wall. Cardiac magnetic resonance imaging (CMR) was consistent with myocarditis showing subepicardial late gadolinium enhancement (LGE) in the basal inferior wall, no edema on T2 sequences, and a mildly reduced left ventricular systolic function with an LVEF of 51%. He was started on colchicine, low dose beta blocker and losartan and improved symptomatically along with resolution of the EKG findings prior to being discharged with plan for close outpatient follow-up and repeat imaging. In addition, a respiratory viral PCR panel was obtained which was positive for Rhinovirus/Enterovirus on nasal swab. Although it is possible that his presentation was secondary to enteroviral myocarditis, the temporal relationship to the second dose of Pfizer-BioNTech mRNA COVID-19 vaccine suggests the possibility of myocarditis secondary to immunologic response to COVID-19 vaccine itself.
1352101	5/26/2021		25	F	2/20/2021	2/21/2021	Pericarditis with chest pain, treated with cochlincine on 2/21/2021 Patient was pregnant, induced labor on 4/19 for poor maternal weight gain and hyperemesis
1351943	5/26/2021	MN	35	M	5/21/2021	5/24/2021	Awoke to chest pain on 5/24 @ 1AM. Waited 24hrs with pain fluctuations. Went into ED 5/25 @0630, with continued chest discomfort. Was given nitro, ibuprofen, colchicine. Was diagnosed with Myocarditis.

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1351549	5/26/2021	FL	58	M	4/20/2021	5/11/2021	after receiving the vaccine 4/20 and three weeks later I couldn't breath and called 911 and went to hospital and diagnosed with pericarditis. But the day before I felt like I had a fractured rib and it intensified that evening and I took pain medication, then the pain in the left side intensified and I could not breath it felt like a knife piercing and had to breath with very shallow breath into my upper chest and the pain was so intense. I called 911 and they did an EKG, my heart rate went down to 30. One doctor gave me morphine to help me, they did test to check for blood clots and EKG's and blood test. I was also given Oxycodone. Test showed that there was a virus that got into it that caused pericarditis. I'm taking Ibuprofen and anti-inflammatories to help. I'm very active and never had health issues and believe this was a response to the vaccine. First dose was given on 3/23/2021 Lot 047A21A and experienced Molluscum contagion a few days later, and this is a virus. I was prescribe a topical cream, Imiquimod a topical cream to put on it to break down the virus. Triamcinolone Acetonide cream was prescribed later and I'm still taking it now and the site was oozing puss and bleeding.
1351476	5/26/2021	PA	25	M	5/18/2021	5/19/2021	Student started having chest pain the next day on 5/19/2021. Seen at student health on 5/21/21 for atypical chest pain. Had normal EKG. Labs drawn for D-Dimer and troponin. Sent to ED next day when troponin came back at critical level - 7.42. He was admitted from ED to hospital 5/22/21 with myocarditis - discharged on 5/52/21 with final Dx of Non-ST elevation myocardial infarction, Of note he has a twin who was diagnosed with myocarditis last year.
1351124	5/26/2021	NY	33	M	4/23/2021	4/26/2021	Chest pain, SOB, left arm pain, nausea, body aches , sweating, inability to lie down. Started 4/26 10 pm. To Medical Center ER at approx 5:30 am. 4/27/21. Admitted to cardiac unit. Myocarditis

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1351319	5/26/2021	MD	24	M	5/8/2021	5/25/2021	<p>MYOCARDITIS. I experienced extreme chest pain, tightness, shortness of breath, painful heart beats, I could feel each beat. I hunched over in my bed groom grabbing my abdomen and fell onto my bed and almost passed out from whack I?d assume is lack of oxygen. I could barely breathe for about five minutes and felt relatively severe pain particularly in the right side of my chest. I could feel every muscle, tendon, and artery inflamed, enlarged, and hurting. My chest felt like it filled up with a balloon. Heart rate went up too. I have NEVER EVER felt ANYTHING like this in my LIFE. Not even close. It was a brand new sensation to me first time I?ve ever felt anything like this at all, and very intense and frustrating. Keeping in mind I am in perfect health. I am a body builder with a perfect physique. I work at a high end restaurant and have an extremely good diet. I have a normal sleep and sexual routine, I don?t use any medications whatsoever even Tylenol or ibuprofen. I have no pre existing conditions. I have no history of heart or cardio problems. My family has a history of low blood pressure. I have next to no stress or anxiety in my life. I am 24 years old I work out and run miles, five to six days a week. I don?t use nicotine, tobacco, and I haven?t had a drink of alcohol in ten years (14yrs old). I smoke marijuana on a daily basis. After about ten minutes the incident went down and I was able to breathe a little better but still had pain and tightness in my chest. I have had shortness of breath ever since. This is being written the day after the event about 26 hours later. I ran a mile last night and went to the gym it seemed to help both my breathing and the pain and tightness but it has not fully gone away. I feel my heart straining somehow as I am typing this. One thing to note is I did not want to get vaccinated but was pressured to do so, and before getting it I was very nervous and honestly upset. The woman administering it was not helpful at all and actually mocked my unsureness and was very rude and unprofessional. She didn?t answer any technical questions I had. During my interaction with her between my nerves and her behavior I?m absolutely certain my heart rate was elevated at the time of getting the shot. I have only had one shot. The episode of myocarditis occurred two weeks after my first shot. Two days after my scheduled second shot, which I missed because of work and was going to reschedule before this occurred. I am not going to be getting the</p>

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							second shot. Will be following up with my primary care doctor as soon as possible. Haven't had time.
1351243	5/26/2021	CT	26	M	5/23/2021	5/23/2021	Myocarditis
1351213	5/26/2021	OR	22	M	5/17/2021	5/21/2021	Chest pain, inflammation of heart sac, hard to breath
1351192	5/26/2021	OR	21	M	5/21/2021	5/23/2021	2 discrete episodes of non-exertional, non-positional chest pain without trigger (5/23/21, 5/24/21); presented to hospital after elevated troponin found at urgent care; suspected myocarditis
1351403	5/26/2021	VA	19	M	5/13/2021	5/15/2021	Patient developed chest pain, shortness of breath and fatigue. Chest pain was worse with laying down. Went to Urgent Care and EKG revealed abnormal changes and was sent to ER for evaluation. Found to have minimally elevated troponin, WBC, Sed Rate, CRP and D-dimer. CXR and CT scan were normal with only small L axillary lymph node identified. Diagnosed with pericarditis and discharged home with Ketorolac for 5 days. Symptoms resolved.
1352163	5/26/2021	WA	63	M	2/14/2021	2/19/2021	2/19/21- Patient presented with shortness of breath that appears to be chronic, but potentially worse (this was 5 days after 2nd Covid vaccine). Lab tests showed thrombocytopenia (unknown if this is new or old) as well as mild transaminitis (again, not known if new) 3/23/21- Patient presented with a stroke involving the R frontal and parietal lobe. Echo normal at that time 4/22/21- presented to urgent care again and was found to have elevated troponin (without associated chest pain or EKG changes). Echo was normal, but cardiac MRI showed evidence of myocarditis
1351044	5/26/2021	RI	19	M	5/6/2021	5/7/2021	Patient developed substernal chest pain ~ 24 hrs after vaccination w 2nd dose of Pfizer COVID 19 vax. Pain continued x 2 days, came to ED 5/9/21; EKG abnl and had elevated troponin; was admitted for myopericarditis. Started on ibuprofen and colchicine.
1346819	5/25/2021	CO	60	M	3/26/2021	4/24/2021	Ache in Shoulders, extreme discomfort in upper torso - diagnosed with Pericarditis

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1346832	5/25/2021	ND	25	F	3/27/2021	4/15/2021	After receiving my second dose, I was seen by my primary doctor for suspected Celiac disease (which came back positive). I had a strange medical episodes during the bloodwork (April 15th) that they originally assumed was anxiety. Symptoms were shortness of breath, lightheadedness, and loss of feeling in extremities. I'm a first responder and did not feel this was anxiety, but didn't argue and forgot about it until it happened again. I had my second episode on April 20th, and debated going to the ER for it. A third episode on April 23rd did put me in the ER. I proceeded to have more episodes on almost a daily basis after that and started monitoring blood pressure, pulse, blood sugar, and food intake at home (some of my bloodwork levels were off due to the celiac). I purchased a heart rate monitor, a blood glucose meter, and a smartwatch to monitor some of my symptoms. Both devices (monitor and watch) would later flag me as having a suspicious heart rhythm (heart monitor could be for fast/slow rhythm or for arrhythmia, smartwatch flagged me as Afib twice). I could not recreate these results when my husband wore the devices. Episodes could be as brief as 45 mins or last more than 12 hours. I have a high pain tolerance and illness tolerance, and had to leave work several times due to my symptoms (extremely abnormal for me). After several more appointments with my primary doc and another visit to the ER (where they did another EKG, an X-ray, and more bloodwork), things were still coming back inconclusive. After about April 28th, I started having significant chest pain with my episodes. The ER checked me for possible clotting related to the heart issues and my birth control pills. My arrhythmia could not be captured on their devices. My doctor has since diagnosed it as suspected myocarditis (pending more testing). We've ruled out all possible things related to my Celiac diagnosis, and can't seem to find a cause for this. I had a few things I brought to her attention that may be the cause (pinched nerve at chiropractors, covid vaccine) and she says it may be the vaccine, and said I should report it to you.
1346837	5/25/2021	KS	24	M	5/20/2021	5/23/2021	Developed severe chest pain, admitted and found to have myocarditis, troponin 8, cardiac cath negative

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1346910	5/25/2021	CA	35	M	4/27/2021	5/18/2021	Received his second Pfizer COVID vaccine Tuesday 5/18/2021. On Wednesday started developing systemic symptoms such as chills, headache, myalgia. Also developed constant sub-sternal chest pain. Worse with movement or deep inspiration. No clear positional component. CP persisted until he came to the ED today. Initial ECG showed concave ST elevations lateral leads. Given his history this was felt to be most consistent with pericarditis. He received toradol, morphine and SL NTG with near complete relief of the pain. Repeat ECG showed resolution ST elevations. Troponin was elevated, peak 9.08 ng/ml.
1347051	5/25/2021	CO	23	M	1/20/2021	5/7/2021	On 5/7/21 client c/o sore throat, coughing, wheezing and general discomfort. Client sent to ER at 5:30 PM. Client returned at 1AM on 5/8/2021. He was given a prescription for prednisone and an albuterol inhaler from hospital. MD reports says hospitalized for myocarditis triggered by covid 19 vaccine on 122-1/24/21.
1347236	5/25/2021	AZ	23	M	2/26/2021	3/1/2021	Chest pain 2 days following vaccine. Was admitted to hospital and diagnosed with myocarditis. Please note that he had Coxsackie related myocarditis in May 2019.
1346797	5/25/2021	CO	42	M	4/29/2021	5/2/2021	Hospitalized with myocarditis after the second shot

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1345837	5/25/2021	CA	64	F	1/21/2021	1/1/2021	<p>Possible pericarditis; Tight chest; Sore throat; Chest pain; Sinus bradycardia; Laryngitis; Hypertension; Hoarseness/Hoarse voice/Loss of voice; Throat swelling; Palpitation; Shortness of breath; Burning sensation; This spontaneous case was reported by a physician and describes the occurrence of PERICARDITIS (Possible pericarditis) in a 64-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Gastritis on 17-Apr-2020, Trigeminal neuralgia and Obstructive sleep apnea syndrome. Concurrent medical conditions included Hypertension, Hyperlipidemia since 21-Jul-2015, GERD since 31-Mar-2020 and Drug allergy (History of intolerance to multiple medications. Blood pressure test kit-adult extra large cuff.). Concomitant products included DIPHENHYDRAMINE HYDROCHLORIDE (BENADRYL [DIPHENHYDRAMINE HYDROCHLORIDE]), LORATADINE (CLARITIN [LORATADINE]), COLCHICINE (MITIGARE) and OSELTAMIVIR PHOSPHATE for an unknown indication. On 21-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In January 2021, the patient experienced PHARYNGEAL SWELLING (Throat swelling), PALPITATIONS (Palpitation), DYSPNOEA (Shortness of breath) and BURNING SENSATION (Burning sensation). On 21-Jan-2021, the patient experienced DYSPHONIA (Hoarseness/Hoarse voice/Loss of voice). In February 2021, the patient experienced OROPHARYNGEAL PAIN (Sore throat), CHEST PAIN (Chest pain), SINUS BRADYCARDIA (Sinus bradycardia), LARYNGITIS (Laryngitis) and HYPERTENSION (Hypertension). On an unknown date, the patient experienced PERICARDITIS (Possible pericarditis) (seriousness criterion medically significant) and CHEST DISCOMFORT (Tight chest). In February 2021, PERICARDITIS (Possible pericarditis), CHEST DISCOMFORT (Tight chest), DYSPHONIA (Hoarseness/Hoarse voice/Loss of voice), PHARYNGEAL SWELLING (Throat swelling), PALPITATIONS (Palpitation), DYSPNOEA (Shortness of breath), BURNING SENSATION (Burning sensation), OROPHARYNGEAL PAIN (Sore throat), CHEST PAIN (Chest pain), SINUS BRADYCARDIA (Sinus</p>

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bradycardia), LARYNGITIS (Laryngitis) and HYPERTENSION (Hypertension) had resolved with sequelae. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In January 2021, Electrocardiogram: normal (normal) normal. In January 2021, Oxygen saturation: 98-99 (normal) 98-99. In January 2021, Physical examination: normal (normal) normal. On 17-Feb-2021, Blood pressure measurement: 149/62. On 17-Feb-2021, Chest X-ray: normal. On 17-Feb-2021, Electrocardiogram: Showed sinus bradycardia. On 17-Feb-2021, Heart rate: 59 (Inconclusive) 59. On 17-Feb-2021, Heart sounds: (normal) Regular rate and rhythm with normal S1 and S2. No murmur, pericardial rub.. On 17-Feb-2021, Physical examination: normal (normal) normal. On 24-Feb-2021, Blood pressure measurement: 130/58. On 24-Feb-2021, Heart rate: 53 (Inconclusive) 53. On 24-Feb-2021, Heart sounds: (normal) Regular rate and rhythm with normal S1 and S2. No murmur, pericardial rub.. On 03-Mar-2021, Blood pressure measurement: 133/54. On 03-Mar-2021, Heart rate: 61 (Inconclusive) 61. On 03-Mar-2021, Heart sounds: Regular rate and rhythm with normal S1 and S2. No murmur, pericardial rub.. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosing remained unchanged. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered PERICARDITIS (Possible pericarditis), CHEST DISCOMFORT (Tight chest), DYSPHONIA (Hoarseness/Hoarse voice/Loss of voice), PHARYNGEAL SWELLING (Throat swelling), PALPITATIONS (Palpitation), DYSPNOEA (Shortness of breath), BURNING SENSATION (Burning sensation), OROPHARYNGEAL PAIN (Sore throat), CHEST PAIN (Chest pain), SINUS BRADYCARDIA (Sinus bradycardia), LARYNGITIS (Laryngitis) and HYPERTENSION (Hypertension) to be probably related. Treatment for the event included antibiotics, prednisone and colchicine. Medical Clinic Coordinator provided events were resolved in mid Feb 2021 with residual effects of hoarseness and tightness of chest. Company comment Very limited information regarding these events has been provided at this time. The events are probably related to the patient's comorbidities, further information required. This case was linked to MOD-2021-046995 (Patient Link). Most recent FOLLOW-UP

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							information incorporated above includes: On 13-May-2021: Vaccine adverse event reporting form and medical records received. Multiple fields updated.; Sender's Comments: Very limited information regarding these events has been provided at this time. The events are probably related to the patient's comorbidities, further information required.
1347131	5/25/2021	VA	17	M	5/20/2021	5/23/2021	Myocarditis
1346582	5/25/2021	PA	19	M	5/6/2021	5/11/2021	Patient had chest pain starting a few days after receiving second dose of COVID-19 vaccine, patient was hospitalized, initially had elevated tropamine levels, but then after EKG and angiogram all came back normal, hospital reported cause of chest pain to be myocarditis. After seeing reports of correlation with vaccine, patient believes to be associated with vaccine. Patient symptoms have since resolved.
1346500	5/25/2021	CO	39	M	5/3/2021	5/5/2021	Two days after round 2 of vaccine: Severe chest pain and shortness of breath, followed by low energy and drowsiness. Felt just like Pericarditis that I had back in February. This was confirmed with EKG. Chest X-Ray unremarkable. Pericarditis earlier diagnosed on February 16th, assumed by medical professional that likely had COVID at that time based on recurrence after vaccine. No previous occurrence of Pericarditis prior to Feb 2021
1346483	5/25/2021	NY	21	M	4/11/2021	4/13/2021	21M caucasian who received 2nd dose of Pfizer vaccine on 4/11/21 and started having fever chills and headache next day. The following day he started having substernal chest pain which was non exertional. He presented to hospital where he was found to have normal vital signs.
1346481	5/25/2021	NY	28	M	2/3/2021	2/6/2021	Patient developed fever, headache, neck pain and myalgias several hours after vaccination. Then presented to our hospital 3 days after vaccination with chest pain. ECG concerning for STEMI and patient had cardiac catheterization which showed normal coronaries. Cardiac MRI suggestive of myocarditis.

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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.
1346405	5/25/2021	TX	61	M	2/1/2021	4/10/2021	Went in to physician due to shortness of breath. Found pericarditis. The physician went in to do a pericardial window and the patient experienced bleeding so the surgeon had to perform a sternotomy to determine where the bleeding originated. Once the chest was opened the surgeon noted a mass that appeared to look like a fungus on the heart. Biopsy of the heart mass, pericardial fluid and a mass on the liver were performed. The biopsy results originally came back as adenocarcinoma of the urinary (bladder, kidneys) origin. The physicians noted that that would be highly unlikely since there were no tumors noted in the urinary area. Pathology was sent off again from the pericardial fluid that was obtained by "extracting RNA from tumor enriched sections. This pathology showed the cells to be squamous cell carcinoma with 90% probability of coming from the lung. The doctors are finding this very unusual. My husband was very healthy prior to this with no symptoms. Could this be caused by the vaccine?
1345603	5/25/2021	CA	28	F	2/10/2021	3/7/2021	Pericarditis occurred end of February and was seen by a doctor early March and was diagnosed. Still ongoing side effect and taking colchicine for the inflammation of the pericardium. Ongoing chest pain and pressure is present with pain radiating to the left side of my shoulder blade. There is also neck pain present. These symptoms are ongoing and still being treated for.
1347844	5/25/2021	WA	43	M	5/1/2021	5/1/2021	Myopericarditis.
1347238	5/25/2021	NY	25	M	5/14/2021	5/17/2021	Pt developed upper body pain 5/17, then back and chest pain 5/18. + Troponin. CT showed LMCA and RCA SCAD. Cardiac MRI showed active myocarditis.

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1345997	5/25/2021	IN	27	M	4/30/2021	5/17/2021	Myocarditis. I had to go to the ER on last Monday after having chest pains. After doing EKG, chest x ray, and other tests, they determined it was myocarditis due to an infection. Pain level was an 8/10
1347811	5/25/2021	SC	41	M	5/21/2021	5/23/2021	Friday after the shot was good, just a sore arm. On Saturday I developed a fever of 101 and chills and was very tired. I felt a little better on Saturday night and Sunday morning after some Tylenol 500 mg. My fever would break then come back for a bit. By Sunday afternoon my back began to really hurt. I have some chronic back pain so didn't think too much of it just tried to massage it and stretch it out. However it just kept getting worse and the pain radiated into my chest around 9:00 PM Sunday night. It continued to get worse until about midnight, and I ultimately decided to go to the ER. The tylenol helped reduce the pain by the time I got into the ER but I went in anyway because I was concerned about the intensity of the chest pain I'd had earlier. I was tested for heart enzymes and they were slightly elevated, at .12. On this result, I was admitted to the hospital on suspicion of having suffered a heart attack. I was put on a heparin drip and my troponin levels were tested every 3 hours. They continued to rise to a high of .67. More testing was done, and the cardiology department concluded that I had not suffered a heart attack due to the low troponin levels but that instead I was dealing with heart inflammation. Every doctor and nurse there commented that there had been other patients coming in with cardiac inflammation from vaccines as well. Due to my family history of heart issues and my own existing risks, I was moved to the hospital where I was examined in the cath lab via angiogram. This found no blockages in my arteries, further confirming the cardiology suspicion of cardiac inflammation, and I was given a diagnosis of pericarditis and prescribed colchicine to treat the inflammation.
1348644	5/25/2021	WA	30	F	4/12/2021	4/26/2021	pericarditis, headache, nausea, lasting days. treatment - zofran, colchicine, aspirin, ibuprofen

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1347853	5/25/2021	MN	22	M	4/23/2021	4/26/2021	<p>Patient is 22 year-old, admitted to the Cardiology 3 Emergency Department with acute myocarditis shortly following the receipt of his 2nd Moderna COVID-19 vaccination. He has a remote history of acute pericarditis (01/12/2014) following viral illness, which was treated with high dose ibuprofen 800 mg t.i.d. At that time, he presented with retrosternal chest pain worse with laying down and fever/myalgia, rigors and chills (T 103.3°F) with laboratory findings consistent with leukocytosis 17.3, elevated inflammatory markers (CRP 43, but normal ESR 12) with a negative influenza screen. ECG demonstrated diffuse ST wave elevations in leads I, II, aVF, V1-V6. He had resolution of symptoms with NSAID treatment. On this occasion, he presented with non-radiating retrosternal chest pain not responding to Ibuprofen 800 mg. At the ED, ECG demonstrated diffuse ST elevation, troponinemia 629/725/712/1319, elevated inflammatory markers (CRP 38.2, ESR 19). He had normal D-dimer and SARS-CoV-2 PCR was undetected. A cardiac MRI was obtained that demonstrated patchy subepicardial enhancement in the mid-apical lateral-anterolateral myocardium, suggestive of myocarditis. EKG showed diffuse ST elevation. He was treated with Toradol and fentanyl for pain management with improvement of symptoms. He was then admitted to Cardiology 3 for further evaluation and management. Upon admission, Infectious Disease was consulted given the novelty of his presenting symptoms and findings. Extensive evaluation including connective tissue cascade, respiratory viral panel and tick bone panel have not yielded any significant findings. They suspected this could be related to his recent COVID vaccine given that there have been reports of myocarditis that have occurred following COVID-19 messenger RNA vaccinations, though it is not clear whether there is a definite cause or effect. Moreover, the association of myocarditis and the messenger RNA COVID-19 vaccinations appears to be controversial, not supported by recent FDA reports. All in all, the Infectious Disease team recommended no specific therapies, but the case should be reported as a possible adverse event associated with the recent Moderna vaccination to VAERS. The center where the patient received this vaccination should make this report. Emergency Management Director was notified to report the event.</p>

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							<p>They also felt that it may be reasonable to avoid the Moderna and perhaps even the Pfizer messenger RNA COVID-19 vaccination in the future to be conservative. While inpatient, his troponin level continued to trend up and peaked at 1707. An EKG was repeated and showed improvement in ST elevation from his initial EKG with no other acute changes. His case was discussed with Dr., who felt that a steroid taper would be appropriate. Additional chest pain was treated with PRN Ibuprofen 600 mg QID. After initiation of steroids, troponin markedly improved to 706. Due to his history of impaired fasting glucose, his blood glucose levels were monitored q.i.d. While slightly elevated, he did not require any sliding scale insulin while inpatient. We will plan to have his primary care provider assess his glucose level at his follow-up visit. Additionally, while receiving NSAIDs and steroids, his blood pressure was elevated to the 150s to 160 systolic. He was initiated on Coreg prior to dismissal. He was dismissed on 04/29/2021 given improving troponin and no concerning arrhythmias on continuous telemetry monitoring. He will follow up in the Cardiomyopathy Clinic in 3 months with a repeat cardiac MRI and stress ECG. We have recommended the patient to avoid heavy lifting or strenuous activity for the next 3 months until seen by the cardiomyopathy Clinic. He was provided with education and a letter delineating work restrictions.</p>
1347839	5/25/2021	MA	64	M	5/3/2021	5/20/2021	<p>Syncopal episode on 5/20, found to have acute myocarditis with acute systolic heart failure</p>
1347264	5/25/2021	MA	34	M	4/15/2021	5/6/2021	<p>Acute Myocarditis requiring hospitalization. Treated with supportive care. Symptoms slowly resolving, will follow up with cardiology</p>
1347752	5/25/2021	RI	20	M	3/18/2021	3/20/2021	<p>Patient rec'd Pfizer COVID vaccine dose 1 on 2/26/21; dose 2 on 3/18/21. He began to have substernal chest pain on 3/20/21, took Tums with partial relief. He had additional episodes of chest pain over the next 2 days and came to the ED on 3/22/21. EKG was abnormal and troponin was elevated, so he was admitted with a diagnosis of myopericarditis.</p>

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1347674	5/25/2021	OH	34	M	3/13/2021	3/13/2021	thoracic spine pain a few hrs after 2nd vaccine. persistent for a few weeks, then severe chest pain, resulting in ER visit and hospital admission. final diagnosis myocarditis. discharged in stable condition.
1347563	5/25/2021	IN	31	M	5/5/2021	5/10/2021	Suspected myocarditis. Requiring admission for work up, oxygen supplementation, and diuresis
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 submission of this report, the patient remains in the hospital. Further results will be communicated to VAERS.
1347442	5/25/2021		23	M	3/24/2021	3/24/2021	pt developed myo-pericarditis, admitted to Sunnyside medical center on 3/27/21 overnight. Treated with Ibuprofen and colchicine.
1347427	5/25/2021	CA	43	M	4/13/2021	5/4/2021	Presented to ER 5/9/21 with chest pain for 2 days. Noted fever day one and two after 2nd Covid Vaccine 5/4/2021. T max 102. Abnormal EKG with inferior and lateral TWI. Elevated Troponin, peak 9.69 ng/ml. Cardiac catheterization -Normal coronaries, mild hypokinesia anterolateral wall. Echocardiogram - normal. Diagnosis - Myocarditis

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1347321	5/25/2021	MA	27	M	4/10/2021	4/11/2021	Acute Myocarditis requiring hospitalization
1347665	5/25/2021	OR	81	M	4/8/2021	5/22/2021	Patient presents to ER with chest pain that is constant, achy, occasional sharp stabbing, sometimes worse with deep breath and radiates to his back for the last 2-1/2 hours. He said it started at 10 PM. He said he has not had anything to eat since about 5 PM and says it does not feel like heartburn. Work-up included a CT angiogram of the thorax which showed findings consistent with pericarditis. Patient was noted to have diffuse but mild ST elevations on ECG. Cardiac enzymes remained negative however. Cardiology was consulted, and the patient was admitted to the hospital where he was started on colchicine and NSAIDs. Serial cardiac enzymes remained negative. The patient's chest pain steadily improved, and by last night it had completely resolved. He does have chronic shoulder pain due to osteoarthritis, and this is at its baseline. The patient will finish a 3-month treatment course with colchicine. I am discharging him on as needed ibuprofen for breakthrough pain. It should be noted that the patient did have a brief period of paroxysmal atrial fibrillation which resolved with 150 mg of amiodarone IV. The patient has been continuously monitored on telemetry, and atrial fibrillation has not recurred. After discussion with the patient and his wife, I have elected not to start the patient on aggressive anticoagulation as the period of atrial fibrillation was quite limited and occurred during an acute viral pericarditis episode. Patient's CHA ₂ DS ₂ score is 4. I recommended that he further discuss this with his primary care provider. Recommend considering an extended Holter monitor.

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1347909	5/25/2021	PA	51	F	2/5/2021	2/14/2021	As I stated previously, I received the first shot on 01/05/2021. One week after I got sick and had a covid test which came back negative. Then I got the second vaccine on 02/05/2021. On Feb 14,2021 I woke up at 1:00 am and had severe back pain. Within about 10 mins the pain shot to my chest. I went to the emergency room. My troponin level continued to elevate and I was admitted for 2 days. I had a cardiac catheterization and all my arteries were completely clear. It was later determined that I had a non stemi MI. There was swelling around my pericardium of the heart. Following this event I have also been having shortness of breath and also seeing a pulmonologist. The pulmonologist believes the lung issue is related to my initial heart problem, from Feb 14,2021. I am currently being treated for viral asthma. I am on two inhalers, and a round of prednisone as of May 25,2021. I have never had any health issues prior to these events. I do not know for sure that the events are related to the vaccine but it certainly is a coincidence that everything started happening after I was vaccinated.

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1343709	5/24/2021	TX	16	F	4/15/2021	4/19/2021	Vaccine administered at outside facility. Patient is a 16 yo girl, admitted on 4/19 with myocarditis, s/p IVIG (4/19) after presenting with progressive new onset chest pain. She was in usual state of health up until 2 days ago when she started developing body aches, and chest pain. Patient received her 2nd Pfizer COVID vaccine last week (4/15). No known history of COVID infection. Parents brought her to the ED yesterday after she complained of dizziness, SOB, chest pain, and had a near syncopal event. EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, normal CXR, negative COVID PCR. Denies fever, GI symptoms, GU symptoms, headache, rash. Once transferred to our PICU, she was worked up for myocarditis vs MIS-C. Troponin has been trended q6 and is trending up (now 11). Of note, there have been no fevers. Patient is a 16 yo girl, s/p admission (4/19-4/23/21) with myocarditis, s/p IVIG (4/19), has now been readmitted on 5/10 with myocarditis after presenting with headache and neck pain for 2 days. Following discharge from the PICU on 4/23, patient states that symptoms have lingered (low grade fevers, feeling tired, on and off chest pain). After developing a progressive headache and neck pain, she came back to the ER for re-evaluation. Upon readmission, her troponin was elevated (2.06 on 5/10). Her CBC and CMP were reassuring. Blood culture collected on 5/11 and urine culture collected on 5/10. ID consulted for workup.
1343454	5/24/2021	KS	37	M	5/3/2021	5/3/2021	Chest pain, shortness of breath, pain, headache. Diagnosed with pericarditis.
1343502	5/24/2021	MA	31	F	5/3/2021	5/10/2021	Shortness of breath and chest pain, pericarditis
1343535	5/24/2021	CA	35	M	5/16/2021	5/17/2021	I had chills for 2 nights that cause my body to be feel rigid. Then on Thursday I had chest pain on 2 occasions that lasted around an hour each time and on Friday I had to go to the ER. I was released on Saturday and I either have myocarditis or pericarditis. I need more tests to be done
1343585	5/24/2021	SC	64	F	3/11/2021	4/22/2021	Myocarditis Takotsubo

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1343602	5/24/2021	FL	22	F	3/26/2021	3/31/2021	myocarditis presented with chest pain. elevated troponins to 16,263 pg/mL, viral studies negative. MRI showed revealed late gadolinium enhancement involving the basal inferior, basal to mid inferolateral, mid anterolateral, apical lateral, apical septal, and apical inferior wall segments in a subpericardial distribution pattern, consistent with myocarditis
1343604	5/24/2021	NY	58	F	4/7/2021	4/14/2021	Chest pain, Pericarditis diagnosis.
1343665	5/24/2021	CA	18	M	5/17/2021	5/20/2021	Myocarditis
1343698	5/24/2021	CO	31	F	2/26/2021	3/1/2021	I began having very mild tachycardia and occasional shortness of breath after I had Covid 19 in the middle of December. My symptoms were very mild and did not require a doctors visit. I improved and went to get my first covid vaccine on 1/26/21. I started noticing some more mild tachycardia and shortness of breath a few days after my vaccine but I assumed I was just out of shape from not working out & being sick. I got my second vaccine on 2/26/21 and began having more severe tachycardia and shortness of breath with lightheadedness a few days later. I went to the ED March 12th due to heart rate in 160s at rest, chest pain, and difficulty breathing. I saw the cardiologist March 18 and was told I most likely have myocarditis. No treatment other than rest and no exercise. I began feeling back to normal again around the week of April 12.
1343404	5/24/2021	CA	45	M	4/17/2021	5/21/2021	Acute coronary syndrome with normal coronary arteries on coronary angiogram. Clinical presentation suggestive of myocarditis.
1342976	5/24/2021	FL	62	M	1/21/2021	3/12/2021	Pericarditis
1343694	5/24/2021	LA	66	F	2/12/2021	3/30/2021	acute pericarditis, chest pain and fatigue
1343338	5/24/2021	WA	82	F	2/9/2021	2/24/2021	Patient was admitted to the hospital 2 weeks following first Moderna Vaccine for COVID. Diagnosed with pericarditis/myocarditis. No other clear preceeding illness or precipitant.
1343301	5/24/2021	MN	22	M	5/14/2021	5/16/2021	Patient has sx and EKG consistent with pericarditis

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1343278	5/24/2021	CO	21	M	5/8/2021	5/10/2021	Myocarditis, Pericarditis
1343266	5/24/2021	CO	55	M	4/1/2021	4/18/2021	On 4-18-21, 17 days after 1st dose of Moderna, he developed upper abdomen pain, chest discomfort. He thought it was indigestion and treated it as such. When he got no relief he went to Emergency room where a cardiac alert was initiated. After he died I was told he had developed myocarditis,/pericarditis and they had to remove a liter of blood from the sac around his heart, but that his heart had gone into cardiogenic shock and that he died. They were prepared to insert a stint thinking he had a blocked coronary artery, but his arteries were clear and they had no idea what had caused this to happen. When he died so soon after the vaccine there were people who wanted to blame the vaccine but I checked into it and there were NO links between the vaccine and myocarditis, pericarditis or cardiogenic shock. Within a few weeks of his death, there began to be possible links between the vaccine and myocarditis. I know 55 is older than what is being looked at, but he had absolutely no previous cardiac history prior to this and this case should e looked at as well
1343221	5/24/2021		53	M	3/10/2021	3/15/2021	Vaccine Received on Wed 3/10/2021. On Saturday - shortness of breath, very elevated resting pulse (by 25 bpm) reduced oxygen saturation (87 on oximeter vs 95), moderate ongoing chest pain. Primary care doctor advised to go to ER. ER visit resulted in misdiagnosis of Heart Attack which was later changed to heart inflammation. Troponin levels elevated and stayed elevated and continue to be elevated 8 weeks later. AFter 8 weeks Troponin levels still elevated and pain occurs upon anything more than modest exercise. Patient has a history as an edurance athlete. All other tests on heart function - stress test/ Ekg, perfusion, echo - show a high peforming heart - no other defects other than heart inflammation.

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1343185	5/24/2021	NM	19	M	5/13/2021	5/13/2021	Patient became delirious, angry, and confused almost immediately after the second vaccine. He began throwing up at the sight or smell of food. Symptoms intensified throughout the day and he was taken to urgent care around 8:30-9pm on that same evening. EKG showed ?Pericarditis? and a CK level of 1,459. he was in ER overnight and admitted to the hospital on Friday, May 14th.
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.
1342997	5/24/2021	MA	23	M	5/19/2021	5/20/2021	Patient developed chest pain and on workup had diffuse ST elevations on EKG w/ elevated troponin suggestive of peri/myocarditis
1343492	5/24/2021	CA	18	M	5/17/2021	5/20/2021	Myocarditis, recurrent chest pain over 3 days time, resolved with NSAIDS, EKG with repolarization changes and elevated serum troponin levels. Normal echocardiogram
1342932	5/24/2021	NJ	51	M	4/6/2021	5/19/2021	experienced acute pericarditis
1342411	5/24/2021	WA	31	M	4/26/2021	4/30/2021	Standard flu like symptoms, then on the 4th day I felt chest pain right underneath my sternum and my left arm started to go numb. Was diagnosed with myocarditis and released from the hospital 3 days later with a prescription for colchicine and metoprolol.

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1343066	5/24/2021	IA	16	M	4/30/2021	5/16/2021	myopericarditis
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
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.
1345393	5/24/2021	FL	52	F	4/24/2021	5/4/2021	Initial presentation was chest pain for 3 days. I was seen by a cardiologist. Diagnosis: Unstable Angina I was given a loading dose of Heparin, Aspirin, Concor and Crestor. Chest pain persisted and I was admitted to hospital on May 7, 2021, treated and sent home on May 9, 2021. Intermittent bouts of chest pain over the last 2 weeks. I returned to the cardiologist on May 19, 2021. Diagnosis: Pericarditis. I am currently being treated with Arcoxia.
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.
1345257	5/24/2021	TX	28	M	4/28/2021	5/1/2021	Focal Myocarditis, verified on MRI and Cardiac FDG PET Mild symptoms on presentation to hospital, asymptomatic after discharge. Hemodynamically stable

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1345034	5/24/2021	KS	28	F	3/1/2021	3/3/2021	Chest pain/pressure Hypertension
1345020	5/24/2021	HI	49	F	5/13/2021	5/13/2021	Myocarditis, inflammation, heart failure
1344914	5/24/2021	TX	68	M	1/15/2020	1/21/2020	My husband had the shot at a center. A few days pass I noticed his strength deteriorated. By that morning he passed out with chest pains. We went to the er. Then off to the hospital. He had inflammation around his heart. 24 ounces of fluid! After being released with in a few days again chest pain back to the hospital. This time fluid around the sac of one lung. So questions were asked. Our cardiologist said she had another younger patient who got the Moderno shot as well and had the same issues. So weeks of steroids, meds to clear up the liquids as well as the inflammation. This had already caused scarring. They did a cath on him and unrelated to the reaction and inflammation and scarring. He needed a several bypasses. Because of the scarring they couldn't find arteries to get my husband back into shape. I believe this has set my husband back, on returning to the hospital and talking to several cardiologist there's a 10% rise with patients in the hospital right now with the same issues! Why arnt you sharing this! I now feel that my husband is living on borrowed time. I wish we never got the shot! Now younger adults are having issues.
1343829	5/24/2021	TN	47	F	5/17/2021	5/19/2021	Pericarditis, after experiencing achy joints Excruciating stabbing pain in back through to chest
1344578	5/24/2021	CA	36	M	3/17/2021	4/4/2021	Diagnosed Myocarditis.
1344350	5/24/2021		19	F	5/23/2021	5/24/2021	Chest pain,
1344337	5/24/2021	WA	18	F	5/20/2021	5/22/2021	Patient presented to the emergency room with acute chest pain in the sternal area and a troponin of 1.1. EKG showed early repolarization, not concerning for ACS. Her pain was classic for pericarditis in that it was worse when leaning back, nonexertional, and not accompanied by diaphoresis or nausea. She was treated for presumed pericarditis with ibuprofen and colchicine. Her troponin peaked at 4.6 and then downtrended. Her chest pain resolved. She was discharged with presumed pericarditis.

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1343875	5/24/2021	AR	56	M	4/22/2021	5/6/2021	Diagnosed with pericarditis approximately 2 weeks following 2nd dose
1343845	5/24/2021	NH	19	M	5/12/2021	5/14/2021	Typical side effect symptoms experienced and cleared within 24 hours. Same symptoms returned (chills, low fever, heavy sweating, tense breathing) approx. 60 hours later along with severe aching chest pain. All symptoms resolved by next morning besides chest pain, which was severe enough to warrant emergency room admission about 72 hours after vaccination. Admitted to hospital overnight with an episode of palpitations around 6pm on the first night, being given motrin and colchicine throughout stay. Pain somewhat resolved and was discharged approx. 100 hours after vaccination. Continued use of ibuprofen and colchicine in weeks following as pain slowly resolves.
1344610	5/24/2021	NJ	21	M	5/22/2021	5/22/2021	2 days after 2nd Moderna vaccine, patient felt heaviness in chest, went to hospital, diagnosed with myopericarditis
1343854	5/24/2021	NJ	15	M	5/17/2021	5/21/2021	Myocarditis
1343947	5/24/2021	CA	25	M	2/18/2021	4/21/2021	Patient got covid vaccine by his troop (military), unknown which brand, dx with pericarditis after he returned back in country, diagnosed on east coast at military facility
1343980	5/24/2021	WA	22	M	4/10/2021	5/6/2021	Myocarditis with elevated cardiac biomarkers and decreased EF. Patient had chest pain on admission along with nausea, vomiting and diarrhea.
1344042	5/24/2021	UT	28	M	4/7/2021	4/10/2021	I woke up with pain in the chest and numb left arm three days after the first Moderna shot. I went to the ER. I had an Irregular EKG and Elevated Troponin levels. I was held at the hospital for 34 hours. I was prescribed colchocine and ibuprofen and pantaprazole to reduce swelling in my heart and pericardium. I have been not exercising and been going to a cardiologist.
1344267	5/24/2021	OR	19	U	5/14/2021	5/16/2021	Patient developed severe 8/10 chest pain 2 days after the 2nd COVID Pfizer vaccine. Troponin elevated 4. Cardiac MRI was consistent with myocarditis. Echo is normal.

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1344312	5/24/2021	OH	14	M	5/19/2021	5/23/2021	Patient developed maculopapular urticarial 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.
1344335	5/24/2021	WA	59	M	5/22/2021	5/24/2021	Patient received first dose of vaccine on 4/18/2021, and second dose on 5/22/2021. Now presents with pericarditis on 5/24/2021. I know there has been some potential association of pericarditis with vaccination

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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.
1341479	5/23/2021	WI	22	M	5/15/2021	5/18/2021	Received second dose on Saturday, woke up on Tuesday at 5 AM with chest pains. Went to the emergency room around 4PM Tuesday, transferred to another hospital, diagnosed with myocarditis, and treated and monitored there for 2 days and then discharged. On medication for the next 3 months due to condition.
1342121	5/23/2021	MD	22	M	2/23/2021	2/26/2021	Chest pain turned out to be myocarditis. Was hospitalized for a 2-3 days were I received treatment to lower heart rate and inflammation. Discharged on March 1st with little chest pain and prescribed Colchicine for 3 months to continue to lower inflammation.

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1341539	5/23/2021	WI	67	M	2/27/2021	4/1/2021	4/1/2021 odd tickling cough, brief. Biked anyway, 60 min hard ride. But just in case started 81mg ASA qd. 4/2 odd tickling cough brief. Biked anyway, 60 min, good hard ride. not feeling ill, no fever, cough did not continue, not productive, no URI symptoms. Cough was different. 4/3 woke with pain upon taking a deep breath HR in high 40's (normal 60 +/-) Like the pain of breathing after aspirating a lot of pool water. This pain was only on deep breathing; a second 'radiating?' pain was more of a constant ache in region of R scapula or supra scapular region, no tenderness to palpation. Had GB out Feb 2020.
1341671	5/23/2021	PA	16	M	5/21/2021	5/22/2021	pericarditis
1341698	5/23/2021	MD	40	M	4/13/2021	4/28/2021	Fever, chills, chest pain, shoulder pain, short breath. Recommended to see cardiologist and GI doctors. Admitted into emergency hospital and found out that my lungs and hearts inflammations. it was pericarditis and treatment given for this and still on medication and still PCR report shows the inflammation high count.
1341717	5/23/2021	MA	23	M	5/19/2021	5/22/2021	One day following second dose of vaccine, patient developed chest pain. Was admitted to the hospital with concerning ECG features and high troponin elevation. No wall motion abnormalities, so less concern for STEMI. Likely diffuse myopericarditis. Full workup still pending
1341730	5/23/2021	KS	18	M	5/18/2021	5/19/2021	Chest pain episodes 1-3 days after vaccine, Cardiac MRI shows small area of acute myocarditis
1341769	5/23/2021	DC	26	M	4/30/2021	5/6/2021	10 days after the second dose, experienced minor chest pains, eventually almost fainted. Went to the ER and found troponin levels that peaked at 5.78, eventually trended down to 3.55 by the next morning. MRI revealed myocarditis in the left ventricle.
1341490	5/23/2021	OR	12	M	5/20/2021	5/21/2021	Pericarditis, temp 100, chest pain
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
1342165	5/23/2021	IL	44	M	5/15/2021	5/19/2021	NSTEMI and myocarditis

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1342235	5/23/2021	WA	42	M	4/22/2021	4/24/2021	- Uncomfortable feeling in chest around 8pm on 4/24, tried to sleep it off - Couldn't sleep very well, and woke up with a tightness of chest and unable to draw a full breath - Went to county ER and was advised I was suffering a heart attack (non stemi) (troponin levels were over 7,000) - transferred to hospital for further diagnosis and treatment - Had a echocardiogram, cardiac catheterisation and MRI, which found that I had inflammation of my heart muscles - treated symptoms with medication and was discharged after an overnight stay
1342245	5/23/2021	MA	26	M	5/15/2021	5/17/2021	myopericarditis
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.
1341778	5/23/2021	NY	20	M	4/27/2021	4/29/2021	Experienced mild chest pain two days after vaccination. Visited the ER, and was Hospitalized due to a decreased ejection fraction and elevated cardiac enzymes. My ejection fraction returned to normal the following day, and I showed a decrease in cardiac enzymes. The pain also subsided about 36hrs after starting. I remained at hospital for a few days to have a cardiac MRI which showed patchy myocarditis. I was discharged that day, and have been taking metoprolol and avoiding physical exertion. Later, on May 13th I returned to the ER due to an increase in heart palpitations. They turned out to be PVC, which is generally harmless, but I began taking a potassium supplement since my levels were low. I've been taking it easy since. Currently, I am expected to avoid exercise and exertion for six months, but am waiting for a follow-up to get more details.
1342056	5/23/2021	WA	68	F	3/28/2021	5/9/2021	The patient presented to the ER with chest pain on April 11, approximately 13 days after receiving the second dose of COVID vaccine. She then developed dyspnea about a month later and was subsequently found to have a moderate sized bloody pericardial effusion and pericarditis on May 18th, for which no alternate cause has been found.

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1340384	5/22/2021	NC	18	M	5/4/2021	5/6/2021	pericarditis; headache; fever; having trouble breathing; chest pain; tingling down his arms; This is a spontaneous report from a contactable consumer. An 18-year-old male patient received second dose of BNT162B2 (BNT162B2), via an unspecified route of administration, administered in Arm Left on 04May2021 at 16:00 (Batch/Lot Number: ER8736) as 2ND DOSE, SINGLE for covid-19 immunization. The patient's medical history and concomitant medications were not reported. The patient had no Covid prior to vaccination and was not tested post vaccination. The patient experienced Pericarditis, headache, fever, having trouble breathing, chest pain and tingling down his arms all on 06May2021. It was reported that the patient had all the normal reactions to a significant extent, the headache, the fever, etc. But two nights after the vaccination he was having trouble breathing, he had chest pain, and tingling down his arms. The next day, patient was taken to urgent care and was diagnosed with pericarditis. The patient underwent lab tests and procedures which included EKG (electrocardiogram): pericarditis on 06May2021 (EKG showing Pericarditis and 10 days of medication). Therapeutic measures were taken as a result of all the events. The outcome of all the events was unknown.
1340895	5/22/2021	WA	19	M	5/7/2021	5/7/2021	Patient presented to ED with progressive shortness of breath with exertion. Patient has a history of vaping nicotine for 2 years with increasing respiratory symptoms, shortness of breath for several months. Patient received first dose of Pfizer on 5/7/21 symptoms of shortness of breath predated vaccine but due to ongoing symptoms presented to ED 5/14/21 where he was found to have myocarditis. Patient was hospitalized for 2 days treated with colchicine with improvement in symptoms. Patient readmitted 5/21/21 with recurrent myopericarditis with newly reduced ejection fraction from 60% to 40-45%. Remains in the hospital at this time
1340821	5/22/2021	NH	60	F	4/6/2021	4/26/2021	Please check with her doctors. I know she mentioned Myocarditis. She was vaccinated I am correct, on March 8 and April 6, 2021

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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.
1340507	5/22/2021	RI	24	M	5/6/2021	5/9/2021	I have been discharged from the hospital with pericarditis; Went into walk in on 10May, and was rushed to ER due to heart issue. ER states I possibly had a heart attack; The Sunday following 2nd dose, woke up with severe chest pains; This is a spontaneous report from a contactable consumer (patient). A 24-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 06May2021 18:30 (Lot Number: ew0171) as 2ND DOSE, SINGLE for covid-19 immunisation. Medical history was none. The patient was healthy. No other vaccine in four weeks. No covid prior vaccination. Concomitant medication(s) included ibuprofen. The patient took the first dose of bnt162b2 on 15Apr2021 07:00 PM (Lot number EW0153) in left arm for COVID-19 immunisation. On 09May2021 03:30 AM, the patient woke up with severe chest pains. Went into walk in on 10May, and was rushed to ER due to heart issue. ER stated he possibly had a heart attack, and now he had been discharged from the hospital with pericarditis. AE resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event). The patient hospitalized for two days. Multiple treatments administered. The patient had covid test type post vaccination nasal swab on 10May2021 with negative result. The outcome was unknown.

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1340499	5/22/2021	PA	55	M	4/13/2021	5/5/2021	<p>Diagnosed Pericarditis; This is a spontaneous report from a contactable other healthcare professional (patient). A 55-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, at age of 55-year-old), via an unspecified route of administration, administered in right arm on 13Apr2021 at 13:15 as single dose for covid-19 immunization. Medical history was none. No known allergies. Concomitant medications included atorvastatin, carvedilol and telmisartan. Patient previously took first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, at age of 55-year-old), via an unspecified route of administration, administered in left arm on 21Mar2021 at 13:15 as single dose for covid-19 immunization. The patient experienced diagnosed pericarditis on 05May2021 at 12:00 PM, resulted in emergency room/department or urgent care, and treatment included 800 mg Ibuprofen. Patient had not received any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Patient had covid test post vaccination on 09May2021 and type was nasal swab, result was negative. The outcome of the event was recovered with sequelae on an unspecified date in 2021. Information on the lot/batch number has been requested.; Sender's Comments: Based on the information currently available, a possible contributory role of the suspect vaccine to the reported event pericarditis cannot be completely excluded based on temporal association and known drug safety profile. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p>

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1340977	5/22/2021	WA	29	M	4/15/2021	5/1/2021	Patient presented to the ED on 5/3/21 with sharp chest pain since 5/1/21. He had received his second dose of Moderna COVID-19 vaccine on 4/15/21. The patient was diagnosed with gout approximately 1 week prior and had been placed on prednisone. The patient was found to have ST elevation MI with myocarditis along with cardiogenic shock. He was managed in the CCU requiring IV dobutamine and IV furosemide. Patient was transferred to secondary Medical Center on 5/4/21 for advanced heart failure therapy

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1340331	5/22/2021	PA	47	F	1/20/2021	1/30/2021	2 weeks post second vaccine with pericarditis (classic positional chest pain and pericardial effusion); 2 weeks post second vaccine with pericarditis (classic positional chest pain and pericardial effusion); 2 weeks post second vaccine with pericarditis (classic positional chest pain and pericardial effusion); This is a spontaneous report from a contactable Physician (patient). A 47-year-old female patient (pregnant: no) received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via unspecified route of administration in right arm on 20Jan2021 (lot number: EL3302) at 19:00 at single dose for COVID-19 immunization. The relevant medical history included CSF leak (Cerebrospinal fluid leakage) from an MVA, depression, asthma, reglan allergy and COVID-19 (Prior to vaccination, was the patient diagnosed with COVID-19?: Yes). Concomitant medications included fluticasone furoate, vilanterol trifenate (Breo Ellipta), montelukast sodium (Singulair), fexofenadine hydrochloride (Allegra), fluoxetine hydrochloride (Prozac), lamotrigine (Lamictal) and temazepam (Temaze). The patient experienced 2 weeks post second vaccine (as reported) with pericarditis (classic positional chest pain and pericardial effusion) on 30Jan2021 at 12:00. The event resulted in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. Treatment included prednisone, colchicine, aspirin and anakinra, received for the adverse events. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The outcome of the event was not recovered.; Sender's Comments: Based on known drug safety profile, there is reasonable possibility of causal association between the events Pericardial Effusion, pericarditis, Chest Pain and the suspect BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1340501	5/22/2021	CA	16	M	5/12/2021	5/13/2021	have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; This is a spontaneous report from a contactable Physician. A 16-year-old male patient received bnt162b2 (BNT162B2), dose 2 intramuscular, administered in arm left on 12May2021 10:15 (Batch/Lot Number: EW0167) as single dose at the age of 16-year-old for COVID-19 immunisation, administered ad hospital. Medical history included acne with no medications. The patient's concomitant medications were not reported. patient received bnt162b2 (BNT162B2), dose 1 intramuscular, administered in arm left on 21Apr202110:15 (Batch/Lot Number: ER8735) as single dose at the age of 16-year-old for COVID-19 immunisation. No past drug history. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No other medications the patient received within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient experienced ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis, 36 hours of left chest pain radiates to left arm on 13May2021. The course of events was as follows: Previously healthy 16 year old male complaining of 36 hours of left chest pain radiates to left arm. Had Pfizer vaccine dose #2 about one day prior to chest pain onset. Found to have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis. Admitted to the Pediatric ICU for further management on 15May2021 7:00AM. The patient was hospitalized for the events, considered life threatening. Since the vaccination, the patient has been tested for COVID-19: Sars-cov-2 test: negative on 15May2021 Nasal Swab. Therapeutic measures were taken as a result of events, treatment in process. The outcome of events was unknown.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible

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							contributory role of the suspect product BNT162B2 to the development of reported events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
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.
1341024	5/22/2021	WA	46	M	3/29/2021	5/19/2021	Patient with no known past medical history received his 2nd dose of Pfizer COVID-19 vaccine on 3/29/21 presented 5/19/21 with sudden chest pain presented to ED via EMS with acute inferior ST elevation MI. Cardiac cath revealed 95% ostial stenosis not consistent with ECG changes. Treated for myopericarditis with NSAIDs and steroids with resolution of chest pain.
1341028	5/22/2021	WA	33	M	5/13/2021	5/16/2021	Body aches, fever from date of vaccination and then on 5/16, woke up with significant pain on the right side of chest.
1341167	5/22/2021	FL	21	M	5/19/2021	5/20/2021	The following 2 days after second dose with malaise, fatigue, myalgias, subjective fevers, third day post vaccine with chest pain consistent with myopericarditis after evaluation. Echocardiogram pending, elevated ESR, CRP, Leukocytosis, elevated CPK level, Troponins uptrending from 8, EKG with diffuse ST segment elevation and PR interval depression, clear CXR.

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1341001	5/22/2021	WA	37	F	4/21/2021	5/17/2021	Patient without significant past medical history presented 5/18/21 to the ED with sudden shortness of breath, chest pain and syncope. Found to have narrow complex tachycardia with 1st degree heart block with elevated troponin. Patient was admitted 5/18/21 with diagnosis of myopericarditis. Also found to have junctional tachycardia. Workup included CTA of chest negative for PE, echo showed preserved ejection fraction and cardiac cath was negative for CAD. Patient was treated with colchicine with improvement in chest pain and was discharged on 5/21/22. She was readmitted 5/22/21 with near syncopal event with sinus arrest and junctional bradycardia.
1340857	5/22/2021	WA	18	M	5/5/2021	5/8/2021	Three days after second dose of vaccination patient presented to ED with pleuritic chest pain and dyspnea. Patient found to have acute myopericarditis. Patient treated with IV toradol and acetaminophen with resolution of symptoms. Treated with metoprolol and colchicine. Patient was hospitalized for 48 hours then discharged in stable condition.
1336767	5/21/2021	IL	19	F	4/3/2021	4/30/2021	Patient presented 5/16/2021 with 1 week dizziness, fever and sore throat, found to have acute myopericarditis c/b cardiogenic shock and bradycardic arrest.
1336470	5/21/2021	OR	47	M	5/13/2021	5/15/2021	Patient developed myocarditis resulting in hospitalization at medical center. He was treated with medications for heart failure, symptoms resolved and he was discharged home with follow up in heart failure clinic.
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.
1336619	5/21/2021	PA	19	M	5/14/2021	5/17/2021	Myopericarditis

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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
1337028	5/21/2021		18	M	4/14/2021	4/17/2021	The patient presented to the emergency department with chest pain. Admitted the hospital and diagnosed with myopericarditis.
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
1337559	5/21/2021	IN	18	M	5/14/2021	5/18/2021	The patient was admitted to the hospital with chest pain, abnormal ECG, and elevated troponin. He underwent urgent cardiac catheterization, which showed normal coronary arteries. His left ventricular ejection fraction was reduced. His clinical picture was consistent with myocarditis.
1337526	5/21/2021	IN	38	F	4/13/2021	4/14/2021	The patient developed chest discomfort, and was diagnosed with myocarditis. Myocarditis was confirmed by cardiac MRI. Symptoms started shortly after the 2nd dose of the COVID19 Pfizer vaccine.

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1336939	5/21/2021	FL	35	M	3/17/2021	4/1/2021	started as severe dizziness and weakness, chest pain was hospitalized once I got to the ER because my heart was not working properly, after many test the found my heart was in heart failure with an output of 35% only, was in hospital for 5 days. Doctors couldn't see what caused such a sudden weakness of the heart, they did cardio path and arteries have zero blockage, they did ECO, and a EP Study. My heart now suffers from PVCs or arrhythmia and they are very irregular and frequent. Was given medicine to help the heart and control the PVCs, and discharged with wearing a safety vest, to follow up with the cardio doctors. Followed up with doctors and they have done an MRI which shows scarring of the heart. The doctor has determined that the diagnosis is myocarditis. There is no proof this direct relation with the vaccine, however symptoms started soon after the vaccine in a healthy young man. Now I still have to go to another electrophysiologist to see what he can do to help alleviate the PVCs and continue to take the medication to see of the heart can improve. I could not work for a month, and still cannot resume normal activities because my heart is to weak to sustain it.
1337583	5/21/2021	PA	30	M	5/16/2021	5/19/2021	sudden onset of chest pain 05/19/2021 night into 05/20, unable to sleep. Troponin elevated on arrival to ER. He received his 2nd dose of Pfizer CoVID vaccination on Sunday 05/16/2021. Diagnosed with acute myocarditis, probable cause post-CoVID vaccination.
1337103	5/21/2021		49	M	4/8/2021	4/10/2021	PROBABLE MYOCARDITIS.
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.

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1338373	5/21/2021	CA	28	M	5/15/2021	5/15/2021	13 Hours After Dose: Chills set in, which caused back spasming and back muscle seizing in addition to shaking for approximately 20 minutes (it may have been convulsions). Also had a fever, nausea, dizziness, and injection site pain. 24-70 hours later: Fatigue and a headache. 70 hours later: Woke up with major chest pains and went to ER. Testing eventually determined it to be myocarditis. Hospital stay was approximately 54 hours.
1338355	5/21/2021	WA	18	M	5/16/2021	5/19/2021	myocarditis
1337800	5/21/2021	OR	47	M	5/13/2021	5/14/2021	MYOCARDITIS: Patient developed chest pain and shortness of breath. He was seen by me in the emergency department on 5/16/21 and was found to have an elevated troponin. He was admitted to the hospital and underwent a coronary angiogram which was normal. He has evidence of some global hypokinesia on his echocardiogram and eventually had a cardiac MRI which confirmed that he has myocarditis. He became ill the day after his 2nd Moderna shot and then more ill the next few days and I saw him on Day #3 after his 2nd shot. He is otherwise healthy. He was hospitalized for two days. He was discharged on Losartan and Metoprolol and was not on any medications prior to his presentation.
1337709	5/21/2021	PR	18	M	5/14/2021	5/16/2021	A day after receiving the vaccine (on May 15, 2021) patient complaints of not feeling well and he took 1 tablet of Zyrtec 10mg to treat his allergy symptoms. On May 16, he developed chest pain and went to the Emergency Department at the hospital. Patient presented high levels of troponins and was admitted to the Intensive Care Unit (ICU). An EKG and Echocardiogram were performed and patient was diagnosed with Myocarditis. Patient continues to be hospitalized in the unit and he is receiving Lovenox 70mg Q12hrs, Ibuprofen 600mg, Aspirin 81mg daily, Colcrys 0.6mg daily. Chest pain has been resolved and his troponins levels are decreasing.
1337663	5/21/2021	CA	20	M	5/14/2021	5/17/2021	patient diagnosed with MRI confirmed myocarditis following 2nd dose of Pfizer COVID vaccination

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1337615	5/21/2021	PR	19	M	5/13/2021	5/17/2021	On May 14, patient developed fatigue and weakness. He took 2 tablets of acetaminophen 500mg and after a couple of hours he felt better. Three days later on May 17, at 5 am patient developed chest pain. He visited a local health clinic patient presented high troponin levels 2533.4. At 6:58 pm he was transferred to the Emergency Department. Patient was admitted to the Pediatric Intensive Care Unit (PICU) at 8:00pm. The date of the event patient received Motrin 400mg, Toradol 30mg, Aspirin 81mg, Brilinta 180mg and Tridil 250mg/50ml (at 3 ml/hr). An acute myocardial event was rule out with a negative result of the catheterization procedure. Patient was diagnosed with myopericarditis. He still hospitalized, his troponins levels are decreasing and chest pain has been resolved.
1333892	5/20/2021	NJ	29	M	3/28/2021	4/13/2021	Difficulty breathing and chest pain for several hours- went to Dr following week-sent to hospital ER- admittedfor 3 days-with multiple blood tests, EKG's and cardio cath done- diagnosis was Myocarditis/Pericarditis. Had MRI on Hearth done 5/18/2021 follow up with cardiologist 6/1/2021
1334529	5/20/2021	CT	53	M	5/5/2021	5/13/2021	A 53-yo male patient with a nonsignificant past medical history presented to the hospital with worsening generalized muscle pain, and weakness. Patient reported that he received the Jannsen COVID-19 vaccine 3 weeks prior to admission and symptoms began 8 days later. On the morning of admission the patient also developed pressure-like and pleuritic chest pain. EKG findings showed ST elevations in V5-V6 with depression in aVL. D-dimer was found to be elevated however PE evaluation was negative. Troponins were also found to be elevated. The patient was diagnosed with acute pericarditis and underwent left heart catheterization, selective coronary angiography and left ventriculography. The coronary angiography revealed no significant obstructive coronary artery disease, and left ventriculography revealed normal LV size and function. Patient was subsequently initiated on colchicine therapy for acute pericarditis. He remains admitted at hospital.

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1333399	5/20/2021	TX	25	M	4/21/2021	4/24/2021	The patient had his 2nd Moderna vaccine on 4/21/21. He had headache and malaise for 2 days that resolved. On 4/24, he developed chest pain radiating to his jaw and left upper arm. He presented to the ED, he had an elevated troponin of 2.24 increased to 12.87. EKG showed ST elevation consistent with myocarditis. He was transferred to RRH and underwent cardiac cath on 4/26 which showed no CAD. He was not febrile. He was treated with metoprolol
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.
1333796	5/20/2021	WA	81	F	4/22/2021	4/27/2021	Presented on 4/27/21 (5 days after 2nd dose of Pfizer COVID vaccine) with acute onset of chest pain around 7am the same morning. Testing ultimately confirmed the diagnosis of acute pericarditis.
1333912	5/20/2021	NC	73	F	3/30/2021	4/18/2021	Pericarditis

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1333926	5/20/2021	CT	24	M	4/14/2021	4/17/2021	<p>24-year-old male with no prior medical problems presents for evaluation of chest pain. Patient complains of midsternal chest pain that started approximately an hour ago. He states that it woke him up from sleep. Pain is sharp without any radiation or other associated symptoms including diaphoresis presyncopal symptoms or palpitations. He denies any significant air hunger or shortness of breath. He otherwise had been feeling better after what he felt was post COVID vaccine symptoms. Patient received a 2nd dose of pfizer vaccine 3 days ago. He states that within 24 hours he had symptoms of myalgia fever and feeling unwell. That has been resolving patient has been feeling better until the chest pain today. Patient otherwise denies any other medical problems in. He denies any history of drug use including any recent cocaine or other drug abuse. Elevated cardiac enzymes and chest discomfort are likely secondary to myocarditis and secondary to vaccination/inflammatory reaction. Although there is low likelihood of obstructive coronary artery disease as well. I recommended cardiac catheterization for clarification. He does not want to have the procedure done, understands the risk of undiagnosed coronary artery disease and risk of MI. He would like to be discharged home. I reviewed the images of echocardiogram and it seems that he has a small area of hypokinesis in infero basal segment. Recommended to take aspirin and be seen in Cardiology office in 2 weeks. Advised to abstain from exercise and significant physical activity till that time and return to the hospital if any symptoms.</p> <p>Subjective: I saw patient in consultation for evaluation of chest pain and elevated cardiac enzymes. Patient is a 24-year-old healthy male who had COVID-19 vaccination with his second Pfizer shot 4/14/21. He developed fever, chills, nausea and vomiting 1 day after vaccination. He did not have any reaction to the 1st dose. He presented to the hospital with substernal chest discomfort which woke him up from sleep, radiated to throat and had a throbbing feeling. This lasted for 1 to 2 hours and subsided completely in the hospital. He smokes 5 cigarettes a day, is physically very active and exercises regularly. He is not on any medication at home.</p>

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1334084	5/20/2021	AL	16	M	4/27/2021	4/27/2021	PFIZER-BIONTECH COVID-19 VACCINE EUA. PATIENT'S MOM REPORTED THE FOLLOWING: HAD VOMITING ON 4/27 AT 9PM. ON 4/28 EVENING HAD FEVER. CHEST PAINS ON 4/29 LATE EVENING. TIRED AND BODY ACHES THE WHOLE TIME. FELT BETTER FRIDAY BUT CHEST PAINS OFF AND ON. CONTACTED DOCTOR AND THEY DID BLOODWORK. MD CALLED PEDIATRIC CARDIOLOGY AND ADMITTED TO HOSPITAL WEEKEND OF MAY 1ST. FOUND MYOCARDITIS AND ALSO REPORTED TO VAERS. HIS NUMBERS WERE IMPROVING WHILE AT HOSPITAL SO THAT IS WHAT THEY PUT ON DISCHARGE. 5/3- TROPONIN 0.68, CREATININE 4.8.
1334367	5/20/2021	ME	24	M	5/4/2021	5/7/2021	Myocarditis - Inflammation of heart muscles. (Symptoms: Chest tightness & pain)
1333178	5/20/2021	HI	19	M	5/15/2021	5/19/2021	After having the shot, he developed left arm pain and did develop some lymphadenopathy in his left axillary region. He was dealing with nausea and dizziness, and the following day, he went to work, although he was feeling a bit ill. While at work, he was found to have a fever, so he was sent home. He has been having hot and cold flashes since then. He has had a poor appetite. He has had a dry mouth and trouble sleeping. One day prior to admission, he then developed a chest pain that became constant and persisted, so he came into the emergency department on 05/19/2021 for further care. He has developed myocarditis after receiving the first of his Moderna Coronavirus Disease 19 vaccines.
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 progressed 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.
1334567	5/20/2021	CO	42	F	4/20/2021	4/23/2021	chest pain, myocarditis.

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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.
1334678	5/20/2021	MI	17	M	5/1/2021	5/19/2021	NSTEMI/Troponin elevation/pericarditis
1335999	5/20/2021	AZ	16	M	5/16/2021	5/17/2021	Patient developed chest pain starting 3 PM on 5/17. Presented to a local ED for this on 5/18 and was found to have elevated troponin level. Transferred to a hospital with pediatric floor and was seen by a pediatric cardiologist. Echocardiogram notable for evidence of pericarditis but normal cardiac function. Given concern for development of arrhythmia, transferred to a hospital PICU. Chest pain was mild to moderate, stabbing, and was somewhat relieved by antiinflammatory therapy. He never had fever, chills, vomiting, diarrhea or rash. He had no ill contacts. He had no history of prior COVID nor did his family
1334563	5/20/2021	WA	15	M	5/14/2021	5/15/2021	Receieved 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 subsequntly 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

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1333696	5/20/2021	CT	23	M	5/14/2021	5/16/2021	23 y.o. male with no pmhx however did receive 2nd pfizer COVID vaccine 5/14/21 and began to experience fevers, body aches, and chills as of 5/15/21. He did have prn ibuprofen with good effect however 5/16/21, he experience anterior chest pressure that radiated into his back prompting his mother to bring him to the ER. He had negative EKG for acute ischemia however troponin 14.2 on Istate and 9.2 on lab work. Otherwise lab work unremarkable. Bedside echo w/ ERP w/ intact wall motion (Reported). No other recent illnesses or complaints. Low grade fever in ER. Patient did endorse palpitations w/ fever and his mother reports a pulse ox that read a HR of 122 at time of complaint. He is SR in ER. No further reported palpitations. Laying flat comfortable. No dyspnea Hospital Course: # myocarditis likely related to pfizer vaccine. Chest pain and fever now resolved. Noted to have elevated troponin at 14 with repeat is trending down. Abnormal EKG likely secondary to myocarditis . He was admitted with telemetry monitor without significant event. Was seen in consultation by Cardiology. Echocardiogram unremarkable. Underwent cardiac catheterization without occlusive disease, see report. He was advised to avoid NSAID, no strenuous physical activity. Follow up with Cardiology in 2-3 weeks.
1330821	5/19/2021	RI	18	M	5/15/2021	5/18/2021	2 days of severe chest pain, EKG with ST segment elevation and troponin elevated to 7, consistent with pericarditis.

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1330664	5/19/2021	MA	34	M	5/15/2021	5/18/2021	34M no PMH present with sudden onset chest pain since midnight found to have myopericarditis post vaccine 34M no PMH present with sudden onset chest pain since midnight. The pain started on the middle of the chest, substantially worse when lying down and better when sitting up or leaning forward, 9/10 intensity woke him up at night. +Pleurisy. +nausea and chills without fever. He has no exertional pain. No palpitations. No leg swelling, no SOB. He lives weight and exerts himself daily yesterday morning he was able to lift weights without any pain. No family history of early cardiac disease. He has no shortness of breath, no fever chills, no nausea vomiting diarrhea, no recent sick contacts. His second dose of Covid shot was 4d ago and he is just recovering from generalized body pains. At time of interview his pain is much better after toradol/colchicine
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.
1330221	5/19/2021	IN	21	M	5/12/2021	5/13/2021	Unknown vaccine clinic site. Patient was seen at Per internal reported event: 21 y.o.male with PMH significant for asthma who was admitted 5/15/2021 with CP. Pt had Pfizer COVID vaccine #2 on 5/12. He developed fever and myalgias on 5/13. These had recovered by 5/14 - only complaint was sore arm and underarm swelling on the L. By 5/15, pt had severe CP with dyspnea. Taken to ED - noted to have elevated troponin and ST elevation on EKG. Now s/p LHC today - coronaries clean. Echo without wmas. Cardiology suspects acute myocarditis. No pericardial effusion to suggest pericarditis.
1330176	5/19/2021		33	F	4/30/2021	5/9/2021	Severe myocarditis, cardiogenic shock, multiorgan system failure

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1329571	5/19/2021	FL	35	M	5/7/2021	5/8/2021	<p>myocarditis; Chest pain; This is a spontaneous report from two contactable consumers (one is patient himself and the other one is patient's wife). A 35-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 07May2021 15:30 (Batch/Lot Number: EW 0171; Expiration Date: Aug2021) as 2nd dose, single for covid-19 immunisation, at a public Health Department. The vaccine was not administered at Military Facility. No additional Vaccines Administered on Same Date of the Pfizer Suspect. The patient's medical history included known allergies: Sulfa. No family Medical History Relevant to events. There were no concomitant medications. There was no other products. The patient did not receive any other medications within 2 weeks of vaccination. For historical vaccine, there was no prior vaccinations within 4 weeks aside from first dose: bnt162b2, dose 1 intramuscular administered in Arm Left on 16Apr2021 15:30 (Batch/Lot Number: ER 8737; Expiration Date: Aug2021) (at the age of 35-year-old) as 1st dose, single for covid-19 immunisation. The facility of vaccination was Other no AE. On 08May2021 02:00, the patient experienced chest pain. The event chest pain resulted in Emergency room/department or urgent care, hospitalization, and was life threatening illness (immediate risk of death from the event). On 13May2021, the patient's wife reported that her husband was in the hospital with myocarditis onset from 11May2021(also reported as three days after receiving his second dose of the vaccine). The patient was admitted to the hospital at 02:00 on Tuesday 11May2021, he was still in the hospital by the time of reporting. Also reported that the event myocarditis required Emergency Room visit. A lot of testing were done such as cardiac ultrasounds, several electrocardiogram (EKG)s and electrocardiogram (ECG)s, nuclear cardiac wall motion test or some kind of nuclear test she is unsure of the name, chest x-rays three times, several blood works, his troponin levels (heart enzyme) was critical. The patient did not have COVID prior to vaccination. The patient had been tested post vaccination, COVID test type post vaccination was Nasal Swab on 11May2021, result was Negative. The patient had full work up less than a year ago and everything came back completely normal (In 2020). Therapeutic</p>

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1331020	5/19/2021	RI	17	M	5/12/2021	5/15/2021	measures were taken as a result of events chest pain and myocarditis. The patient was treated with medication and he had to get a wearable defibrillator called Life Vest. They have him on a blood thinner, carvedilol, and entresto. The outcome of the events was not recovered. 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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1329457	5/19/2021	IL	16	M	4/29/2021	5/2/2021	back was hurting; acute chest pain; elevated white blood count; acute pericarditis; Arm pain; This is a spontaneous report from a contactable other health professional (parent). A 16-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), dose 2 intramuscular, administered in Arm Left on 29Apr2021 15:30 at the age of 16 years old (Lot Number: E000167) as 2nd dose, single for covid-19 immunisation. The patient had no medical history, no known allergies. Concomitant medications received within 2 weeks of vaccination included vitamins nos (MULTIVITAMIN [VITAMINS NOS]), acetaminophen. The patient previously received the first dose of bnt162b2 (lot number: EN6208) intramuscular in Arm left on 07Apr2021 13:00 at the age of 16 years old for covid-19 immunisation. Facility where the most recent COVID-19 vaccine was administered was Other. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced Arm pain the first few days after receiving vaccine (2021). Then last night (02May2021), at 03:00 he came to his parent's room and said his back was hurting. His parent gave him one Advil. He tried to go back to sleep but came back an hour later saying it felt like his heart was being squeezed. The doctor on call recommended they go to the ER. At the ER, they performed 2 EKGs, bloodwork, chest X-ray and an echocardiogram on 02May2021. His diagnosis upon discharge: acute chest pain and acute pericarditis on 02May2021. His bloodwork showed an elevated white blood count on 02May2021. They were to follow up with the pediatric cardiologist later this week. This events happened three days after his receiving his 2nd Covid vaccine shot. The adverse events result in Emergency room department or urgent care. Treatment received for the adverse events included Two EKGs, bloodwork, chest X-ray and echocardiogram. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient hadn't been tested for COVID-19. The outcome of the events was recovering.; Sender's Comments: The causal relationship between BNT162B2 and the events cannot be excluded as the information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk

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							profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.
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.
1329937	5/19/2021		20	M	5/7/2021	5/8/2021	Patient with onset of sharp chest pain 1 day after second vaccination. Patient diagnosed with myopericarditis and admitted to the hospital for further evaluation and management. Patient with improved symptoms, but placed on several medications for continued management of inflammation.
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.~~

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1330987	5/19/2021	CT	21	M	5/15/2021	5/17/2021	<p>Patient is a 21 y.o. male with no past medical history who got his second dose of COVID (Pfizer) vaccine on Saturday presented with chest pain since Sunday. Patient says that he was in his USOH until yesterday when he started having substernal chest pain which was getting worse with inspiration but also with specific movements. He does have pain even at rest sometimes but he thinks that it's exacerbating by breathing. Had some nausea/vomiting as well. Denies other symptoms. Not really SOB or leg swelling. In the ER, his Trop I was 10.7 and his WBC was 12.2. His EKG was NSR with short PR and STE I, II, III, AVF, V4-V6. Patient is a 21 y.o. male with no past medical history who got his second dose of COVID (Pfizer) vaccine on Saturday presented with chest pain since Sunday with some pleuritic characteristics. He was found to have a very elevated trop I to 10.7, leukocytosis to 12.2 and STE in I, II, III, AVF, V4-V6. His POCUS in the ER was without significant pericardial effusion and probably normal EF. Differential at this point includes pericarditis vs myopericarditis (there are some myocarditis cases reported in Israel post Pfizer vaccination, predominantly in young male patients) vs less likely ACS. Will need admission and further work up and treatment - Admission to Cardiology -NPO in case team tomorrow decides to proceed to LHC -Full echo and cardiac MRI tomorrow -Telemetry monitoring -Repeat EKG q4h overnight -send CRP, ESR -trend Trop to peak -would not start heparin gtt at this point -Please start tonight ASA 650 TID + Colchicine 0.6 mg BID 21-year-old man admitted with signs and symptoms of acute myo-pericarditis or in the setting of recent COVID-19 vaccination. He apparently had the findings are vaccine 2 days ago and developed pleuritic chest pain. His ECG shows pathognomonic changes for pericarditis in the is a small troponin elevation. He has no past medical history or exertional symptoms to suggest CAD. Bedside echocardiogram showed preserved left ventricular systolic function. He was admitted and placed on aspirin and colchicine. A cardiac MRI today showed evidence of myopericarditis. He had 3 beats of nonsustained VT on tele.</p>

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1331138	5/19/2021	WA	25	M	5/16/2021	5/18/2021	Healthy 25yo M with no personal or family hx CAD. 2 days after 2nd dose of vaccine had temp 38C and pleuritic chest pain. 3 days after vaccine woke with substernal chest pain, left arm numbness. EKG suggests pericarditis, markedly elevated troponin, possible myocarditis diagnosis (still pending).
1331202	5/19/2021	MA	24	M	5/6/2021	5/9/2021	Vaccination 5/6 5/7 generalized myalgias 5/8 felt improved / able to golf 5/9 admitted to local hospital / hospital transferred to another hospital acute pericarditis
1331441	5/19/2021	IN	25	M	5/12/2021	5/13/2021	Pericarditis. Initial symptoms were noticeable upon waking up the morning after receiving the vaccine, ~ 20 hours after vaccination. Initial symptoms: extremely elevated heart rate (~160 bpm). Heart rate fell to more reasonable, but still high, ~120 bpm after 2-3 hours. Roughly 36 hours after vaccination, began noticing soreness in the chest. Upon waking the following day (~48 hours after vaccination), chest soreness had progressed to pain (rating: 4/10), which remained roughly 6 hours to roughly 1400 that day, when the pain subsided along with all symptoms. Later, at roughly 2000 the same day (~58 hours after vaccination), there was a sudden and extreme flair up of chest pain (rating: 8/10) which radiated down the inside of both arms, this lasted 1.5 hours and then subsided just as suddenly as it came on. I went to sleep, then was woken up by another extreme episode of pain (rating: 7/10) at 0230 the morning of 15 May, again extreme chest pain radiating down both arms.
1331832	5/19/2021	KY	20	M	4/22/2021	4/23/2021	Patient presented with substernal pressure like chest pain within 1 day of his second Pfizer vaccine associated with fatigue and dyspnea on exertion. He was found to have markedly elevated troponins without EKG changes. He was admitted to the hospital for evaluation and monitoring where cardiac MRI showed myocardial inflammation consistent with myocarditis. There was no other apparent cause based on patient's history. He was found to have a reduced ejection fraction on echocardiogram as a result of his myocarditis. He continued to have dyspnea on exertion at discharge.

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1330900	5/19/2021	NY	19	M	5/15/2021	5/17/2021	<p>Patient is a 19 y.o. male with a variety of minor past medical problems but without any significant PMH who presents with 24h of acute onset chest pains. He reports yesterday morning he was woken from sleep at 3-4 am with severe substernal chest pains that radiated to his arm and neck. This was worsened by laying flat and better if he waked around/pacing. He took ibuprofen and it got better so he went back to sleep. The pain returned about 6 hours later and was getting more severe so he went to see his doctor. There an EKG was abnormal so he was referred to the ED where a work up showed ST elevations c/w pericarditis and an elevated trop I of 24. The night prior, he reported a low grade temperature. He has not had any more fevers for the past 12-18 hours. He denies any other symptoms such as palpitations, shortness of breath, cough syncope. He denies sick contacts but did have a sore throat 4-5 days ago without any other associated symptoms. He has had recent negative COVID tests while at college. Of note he did receive the 2nd dose of Pfizer on 5/15 about 24-36 hours before onset of symptoms. Of note, he does boxing at school and has been participating in work outs until about a week ago. ED course: EKG w/ diffuse ST segment elevation in V3-V6, I, II, III, AVF. Troponin I 24. Creatinine 1.2 with baseline of 0.5 but BUN WNL (11). CBC WNL, CRP mildly elevated to 3.1, Transferred to another ED. Second ED Course: BP 120/64 Pulse 83 Temp 36.7 °C (98.1 °F) (Temporal) Resp 18 Wt 76.3 kg SpO2 97% exam non-focal, COVID ab notable for +spike neg nuclear capsid consistent with vax but no infection, D-Dimer, procal, ESR, ferritin, Coags all WNL, Trop T elevated to 1.46, ECG with consistent diffuse ST seg elevations, seen by ped cards who did echo in ED and notable for EF ~50%, admitted to PCICU for further management and treatment Admitted to the PCICU in stable condition. Placed on telemetry monitoring for the duration of the admission. Started on IV steroids and given IVIG on hospital day 1. Continued on toradol which was switched to motrin on hospital day 2. Cardiac MRI did not show signs of fibrosis. Troponin downtrended throughout his stay. At the time of DC echo showed normal function, ekg showed T wave inversions, and troponin was down trending to 0.57. Pt to be restricted from physical activity until cleared by cardiology. Infectious workup also sent, most of which was pending</p>

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1326167	5/18/2021	MA		U			at time of discharge. myocarditis; This is a spontaneous report from a non-contactable other HCP via a Pfizer sales representative. A 28-year-old patient of an unspecified gender received second dose of BNT162B2 (Lot Number: Unknown) via an unspecified route of administration on an unspecified date as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. Unknown if diagnosed with COVID-19 prior vaccination, and unknown if COVID-19 tested post vaccination. The patient was diagnosed with myocarditis following second dose vaccine on unknown date. Event resulted in doctor or other healthcare professional office/clinic visit. The patient was seen at a Medical Center for treatment and diagnosis. The outcome of event was unknown. Information on the lot/batch number has been requested.; Sender's Comments: Based on the information provided, A possible contributory role of the suspect product to the development of Myocarditis cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1326656	5/18/2021	IN	22	M	5/11/2021	5/13/2021	Tightness in chest, pain in chest, and shortness of breath. Started late May 13, subsided enough to get some sleep. Awakened by the pain and shortness of breath around 7:30 am May 14. Unable to get out of bed. Called 911 for ambulance. Patient was taken to Hospital Cardiac. EKG showed ST elevation, thus L & R Catheterization was performed. Negative for MI, but diagnosed with Pericarditis, kept overnight in hospital and prescribed Indomethacin (Indocin) 3 times daily for 14 days. Released from hospital May 15. Recovery continues at home.
1327242	5/18/2021	MD	38	M	5/13/2021	5/17/2021	Myocarditis with chest pain, resolved after 48 hours.

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1326155	5/18/2021	CA	21	M	4/29/2021	5/1/2021	acute myocarditis; Pericarditis; This is a spontaneous report from a contactable a physician. A 21-year-old male patient started to receive 2nd dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, LOT/Batch number and expiration date unknown) via an unspecified route of administration on 29Apr2021 at age of 21-year-old at single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. Patient previously received 1st dose of BNT162B2 on an unspecified date for COVID-19 immunization. Prior to vaccination, the patient wasn't diagnosed with COVID-19. Since the vaccination, the patient hasn't been tested for COVID-19. Acute myocarditis/pericarditis started on 01May2021, 2 days post vaccination, diagnosed on 03May2021, 4 days post vaccination (second dose vaccine). The events resulted in emergency room/department or urgent care visit. Events were serious as hospitalization. Patient received anti inflammatory medications for the events. Outcome of the events was unknown. Information on the lot/batch number has been requested.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on reported events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
1327018	5/18/2021		20	M	5/12/2021	5/13/2021	Acute chest pain diagnosed as Myocarditis, 24 hours after the second dose of the vaccine.
1327087	5/18/2021	AR	18	M	4/30/2021	5/2/2021	He had chest pains and could not breath after 48 hours, rushed to the ER. Stayed in the hospital for 4 days. He had a heart attack and was diagnosed with acute idiopathic myocarditis.

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1327111	5/18/2021	CO	19	M	5/11/2021	5/13/2021	Patient was admitted to the hospital with myopericarditis. Presented to the ER with chest pain. He was admitted for trending troponin levels and monitoring for arrhythmia/cardiac function. Troponin peaked at 10.8 on 5/15.

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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.
1327441	5/18/2021	MI	18	M	5/13/2021	5/17/2021	Myocarditis in the setting of recent second Moderna vaccine. Troponin peaked at 9.67 and trended downward. He was taken for cardiac catheterization on 5/17/2021 and was found to have normal coronaries. He had a cardiac MRI on 5/17/2021 which was found to be positive for myocarditis. Echo completed displaying preserved EF without wall motion abnormality or Due to the episode of NSVT will start low dose metoprolol tartrate until follow up with cardiology in the outpatient setting then hopefully able to discontinue. Post procedure restrictions discussed, patient verbalized understanding. No cardiac rehab indicated.
1327805	5/18/2021	WA	21	M	5/16/2021	5/17/2021	Myocarditis with elevated Troponin and chest pain the day after vaccination
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
1328759	5/18/2021	WA	27	M	5/14/2021	5/15/2021	Myopericarditis as demonstrated on cardiac MRI.
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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1327392	5/18/2021	TX	21	M	4/27/2021	4/30/2021	Pt experienced nausea, vomiting,, and heartburn after vaccination on 4/27. He awoke on 4/30 with chest pain, intermittent-radiating to his back at times. His troponin level was elevated, he was admitted for treatment of myopericarditis. He stayed for 7 days inpatient and was discharged home on 5/7/21.
1324462	5/17/2021	MI	19	M	3/24/2021	3/27/2021	Patient admitted to hospital 3 days later with chest pain, ECG changes, and troponin elevation and was ultimately diagnosed with myocarditis.
1322953	5/17/2021	CA	27	M	5/14/2021	5/14/2021	27 yo male with 3 days of fevers, chest pain x 3 days, beginning on 5/14/21 and presented to ED on 5/17/21. Found to have pericarditis and myocarditis, troponin I of 32.

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1323004	5/17/2021	CT	17	M	4/30/2021	5/10/2021	<p>17 y.o. male with non contributory PMHx presents with chest pain. Patient began not feeling well on Monday May 3rd with muscle aches, sore throat, dry cough, and headache. Received COVID vaccine on Apr 30. He woke up Friday May 7 he developed a fever to 102F. Went to urgent care yesterday was diagnosed with strep based on suspicion (negative rapid, culture pending) and started on amoxicillin. Rapid covid was negative at that time as well. Now presents for chest pain. He has woken up that last two mornings with chest pain (worse when laying flat), pain is substernal, sharp/throbbing, radiates to the left arm. Belching a lot. Palpitations and one episode of emesis prior to arrival. Suspected symptoms were from gas so took charcoal tablets prior to arrival without relief of symptoms. Has been taking ibuprofen for discomfort (400 mg every 4-6 hours for > 7 days). No shortness of breath. No abdominal pain. No diarrhea. No hematuria or dysuria. No family history of sudden cardiac death or significant for CAD. No known tick bite. Of note, received Pfizer dose 2 3d prior to symptoms starting. Presented to ED earlier tonight where exam was notable for: Low-grade temp, mildly hypertensive with otherwise stable vitals, appears uncomfortable, belching, neck is supple without meningismus, bilateral tonsils 1+ with exudate, oropharynx is erythematous, uvula midline, no trismus, no swelling, lungs clear, regular rhythm mild bradycardia, no murmurs rubs or gallops, abdomen is soft and nondistended with mild tenderness in epigastrium and right upper quadrant they did ECG, bedside Echo, Strep PCR, zofran, maalox, pepcid, IVF, tylenol, and labs which were notable for elevated troponin -> 13.58 d/w YSC Ped ED and tx</p> <p>Assessment: Patient is a 17 y.o. male previously healthy who presents with 1 week of malaise, and 3 days of intermittent substernal chest pain (now resolved), found to have elevated troponin and ST segment elevations in I and lateral leads c/f myopericarditis. Etiology is unclear at this time, likely viral vs post-vaccine. Exam notable for exudative pharyngitis, however Strep and CMV neg. EBV serology with positive EBNA only. Labs otherwise notable for elevated CRP 180, ESR 38, some transaminitis, ferritin/D-dimer wnl. COVID RNA neg, spike Ab positive c/w recent COVID vaccination. Normal function on ECHO. CRP continues to downtrend. Troponin has started downtrending again</p>

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							and pt remains asymptomatic. Plan Plan: #Myopericarditis - Repeat echo today - q8 troponin, AM CBC, CRP, ferritin - Motrin 400mg prn - steroid taper per Rheumatology recs 30mg PO BID for 7 days 30mg PO qday for 7 days 15mg PO qday for 7 days 7.5mg PO qday for 7 days 2.5mg PO qday for 7 days Off - f/u ID and rheum labs - continuous telemetry: patient at high risk of arrhythmia #FEN/GI - Regular diet - strict I/O - Pepcid 20mg BID #dispo - steroid taper sent for delivery to bedside - upon d/c start ASA - f/u cardiology - If echo today reassuring and troponin continuing to downtrend will plan for discharge this afternoon
1323080	5/17/2021	IL	20	M	5/8/2021	5/8/2021	20 YO patient with no significant PMH who presents with headache, back pain, and chest pain. He received 2nd Pfizer COVID19 vaccine dose 5/8/21. Later that day he felt very tired. On 5/9/21, he developed a headache that worsened throughout the day, was felt over whole head, but more painful in temporal areas, and he became nauseous. On 5/11/21, he developed back and chest pain and had 2 episodes of NBNB emesis. The chest pain is sharp, located over the whole chest and extends to axillae. The back pain is worse in the right shoulder. The back and chest pain are worse with inspiration, movement, and supination. CMR confirmed myopericarditis. Patient treated with colchicine and NSAIDs and IVF, has cardiology f/u on
1323865	5/17/2021	CT	23	M	5/14/2021	5/14/2021	Fever with fatigue and headache on 5/14 , getting worse. Chest pain on 5/16. Admitted to hospital 5/17 with Myocarditis probably vaccine related
1321512	5/16/2021	TX	36	M	4/6/2021	4/27/2021	Pericarditis, pericardial effusion that was removed using a procedure.
1322232	5/16/2021	MO	26	M	4/30/2021	5/4/2021	Presented with chest pain and dyspnea. Admitted to the hospital. Initially, the diagnosis was NSTEMI. Further testing showed myocarditis.
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

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1320164	5/15/2021	OH	22	M	4/14/2021	4/17/2021	Myocarditis, it's a heart inflammation; Pain; unknown if might have pain; This is a spontaneous report from a contactable consumer for reporter's son. A 22-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) lot number: ER8731; expiration date: 31Jul2021) via an unspecified route of administration in right arm on 14Apr2021 (22-year-old at vaccination) at a single dose for COVID-19 immunisation. Medical history and concomitant medications were reported as no. The patient experienced myocarditis, it's a heart inflammation on 17Apr2021 with outcome of recovered 21Apr2021, pain; unknown if might have pain on an unspecified date with outcome of unknown. The patient was hospitalized for myocarditis from 17Apr2021 to 21Apr2021. The patient was getting the vaccine two weeks ago and had an adverse reaction and ended up in hospital. He ended up getting myocarditis/it's a heart inflammation, so the reporter just wanted to report to "CBC" (not clarified) he was in the hospital for like 4 days. He had done lot of blood work and test. He was in hospital in intensive care Unit, blood test and everything. He had electrocardiogram, MRI, he had it all." Treatment for the event was reported as they had given him some painkillers (unknown if might have pain), it could be warfarin and "formoterol" (further not clarified the name) something like that and warfarin, on acetylsalicylic acid (ASPIRIN) and colchicine. He was on colchicine right now and doctor ended giving him steroid, now he started taking that.

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1320294	5/15/2021		38	M	5/1/2021	5/1/2021	Myocarditis; Pleuritic Chest Pain; Difficulty breathing; Myalgia; Headache; Flu-like symptoms; This is a spontaneous report from a contactable physician. A 38-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported), via an unspecified route of administration on 01May2021 as second dose, single for COVID-19 immunization. Medical history and concomitant medications were not reported. The patient previously received the first dose of BNT162B2, on an unknown date, for COVID-19 immunization. The patient experienced myocarditis on 05May2021, and in May2021 (reported as started 2 and a half days after receiving the second dose) experienced pleuritic chest pain, difficulty breathing, myalgia, headache, and flu-like symptoms. The patient was hospitalized for the events from 05May2021 to an unknown date. The reporter assessed the events as life-threatening. The adverse events required a visit to Emergency Room. The reporter assessed that the patient's events were caused by the vaccine. The outcome of the events was unknown. No follow-up attempts are possible. Information about batch/lot number cannot be obtained. No further information is expected.; Sender's Comments: Based on the limited information currently available, a possible association of the suspect drug administration with the reported events cannot be excluded, due to a plausible temporal relationship. This case will be reassessed when additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1320301	5/15/2021	FL	22	M	4/26/2021	4/26/2021	<p>myocarditis; Strange weird bilateral wrist pain severe; Pericarditis/inflammation around the heart; This is a spontaneous report from a contactable consumer (patient's mother). This consumer reported similar events for two patients (twins). This is the first of two reports. A 22-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EW0170), via an unspecified route of administration, administered in the left arm, on 26Apr2021 10:00, as 2nd dose, single, for COVID-19 immunization, at a pharmacy/drug store. Medical history included ongoing rare metabolic disorder. The patient's concomitant medications were not reported. Historical vaccine included the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: ER8735) received at age 22 years, on 05Apr2021, for COVID-19 immunisation. On 26Apr2021, the patient received the second dose of BNT162B2. In the evening of the same day, 26Apr2021, the patient experienced tiredness/fatigue, and headache. In the morning of 27Apr2021, the patient was feeling really crappy and they thought it was like the flu and it would pass. In the evening of 27Apr2021, the patient didn't sleep at all and was uncomfortable all night and pain. On the same day, 27Apr2021, the patient had severe chest pain, chest tightness, and lightheadedness. On 28Apr2021, the pain didn't go away, and the twins had elevated ST evaluation on the EKG (electrocardiograph). ST evaluation was done by the reporter's husband who is a retired firefighter emergency medical technician. The reporter decided to take the patient to hospital and said that the other twin had the same symptoms but kept saying his wasn't as bad as his brother's because he did not want to go to the hospital. The doctor advised the reporter to bring the other twin. The twins had the same echo cardiogram on 28Apr2021 (unknown results). On 28Apr2021, their troponin levels were elevated, and their cardiac enzymes continued to go up. On the same day, 28Apr2021, the patient had a strange weird bilateral wrist pain severe. It was reported that the twins were hospitalized on 28Apr2021 with myocarditis/pericarditis and inflammation around the heart. Treatment for myocarditis/pericarditis included ibuprofen and colchicine; and Toradol for breakthrough pain. The reporter stated that the twins are two identical males with the same DNA, had the vaccine at the same time, had the reactions at the same length of</p>

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							time, have the same lifestyle and live at the same house. The reporter said it would go a long way if they help her understand the complication. The patient recovered "strange weird bilateral wrist pain severe" on 29Apr2021. The outcome of the event myocarditis and pericarditis/inflammation around the heart was not recovered.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021487544 same reporter, suspect drugs and events; different patients
1320049	5/15/2021	NY	64	F	4/3/2021	4/6/2021	The diagnosis was pericarditis.; This is a spontaneous report from a contactable consumer (patient). A 64-year-old female patient (pregnant: no) received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via unspecified route of administration in left arm on 03Apr2021 at 12:30 (lot number: ER8734) at single dose for COVID-19 immunization. The relevant medical history included Sjogren's syndrome and known allergies: Amoxicillin, Penicillin. Concomitant medications included calcium, ascorbic acid (VITAMINS C), vitamin d nos and ascorbic acid, biotin, calcium pantothenate, cyanocobalamin, folic acid, nicotinic acid, pyridoxine hydrochloride, riboflavin, thiamine hydrochloride, tocopheryl acetate (MULTIVITAMIN). The patient previously received the first dose of BNT162B2 on 13Mar2021 at the age of 64 years old (Anatomical Location: Arm Left, lot number: EN6204, Administration time=12:30 PM) for Covid-19 immunization. 3 days after receiving dose 2 on 06Apr2021 at 4:00 PM, the patient developed tightness in her chest. She went to the ER and was admitted to the hospital. The diagnosis was pericarditis. The event resulted in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. Treatment included prescribed colchicine and indomethacin. The patient had been hospitalization for 1 day. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient underwent lab test included nasal swab showed negative on 07Apr2021. The outcome of the events was recovering. Follow up attempts are needed. Further information has been requested.
1320967	5/15/2021	MI	18	M	5/4/2021	5/6/2021	Myopericarditis developed significant chest pain, sob on 5/6/2021. hospitalized 5/7/2021.

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1321207	5/15/2021	CA	18	M	4/23/2021	4/28/2021	Gave me heart and chest pain (diagnosed with myocarditis)
1321408	5/15/2021	CA	24	M	5/12/2021	5/13/2021	patient had chest pain and SOB Day 2 after vaccine and in ER has signs of myocarditis requiring hospitalization
1321373	5/15/2021	NJ	45	M	5/10/2021	5/13/2021	Diagnosed with Myocarditis. Severe chest pain began at 2:30am. Went to hospital ER at 4am. Was given an ekg and blood test which showed a potential heart attack and was treated with Nitroglycerin at 4:30 am. Was given a cardiac catheterization at 6am that showed no heart attack and no arterial obstructions but showed one wall of the heart was not functioning properly. Heart issue was confirmed later in the day by an echocardiogram study. Was admitted to the hospital. Had an additional attack of chest pains at approximately 2:30pm the next day which was treated with 3 tablets of Nitroglycerin. Blood tests showed markers for inflammation.
1316761	5/14/2021	IL	18	F	5/5/2021	5/9/2021	Post Vaccine Myocarditis
1318207	5/14/2021		23	F	5/8/2021	5/12/2021	4 days after patient received her second COVID 19 vaccine, she developed midsternal chest tightness radiating to bilateral jaw and left arm while driving that persisted therefore, she came to hospital for further treatment and evaluation. She was found to have elevated Troponin T 5th Gen and a cardiac MRI was done showing acute myopericarditis. She also subsequently developed EKG changes as well.

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1316233	5/14/2021	MN	72	F	1/27/2021	2/4/2021	Pericarditis; Pneumonia; Tachycardia; Headache; Achy; Fatigue; Heart rate was higher; Pain in my back, in my shoulder; I was very ill, I was unable to do anything; Pain in my back, in my shoulder; pain in my chest; Sed Rate was 48; by 04Feb2021 and 10Mar2021 my White blood count went down from 16,600 to 11,400; This is a spontaneous report from a contactable consumer (patient). A 72-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), first dose at the age of 72-years-old via an unspecified route of administration administered in arm left on 27Jan2021 (Batch/Lot Number: Unknown) as 1st dose, single for covid-19 immunisation. Medical history included hypertension (blood pressure high) from an unknown date and unknown if ongoing, pacemaker from an unknown date. Concomitant medication included a 10 mg high blood pressure pill (unspecified). The patient reported that after her COVID shot on 27Jan2021, she had the headache, achy, fatigue on unspecified dates; but she know that her heart rate was higher, she was exercising. It was higher than it normally was and her pacemaker, she have a pacemaker and she happen to have a pacemaker check 4 days after her COVID shot which they monitor every 7 months and it was working and it was pacing 100 percent of the time which was much higher than it had been before and the week after the shot she started having pain in her back, in her shoulder and it was hard to breathe, it's hard when she breathe and by the next day she ended up in the emergency room where she was diagnosed with pneumonia, tachycardia and pericarditis all on unspecified dates. She further reported that she was still suffering from them. She have some other tests on the 04Feb2021in the ER, her hemoglobin was 14.6 and on 10Mar2021 it was 11.6 so, it gone down 3 points, by 04Feb2021 and 10Mar2021, her White blood count went down from 16,600 to 11,400 and her Sed rate count (ESR or sed rate) was 48 (clarification unknown). She was very glad that she had the vaccination and was not sad that she had it but she was very ill, she was unable to do anything but lie around for about 25 days from 27Jan2021 to 25Mar2021 so for 2 months, and she still have pain in her chest not as bad as she had, it's not like intense with every single breathe, it's only if she take deep breath. She had the second shot of the vaccine on

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							17Feb2021 and got sicker faster after the second shot. The patient underwent lab tests and procedures which included haemoglobin: 14.6 on 04Feb2021, haemoglobin: 11.6 on 10Mar2021, red blood cell sedimentation rate: 48 on an unspecified date, white blood cell count: 16,600 on 04Feb2021, white blood cell count: 11,400 on 10Mar2021 and heart rate: higher on an unspecified date. Therapeutic measures were taken which included treatment with prednisone, flecainide, antibiotic for pneumonia and some kind of morphine pill for pain (given in the emergency room). On 24Mar2021, she had a cardioversion to try to deal with the tachycardia and in order to do that she had to take Eliquis. The outcome of erythrocyte sedimentation rate increased and white blood cell high was unknown and for the other events was not recovered. Information on Batch number/Lot number has been requested.
1316235	5/14/2021	FL	20	M	4/27/2021	4/27/2021	Mild myocarditis; This is a spontaneous report from a contactable consumer (patient). A 20-year-old male patient received bnt162b2, via an unspecified route of administration, administered in left arm on 27Apr2021 12:30 (Lot Number: EW0170) at unknown dosage #, single for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient experienced mild myocarditis minutes after the second shot (on 27Apr2021 12:45) with outcome of not recovered. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. Additional information has been requested.
1316299	5/14/2021	HI	30	M	4/27/2021	4/28/2021	4/28 4am Fatigue 8am joint pain 10 am chest pain, difficulty breathing 8pm chills, sweating 4/29 Chest pain 4/30 2am vomite, chest pain, sweating, difficulty breathing. 3am myocarditis.
1316686	5/14/2021	CA	52	M	5/12/2021	5/12/2021	New onset peripheral edema, found to have pericarditis and bilateral pleural effusions without apparent underlying cardiac pathology, infection, or malignancy. Inflammatory markers also elevated.

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1316203	5/14/2021	FL	22	M	4/26/2021	4/26/2021	Pericarditis; cardiac enzymes have continued to go up, not down; myocarditis; ST evaluation on the EKG; Increased troponins and enzymes, troponin levels were elevated; Severe Chest Pain; Chest tightness; Lightheadedness; didn't sleep at all and were uncomfortable all night and had pain; didn't sleep at all and were uncomfortable all night and had pain; feeling really crappy and they thought it was like the flu; feeling really crappy and they thought it was like the flu; Tiredness and Fatigue; Headache; This is a spontaneous report from a contactable consumer (patient's mother). A 22-year-old male patient received second dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation Solution for injection, Lot number EW0170 and expiration date not reported) via an unspecified route of administration, administered in Arm Left on 26Apr2021 10:00 as single dose for covid-19 immunization. Medical history included ongoing incredibly rare metabolic disorder. Concomitant medications were not reported. The patient previously took first dose of BNT162B2 on 05Apr2021, lot number: ER8735, administered in left shoulder for covid-19 immunization. The patient experienced tiredness and fatigue and headache on 26Apr2021,severe chest pain, chest tightness, lightheadedness, didn't sleep at all and were uncomfortable all night and had pain, feeling really crappy and they thought it was like the flu on 27Apr2021, pericarditis and Increased troponins and enzymes, troponin levels were elevated on 28Apr2021, cardiac enzymes have continued to go up, not down, ST evaluation on the EKG and myocarditis on an unspecified date. The reporter stated that she has identical twin sons that are 22 years old and they received their second dose on Monday morning, 26APR2021. Reporter states all 5 member of the family have gotten the Pfizer vaccine. Reporter states the twins were hospitalized on Wednesday with myocarditis/pericarditis, inflammation around the heart. Reporter states she knows there have been incidents reported. Reporter states she saw in Israel there were 62 out of unknown amount of people and some members of the military. Reporter states that two identical males with the DNA same, that had the vaccine at the same time, had the reaction at the same length of time, and it would go a long way to help understand the complication. Reporter added, they have

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the same lifestyle and live at the same house. The reporter stated that they received the vaccine at 10:00a.m. on 26APR2021 and then that evening they were feeling pretty tired and fatigued and a little headachy, but nothing anyone worried about because they all had that same reaction. Call states Tuesday morning they were feeling really crappy and they thought it was like the flu and it would pass. Tuesday evening they said they didn't sleep at all and were uncomfortable all night and had pain. Wednesday the pain didn't go away., and the twins had ST evaluation on the EKG that they have. Reporter sated they decided to take one in and said the other twin had the same symptoms but he kept saying his wasn't as bad as his brothers because he didn't want to go to the hospital. Reporter states the doctor advised her to come back home and bring the other one in. Reporter states they had the same echo cardiogram, and their troponin levels were elevated. Caller states their cardiac enzymes have continued to go up, not down. Treatment: States they have them on Ibuprofen and Colchicine, which is the therapy for Pericarditis and they are using Toradol for breakthrough pain and severe chest pain. The seriousness of the event pericarditis was reported as (hospitalization, medically significant), cardiac enzymes have continued to go up, not down, myocarditis and ST evaluation on the EKG reported as medically significant and other events was reported as non-serious. The event pericarditis was resulted in emergency room visit. The outcome of the events pericarditis, cardiac enzymes have continued to go up, not down, severe chest pain, chest tightness, increased troponins and enzymes, troponin levels were elevated, tiredness and fatigue, was reported as not recovered feeling really crappy and they thought it was like the flu was reported as recovered on 27Apr2021, headache and lightheadedness recovered on 28Apr2021 myocarditis, ST evaluation on the EKG, didn't sleep at all and were uncomfortable all night and had pain was reported as unknown. No follow-up attempts are needed. No further information is expected.

1316735	5/14/2021	IL	18	F	5/5/2021	5/9/2021	Post Vaccine Myocarditis
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1316153	5/14/2021	TX	37	M			host of issues that culminated into atrial fibrillation and heart inflammation; host of issues that culminated into atrial fibrillation and heart inflammation; This is a spontaneous report from a contactable consumer, the patient, based on information received by Pfizer from BioNTech SE (manufacturer control number 46869). A 37-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot unknown, second dose) solution for injection intramuscular on an unknown date (at the age of 37-years-old) as a single dose for COVID-19 vaccination. Medical history and concomitant medications were not reported. Historical vaccine included BNT162B2 (first dose) for COVID-19 vaccination on an unknown date. After having the second Pfizer vaccine, the patient had a host of issues that culminated into atrial fibrillation and heart inflammation. The outcome of the events atrial fibrillation and heart inflammation was unknown. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.
1317296	5/14/2021	CA	60	M	2/24/2021	4/12/2021	presented with chest pressure and difficulty breathing 4/15/21, eventually admitted 5/6/21 for pericarditis with atrial flutter. No PE on CT chest
1317773	5/14/2021	CA	63	M	3/31/2021	4/6/2021	63 yo male received 1st dose of Moderna Vaccine on 3/31/21. Admitted to hospital on 4/6/21 then transferred to another Hospital on 4/12/21 for idiopathic pericardial effusion, acute kidney injury then released home on 4/23/21. He presented to hospital on 4/25/21 with acute respiratory failure, septic shock, cardiogenic shock, acute myocarditis and acute on chronic kidney injury. Transferred to different Hospital on 4/30/21
1318229	5/14/2021	MI	94	M	4/26/2021	4/27/2021	My father was experiencing, weak pulse and crushing chest pain since his injection. He has long standing CHF managed with meds which have never caused side effects. He has been admitted to the Hospital approximately 4 days after injection. He is continuing to have chest pain and was seen again today by his Doctor.
1318669	5/14/2021	WA	21	M	5/11/2021	5/13/2021	Chest pain on 5/13 and seen in ED at Hospital.

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1318969	5/14/2021	MN	56	M	4/25/2021	5/8/2021	Minor chest pain start 22:30. At 13:00 on 05/09, pain quickly Increased to Severe Chest pressure within 15 min . EMS dispatched. Initially treated as possible heart attack with aspirin and nitro with no results. Pain stable and controlled in approx. 4 hrs with Morphine. Acute Pericarditis diagnosed. Released 05/11 approx . 19:00 hr. Follow up treatment with Ibuprofen and Mitigare.
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)
1317677	5/14/2021	WA	28	M	5/10/2021	5/12/2021	Chest pain started 2 days after the second dose of Pfizer vaccine. Found to have myocarditis requiring admission. Full recovery is expected.
1314450	5/13/2021	CA	23	M	5/8/2021	5/9/2021	Acute NSTEMI versus myopericarditis versus COVID-19 side effect. Patient requires telemetry monitoring due to high risk for electrolyte imbalance, sudden death from myocardial injury Follow-up cardiology recommendations for discharge planning, recommends to monitor for 24 hours while troponins are trending down. Follow-up respiratory panel possible viral infection as a source of NSTEMI. Replace magnesium.

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1312858	5/13/2021	FL	72	F	1/26/2021	2/24/2002	<p>pericarditist; dizziness; block head; muscle pain/ body aches; soreness in the injected arm; fever; tiredness; flu like; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PERICARDITIS (pericarditist) in a 53-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 023M20A and 032L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Rheumatoid arthritis since 1999, Blood pressure high since 2000 and Food allergy (lobster, crab). Concomitant products included AMLODIPINE and QUINAPRIL for Blood pressure high, METHOTREXATE for RA, IBUPROFEN for Rheumatoid arthritis, FOLIC ACID for an unknown indication. On 26-Jan-2021 at 12:00 PM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 23-Feb-2021 at 12:00 PM, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 24-Feb-2002, the patient experienced INFLUENZA LIKE ILLNESS (flu like). On 24-Feb-2021, the patient experienced DIZZINESS (dizziness), MYALGIA (muscle pain/ body aches) and VACCINATION SITE PAIN (soreness in the injected arm). 24-Feb-2021, the patient experienced HEAD DISCOMFORT (block head), PYREXIA (fever) and FATIGUE (tiredness). On 10-Apr-2021, the patient experienced PERICARDITIS (pericarditist) (seriousness criterion hospitalization). The patient was hospitalized from 10-Apr-2021 to 11-Apr-2021 due to PERICARDITIS. On 25-Feb-2021, INFLUENZA LIKE ILLNESS (flu like), DIZZINESS (dizziness), HEAD DISCOMFORT (block head), MYALGIA (muscle pain/ body aches), VACCINATION SITE PAIN (soreness in the injected arm), PYREXIA (fever) and FATIGUE (tiredness) had resolved. At the time of the report, PERICARDITIS (pericarditist) had resolved. The patient did not seek medical attention for the events that occurred on 24 Feb 2021. On 10 Apr 2021, the patient was hospitalized overnight with "pericarditist from unknown source". Treatment information for this event was not provided. Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot e excluded. This</p>

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case was linked to MOD-2021-026045 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 02-May-2021: Case upgraded per hospitalization for event of pericarditis. Patient completed the vaccine adverse event reporting form. Multiple fields updated.; Sender's Comments: Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot e excluded.

have swelling of the heart muscle after getting vaccinated.; This is a spontaneous report received from a contactable consumer (patient). A patient of unspecified age and gender received bnt162b2 (BNT162B2), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as UNKNOWN, SINGLE for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient experienced have swelling of the heart muscle after getting vaccinated on an unspecified date with outcome of unknown. Reported as: "Question: Have there been Reported Cases of Heart Muscle Inflammation in Recipients of the COVID-19 Vaccine? I know one person who did have swelling of the heart muscle after getting vaccinated." Follow-up attempts are needed. Further information is expected. Information on the lot/batch number has been requested.

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1313037	5/13/2021	AK	50	F	4/2/2021	4/1/2021	second dose was April 2nd and and her one two weeks earlier; second dose was April 2nd and and her one two weeks earlier; she has myocarditis; Sick for several days; This is a spontaneous report from a contactable consumer (patient's mother). A 50-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 Vaccine, Batch/Lot Number: Unknown), via an unspecified route of administration on 02Apr2021 at age of 50 years old as 2nd dose, single for COVID-19 immunization. Medical history included mast cell disease (mast cell activation syndrome). The patient's concomitant medications included other medication: "She received chemo every 2 weeks for it." The patient experienced myocarditis, sick for several days, both on an unspecified date in Apr2021. The second dose was 02Apr2021 and other one two weeks earlier. Description: Reporter stated, the oldest daughter (patient) had, well all of this happen, little last when they got Pfizer Covid 19 vaccine, she got her last one 02Apr2021 and she was sick for several days and they finally diagnosed her at the reporting date, they taken her to emergency room then finally she was able to see a cardiologist, she said that she had myocarditis and they were just wondering, the reporter realized that it could possibly be from the vaccine because reporter just saw that on news and reporter was calling because some information about. When probed if start experiencing the side effect after the second shot: Reporter stated, "Actually she didn't right way." When confirmed about the patient, reporter stated, "She was the only one their whole family got this. Just her." Treatment: She went to the emergency room 2 times and saw cardiologist. No." The outcome of events was unknown. Information on the lot/batch number has been requested.

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1313040	5/13/2021	IL	23	M	4/18/2021	4/21/2021	<p>Extreme heart pain; Pericarditis; very hard to breath; This is a spontaneous report from a contactable consumer (patient). A 23-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Arm Right on 18Apr2021 11:00 (Batch/Lot Number: ER8735) at the age of 23-years-old as single dose for covid-19 immunization. The COVID-19 vaccine was administered at Pharmacy or Drug Store. Medical history included known allergies Gluten. Concomitant medication included levothyroxine taken for an unspecified indication, start and stop date were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient previously received the first dose of BNT162B2 (lot number: Er8730) in Right arm on 28Mar2021 11:00 AM at the age of 23-years-old for covid-19 immunization. The patient experienced Pericarditis- Extreme heart pain, very hard to breath, taken to Emergency room (ER) 21Apr2021 19:00. Events result in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. Prior to vaccination, the patient was not diagnosed with COVID-19 and since the vaccination, the patient was not been tested for COVID-19. The patient underwent lab tests and procedures which included blood tests: unknown results, electrocardiogram (EKG): unknown results, x-ray: unknown results, all on an unknown date. The outcome of the events was recovering.</p>

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1313043	5/13/2021	CO	45	F	4/1/2021	4/13/2021	Pericarditis; Woke up with chest pain; Difficulty breathing; This is a spontaneous report from a contactable consumer (patient). A 45-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration administered in left arm on an unspecified date 02:00 PM in Apr2021 (Lot Number: EWO158) as single dose for COVID-19 immunization. Medical history included Interstitial cystitis. The patient's concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No and other medications the patient received within 2 weeks of vaccination. The patient experienced pericarditis (hospitalization) on 13Apr2021 00:30, woke up with chest pain (hospitalization) on 13Apr2021 00:30, difficulty breathing (hospitalization) on 13Apr2021 00:30. Patient was hospitalized from 13Apr2021 to 14Apr2021. Clinical course: Woke up with chest pain and difficulty breathing one week after first dose. Went to the hospital and was diagnosed with pericarditis. The adverse event resulted in Emergency room/department or urgent care. Treatment received for the adverse events which included anti-inflammatories and colchicine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19, Nasal Swab Negative on 13Apr2021. Outcome of the events was recovering.
1313620	5/13/2021	IN	65	M	4/1/2021	4/8/2021	Severe inflammation and pain around heart and lungs, joint pain, nerve pain, vivid malar rash. Looked like a full blown Lupus flare up. I've never had that before.
1314425	5/13/2021	IN	50	M	3/30/2021	5/11/2021	Myocarditis
1314732	5/13/2021	NY	17	M	5/7/2021	5/10/2021	Diagnosed with myocarditis on day of admission, found to have elevated troponin levels, currently hospitalized for observation and potential supportive care, however patient with no cardiac compromise and stable. Patient with chest pain that has resolved.

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1314908	5/13/2021	CA	53	F	5/8/2021	5/8/2021	shortly after vaccine, experience chest tightness, palpitations, dyspnea, cough, sweating and fever. Admitted to hospital 3 days later, found to have new pericardial effusion, secondary to acute pericarditis from possible vaccine. Pericardiocentesis removed 250ml proteinaceous material. Also experienced flash pulmonary edema which required intubation x1 day but resolved quickly.
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.
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)
1310544	5/12/2021	CA	21	M	4/30/2021	5/3/2021	myocarditis
1311229	5/12/2021	NY	26	F	4/27/2021	4/30/2021	Myopericarditis, troponin 7.4. Pt admitted to hospital 4/30/2021-5/3/2021. Slightly reduced EF initially, started on heparin drip for c/f LV thrombus. EF normal, c/f LV thrombus resolved at time of discharge. Pt discharged on coxibine x 3 months, to f/u with cardiology.
1310012	5/12/2021	WI	27	M	4/22/2021	4/25/2021	Patient reported chest pain for 2 days and intermittent jaw pain after receiving his second Pfizer COVID vaccine on 4/22, and presented to the ER on 4/25 with a headache and emesis. An ECHO was performed and LVEF was 45%, and an EKG showed possible ST elevation. Per the Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine study there were no reports of STEMI being an adverse effect. Given the patient's ejection fraction of 45%, there was likely a prior medical condition the patient was unaware of and may have precipitated the STEMI rather than the vaccine. Hospitalized for 2 days and diagnosed with pericarditis.

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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
1310189	5/12/2021	KS	18	M	5/7/2021	5/10/2021	Patient presented as a transfer to our facility for Myopericarditis. He had received 2nd covid vaccine on Friday (5/7/21), subsequently had mild body aches the next day that improved with otc Tylenol. On sunday night he started to develop mild chest pain. Monday morning his pain acutely worsened with 8/10 chest pain, shortness of breath, and emesis x1. He was ultimately found to have myopericarditis after being transferred to our facility for cardiac MRI. His troponin peaked at 5.71, had no pericardial effusion, and normal EF. Pain well controlled with colchicine and ibuprofen. After 2 days of observation he was discharged home. He did not have any viral prodrome or illness recently, no hx of family hx of rheumatological conditions.
1310285	5/12/2021	OH	21	M	5/8/2021	5/11/2021	Chest pain, elevated troponin. Acute myocarditis confirmed by cardiac MRI

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1309631	5/12/2021	IA	21	F	4/28/2021	5/2/2021	myopericarditis; This is a spontaneous report from a contactable consumer (patient). A non-pregnant 21-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration, administered in left arm on 28Apr2021 at 13:00 (at 21 years old, no pregnant, Batch/Lot number was not reported) as a single dose for covid-19 immunization. The patient medical history was not reported. No other medical history and no known allergies. The patient not had Covid prior vaccination. The patient previous took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration, administered in left arm on 07Apr2021 at 13:00 (at 21 years old, no pregnant, Batch/Lot number was not reported) as a single dose for covid-19 immunization. The patient's concomitant medications were not reported. The patient was ended up in the hospital with myopericarditis on 02May2021 at 06:45AM. Patient was a health 21 years old who had no heart problems before. Also had no heart problems in the family. The event was resulted in Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event). Hospitalized 1 day. Prescribed colchicine and metoprolol for event. The patient underwent lab tests and procedures which included SARS-CoV-2 test (Nasal Swab): negative on 02May2021. The outcome of the event was recovering. Information about the Lot/batch number has been requested.
1310374	5/12/2021	WI	21	M	5/8/2021	5/11/2021	5/9 chills, headache and fever 5/11 Pt presented to ED with chest pressure/pain and mild shortness of breath. Pt was hospitalized for two days for Myopericarditis.
1310730	5/12/2021		22	M	5/7/2021	5/10/2021	myocarditis
1310821	5/12/2021	CA	27	M	2/9/2021	2/12/2021	Pain in my chest, arms, back, shortness of breath, dizziness, heart palpitations. I was diagnosed with Myocarditis. I was an athlete my entire life and still don't feel good after 3 months. Still have back pains that are incredibly painful. I have not exercised in 3 months. I was put on prednisone and Colchicine.

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1311758	5/12/2021	MA	18	M	5/8/2021	5/8/2021	Patient is a healthy 18 year old male with no history of Covid-19. Received 1 dose Moderna vaccine 5/8/21. Felt malaise, febrile to 103.5 that evening, 5/9/21 began experiencing chest pain. 5/11/21 presented to emergency department. Diagnosed Myopericarditis of unknown origin. Cannot exclude inflammatory response from vaccine as etiology.
1312045	5/12/2021	CA	18	M	5/5/2021	5/9/2021	Patient admitted to my hospital 4 days after second dose of Pfizer vaccine for Covid with imaging confirmed myopericarditis
1312600	5/12/2021	CO	42	F	4/20/2021	4/23/2021	Chest pain briefly at 6am on 4/23/21. Chest pain returned at 9am and was more severe. I went to the emergency room. I was given aspirin and ibuprofen and was admitted to the hospital because of elevated troponin. I was given heparin on 4/24/21. Diagnosis - presumed mild myocarditis.
1310674	5/12/2021	CA	31	M	2/5/2021	2/7/2021	PRIOR TO FIRST DOSE I WAS STRONG. I COMPLETED A 240 MILE HIKE IN RECORD TIME. 2 DAYS AFTER FIRST DOSE I EXPERIENCED TROUBLE BREATHING AND FATIGUE. I THOUGHT THIS WAS NORMAL SIDE EFFECT. I COULD NOT WALK AROUND THE BLOCK WITHOUT RUNNING OUT OF BREATH. SYMPTOMS LASTED AN ENTIRE MONTH. AFTER SECOND DOSE, THE VACCINE CLINIC RECOMMENDED I CALL MY DOCTOR. DOCTOR ADVISED I GO TO ER. 2 DAYS LATER, I GO TO ER. I STAY IN ER FOR 3 DAYS WHILE THEY RUN TESTS. I AM DISCHARGED ON 3/9/21. COINCIDENTALLY, THAT WAS WHEN CHEST PAINS STARTED. I HAVE HAD CHEST PAINS EVER SINCE. I HAVE VISITED DOCTORS, AND HAVE TAKEN TESTS, AND HAVE BEEN DIAGNOSED WITH PERICARDITIS. I AM NOW TAKING COLCHICENE WITH IBUPROFIN

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1305814	5/11/2021	FL	42	F	1/11/2021	2/14/2021	Diagnosed with pericarditis and admitted to the hospital; This is a spontaneous report from a contactable other HCP (patient). A 42-years-old female patient received the second dose of BNT162B2 (COVID-19 VACCINE), via an unspecified route of administration, administered in right arm on 11Jan2021 (Lot Number: EL1284) at age of 42 years as single dose for covid-19 immunisation. Medical history included seasonal allergies coconut allergy. Concomitant medications included cetirizine hydrochloride (ZYRTEC ALLERGY). Historical vaccine included the first dose of BNT162B2 for covid-19 immunisation. Prior to vaccination, the patient was not diagnosed with COVID-19. Patient developed severe sudden chest pain. Taken to the ER via ambulance. Diagnosed with pericarditis and admitted to the hospital (3 days hospitalization). Given colchicine and high dose NSAIDs. Had to go on short term disability due to the pain. Then given steroids at home. No prior health history and healthy. Received the second dose of the vaccine 3 weeks prior to pericarditis. Adverse event resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Disability or permanent damage. Since the vaccination, the patient had not been tested for COVID-19. Outcome of events was recovered. Follow up attempts needed. Further information is expected.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of event pericarditis cannot be totally excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
1307122	5/11/2021	NY	26	M	5/8/2021	5/10/2021	myopericarditis
1307084	5/11/2021	TX	22	M	5/6/2021	5/9/2021	Chest pain, myocarditis, elevated troponin levels.

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1306957	5/11/2021	NY	35	F	4/30/2021	5/2/2021	2 days after the vaccine (on 2 May), I woke with an accelerated heart rate, chest pain, tightness of chest and shortness of breath. I presented to MD where they took my vitals and an EKG. The doctor called an ambulance for me as she assessed I was potentially displaying signs of pulmonary embolism. The ambulance took me to the emergency department. I ultimately stayed there two nights, and following many tests was diagnosed with acute pericarditis versus myopericarditis. My admitting doctor and the cardiologist both advised that while they could not be 100% certain, the pericarditis could very well be an adverse reaction to the Moderna COVID-19 vaccine. The admitting doctor told me she would report it as an adverse reaction. I am now on colchicine anti-inflammatory medication for 3 months and have one follow-up with the cardiologist to come.
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
1306335	5/11/2021	WI	21	M	5/8/2021	5/11/2021	Myopericarditis requiring hospital admission. Elevated trop and decreased EF on ECHO.
1307141	5/11/2021	NY	18	M	5/1/2021	5/3/2021	Fever and nausea beginning in the evening after administration, improved, then onset 2 days after administration of chest pain. Presented to emergency room and subsequently admitted with diagnosis of pericarditis. Symptoms resolved within a few hours of treatment with Colchicine

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1306198	5/11/2021	VA	53	M	3/20/2021	4/1/2021	Shortness of breath; pericardial effusion requiring drainage/fluid around the heart that made the heart beat super fast to pump up blood; inflammation of the heart sac; fluid overload on the lung; fluid around the heart that made the heart beat super fast to pump up blood; This is spontaneous report from a contactable consumer (patient) reported for himself. A 53-year-old male patient received bnt162b2 (Pfizer-BioNTech Covid-19 Vaccine), dose 1 via an unspecified route of administration, administered in left upper arm at 53 years old on 20Mar2021 08:00 (Lot Number: EP7534) as single dose for covid-19 immunisation. Medical history included ongoing high blood pressure from 2018, he says he has had this for roughly 3 years. Concomitant medication included amlodipine at 5mg once a day for high blood pressure from an unspecified start date in 2018 and ongoing, he says he has been taking this for a few years, maybe 3 years. No additional vaccines were administered on Same Date of the Pfizer Suspect or within 4 weeks. He was not sick at the time of vaccination previously. The patient was calling about the Pfizer COVID vaccine. He says he is just trying to get answers because what he experienced was very alarming to him. He got the vaccine at 8:00 in the morning. He says a student did it, she took a long time, she was very timid. He says she was being supervised by an RN. He experienced shortness of breath on 07Apr2021, he says it was in the morning that the shortness of breath started, because he did make an appointment to go the the COVID test, he got the COVID test around noon that same day. He says he was diagnosed with pericardial effusion requiring drainage and inflammation of the heart sac. He says he had fluid overload on the lungs that required IV diuretics. He says the symptoms started after the vaccine, and these symptoms were what was causing the shortness of breath. He says the fluid around the heart made the heart beat super fast to pump up blood. He says the fluid triggered the shortness of breath. He says when they removed fluid the breathing got easier but then it settled into the lungs. He says Tuesday he dropped off the cliff, Tuesday or Wednesday night, one of them, for two nights he was on oxygen, they gave him a diuretic for the lungs, after 12 hours he started feeling better, continued to get better and better after they moved the fluid from the lungs with Lasix through the IV.

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He says he doesn't fit the profile of someone who would develop these issues, he has no history, no cancer, no autoimmune disorders. He says they say well maybe it is the virus but the doctors currently have no specific answers for the caller. He says they told him that someone having this would be the profile of an IV drug user. He says he never uses drugs, he does not fit a profile like this. He says he wants to be fully vaccinated. He says the timing is suspicious with the vaccine shot. He says it is 50/50 on the doctor's opinions, half say to get the shot, the other half say don't do it. He says they say the second shot is worse. He says he is confused as to what to do, that he understands this is a big experiment, he wants the vaccine but not at the cost of another visit to the hospital. He says he was at the hospital on oxygen, he couldn't get out of bed for a day. He says the doctor said there was a study in (Withheld), the caller says he did a lot of research in the hospital for 6 days, that says the demographic is younger but it is heart issues with men for the heart with the Pfizer vaccine. He says they are studying it. He says a couple of doctors referred to that, the ones that say don't get the shot, not yet. He says he can't pinpoint it exactly. He says it could have been a fluke but the timing is very suspicious. He says that because of some of the side effects, his week in hospital, he was concerned for his life, he wants to be fully vaccinated but not at the cost of going through this or cost of killing him. He says he does not want to go through this again, he will not get vaccinated unless he is comfortable. He asks should he switch to (Withheld), is that a safer bet, (Withheld), should he just skip it all together or not. He says he knows they are a different type of vaccine. He says they had to remove fluid from his pericardial sac, he had 2 days of draining, they drained a liter from around the heart so it could beat normal again. He says apparently some of the fluid went to the lungs so he needed oxygen. He says this all happened Tuesday morning, he came back home yesterday, he looks pretty good. He says he just wants to do the vaccine and asks should he take the second one or not. He would like to get any information. He says the fluid in his heart was starting to build up on 05Apr2021 or 06Apr2021, he started getting symptoms that come and go. He says he was admitted to the hospital on 19Apr2021 and his procedure was on

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							20Apr2021 so his shortness of breath resolved the day after the procedure. He says he was hospitalized from 19Apr2021 to 25Apr2021. After reporting shortness of breath he says that was it, basically. He says he went to the nurse treatment center on 19Apr2021 because he thought it might be COVID but this event landed him in the hospital. The events required a visit to emergency room, he said he went to the emergency room on 19Apr2021 and a doctor told him he might not make it. The patient said he was scared and he didn't know why the doctor would have said that to him. He said he did not have an appointment date to physician office yet, he was waiting to get a call back. Relevant Tests included: Rapid COVID test, Date 07Apr2021 Result negative, Date 15Apr2021 Result negative, Date 19Apr2021 at Patient First Result negative, Date 19Apr2021 at the hospital on admittance, Result negative. Standard COVID test, Date 19Apr2021 Result negative, Date 15Apr2021 Result negative. He says at the hospital there was a lot of tests done on his heart and lungs, nothing was coming back scary, they were coming back as perhaps viral markers. The outcome of shortness of breath was recovered on 21Apr2021, of other events was unknown.
1307412	5/11/2021	CA	32	M	5/5/2021	5/5/2021	05/05/21-around 9 hours after vaccination developed chest pressure and mild shortness of breath. Symptoms worsened over the next 2 days and on 5/7/21 pain intensified. Pain is described as chest pressure, shoulder and back pain, and also endorsed shortness of breath due to tightness and constriction. 05/07/21-presented to ED in the morning and was admitted to the Coronary Care Unit, treated with colchicine, NSAIDs resulting in gradual improvement of his symptoms. Given response to treatment and EKG changes the presumptive diagnosis of pericarditis was confirmed.

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1306329	5/11/2021	FL		F	1/26/2021	2/24/2021	pericarditis; block-head; body aches; fever; tiredness; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PERICARDITIS (pericarditis) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 023M20A and 032L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Blood pressure increased (high blood pressure) since 2000 and Arthritis rheumatoid (rheumatary arth) since 1999. Concurrent medical conditions included Seafood allergy (lobster) and Seafood allergy (Crab). Concomitant products included QUINAPRIL and AMLODIPINE for Blood pressure abnormal, IBUPROFEN and METHOTREXATE for Rheumatoid arthritis, FOLIC ACID for an unknown indication. On 26-Jan-2021 at 12:00 PM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 23-Feb-2021 at 12:00 PM, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 24-Feb-2021, the patient experienced MENTAL IMPAIRMENT (block-head), MYALGIA (body aches), PYREXIA (fever) and FATIGUE (tiredness). On 10-Apr-2021, the patient experienced PERICARDITIS (pericarditis) (seriousness criterion hospitalization). On 25-Feb-2021, MENTAL IMPAIRMENT (block-head), MYALGIA (body aches), PYREXIA (fever) and FATIGUE (tiredness) had resolved. At the time of the report, PERICARDITIS (pericarditis) had resolved. No treatment related information has been reported. Company Comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1307907	5/11/2021		73	F	1/29/2021	4/29/2021	Myocarditis
1307200	5/11/2021	CA	60	M	3/26/2021	4/4/2021	Inflammation of the tissue which surrounds the heart. Pericarditis. Taking Colchicine and Indomethacin.

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1307949	5/11/2021	KS	23	M	4/22/2021	4/26/2021	Patient presented to ER 4/26/21 with sharp chest pain associated with SOB that started the night of 4/25/21. EKG suggestive of pericarditis. Troponin I peaked at 11 and trended down to 6, TTE showed normal EF, no structural abnormalities and no pericardial effusion. patient was observed overnight, did well, discharged 2nd day on Ibuprofen 600 TID PO for 2 weeks. chest pain persisted for two more days and now completely resolved off the NSAID.
1307365	5/11/2021	MT	18	M	4/30/2021	5/4/2021	Pt developed chest pain on 5-1-2021, then went to the ER 5-4-2021, was hospitalized for pericarditis , elevated troponin 1 level, and hypokalemia. DC 5-5-2021 after 1 night in the hospital. Outcome: remains alive. TX management is colchicineo.6mg BID x 3 months and prn ibuprofen
1307881	5/11/2021		40	M	2/20/2021	2/22/2021	I30.0 - Acute nonspecific idiopathic pericarditis
1307848	5/11/2021	CT	23	M	5/6/2021	5/8/2021	Myopericarditis requiring hospitalization and cardiac MRI. Patient experienced chest pain. Patient treated with Ibuprofen 600mg TID and Colchicine 0.6mg BID.
1307797	5/11/2021	WA	21	M	5/7/2021	5/9/2021	Diagnosed myocarditis, ICU x 2 days

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1307502	5/11/2021	NJ	18	M	4/13/2021	5/4/2021	<p>18M with no PMH s/p pfizer vaccination dose 2 on 5/4/21 who presented with chest pain. He initially had chest pain the day prior to admission with pain in his back and down his left arm. This improved with Tylenol and resolved prior to bed. On the morning of 5/6 the chest pain returned and was so severe it woke him from sleep. He was difficult for him to characterize, but he said it was all over his chest, sometimes sharp and pressure-like, most severe in mid substernal region and was so substantial that he had difficulty speaking properly. He feels that the pain is most severe when lying flat and is best managed when he is resting at a 45 degree angle. Patient was at ED he was found to have an initial ECG with ST depressions in aVR and elevations in II, aVF, and V2 through V6 raising suspicion for pericarditis/myocarditis. Initial troponin was elevated at 4.35 as well. Cardiology Dr. was contacted by ED physician, case discussed, and EKGs reviewed and felt this was more likely pericarditis, but not STEMI. Of note, he reports a family history significant for his mother having a?hole in her heart.?He was given Toradol with improvement in his pain and upon arrival to hospital his chest pain was markedly improved. He was noted to have troponins peaking at 39.415 that down trended and an elevated CRP of 4.8 on admission. D-dimer was 0.26. Covid PCR was negative. He was evaluated by cardiology again here who upon review of his ECG and cardiac enzymes as well as presentation was consistent with pericarditis. Echocardiogram showed normal LV systolic function with trace posterior pericardial effusion and telemetry was monitored without any arrhythmias. He was started on low-dose beta-blockers, aspirin 650 mg 3 times a day, and colchicine 0.6 mg every 12 hours for 2 doses followed by 0.6 mg daily. He is planned to continue this for approximately 3 months and will need to follow-up with cardiology in 1 to 2 weeks for repeat monitoring and management with plan to taper off aspirin once his CRP normalizes. Later that night, he even had a similar episode of sudden onset chest pain for which she received IV Toradol with minimal relief and oral Tylenol with relief of symptoms after that. No telemetry abnormalities were recorded at that time. ECG the following day showed improving ST changes and troponin of 26.328 with CRP 4.2. He had no further symptoms for over 24 hours and is responding well to</p>

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							treatment. He is advised to take Tylenol as needed in addition to the above-mentioned medicines should he have any recurrent chest pain.
1308223	5/11/2021	PA	26	F	5/5/2021	5/6/2021	Presented with chest pain. Evaluation revealed perimyocarditis
1304414	5/10/2021	MD	62	M	3/21/2021	4/6/2021	Persistent fever began on 4/6/21 and persisted until diagnosis of acute pericarditis with pericardial effusion on 4/24/21.
1302521	5/10/2021	VA	40	F	2/24/2021	2/24/2021	Following the 2nd shot I had rapid heart beats and high fever. Within 48 hours the heartbeats and chest pain continued to intensify. In 2.26.2021 I went to the ER and my heartrate was in the 150s/160s and my heart presented to be in failure. I was admitted to the hospital for 2 days because my troponin level was high and indicated heart issues. I had mulitple EKGs and other tests as well as a heart catheterization. The catheterization showed no blockages. My heart continued to have an arithmyia and PVCs as well as chest pain. I was diagnosed with myocarditis or pericarditis due to the effects of the vaccine and referred to a cardiologists. I have been seeing the cardiologist for 6 weeks. I had to wear a heart monitor, have an echo cardio gram and many EKGs. I have never had any heart issues prior to this vaccine. I am still under the care of the cardiologist and on heart anti-inflammatory medications due to the myocarditis. I have rapid, irregular heart beats and am unable to do any physical activity.
1302279	5/10/2021	MD	32	M	4/26/2021	5/9/2021	Myocarditis, pericarditis, symptoms of chest pain and abnormal EKG/Troponin. Treated with NSAIDS
1302423	5/10/2021	OH	34	M	4/22/2021	4/26/2021	Shortness of breath, swelling, diaphoresis. Diagnosed with myocarditis and acute heart failure which led to cardiogenic shock.
1302473	5/10/2021	NJ	32	M	5/8/2021	5/9/2021	Acute myopericarditis 24h after 2nd dose

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1302486	5/10/2021	CA	32	M	5/5/2021	5/5/2021	The evening of Wednesday I began feeling chest pressure/discomfort and slight difficulty breathing. The same on Thursday, but a little worse. Friday morning at 4:30am I awoke from intense pain and pressure in my chest, difficulty breathing, and back/shoulder/neck pain. I went to the ER at 7:30 in the morning. Had tests taken, was given colchicine to help with the pain, and it did help lower the pain level a little bit. By Noon the pain was tolerable enough that I could go home. I was told to take ibuprofen to manage the pain. I took a nap but awoke at 2:30pm, this time with even more intense pain, my back/neck/shoulder muscles convulsing/twitching from pain and from being in a state of involuntary clenching as well as chest pain/pressure and difficulty breathing. I went back to the ER and after several more tests, an ECG gave the doctors cause to worry about the health of my heart (they were concerned I may be having a heart attack or heart failure). They kept me overnight and after taking more blood tests and ECG tests were able to diagnose me with Pericarditis on Saturday morning. I was prescribed colchicine, which I am to take twice a day for three months and ibuprofen to manage the pain.
1302519	5/10/2021	IL	63	M	4/18/2021	4/22/2021	3 days after receiving the first dose I was hospitalized with Pericarditis.
1303394	5/10/2021	NY	17	M	5/3/2021	5/7/2021	Chest pain with myocarditis

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1303631	5/10/2021	PA	24	M	5/6/2021	5/8/2021	5/6 - 2nd dose of Pfizer COVID mRNA vaccine 5/7 - fatigue, malaise, muscle aches, fever 5/8 - near resolution of symptoms 5/8 - dinner with family and 6-7 beers; chest pressure sensation at bedtime with fatigue, malaise, some dyspnea 5/9 early AM - woke with acute L chest pain, stabbing, radiation through chest, worse with exertion, 7/10 in severity, pleuritic, also with dyspnea 5/9 - presented to ED. Afebrile, hemodynamically stable, CBC and CMP overall wnl other than mild hyperglycemia. CPK 500s. ESR 4, troponin 3.77, EKG with t wave inversion in III, chest xray normal, d-dimer negative. COVID/resp viral panel negative. Initially admitted to the ICU and treated as NSTEMI/ACS with heparin drip, aspirin, beta blocker, and statin. left heart cath with normal coronaries and TTE was normal. Troponin peaked at 7 and downtrended to 5. a1c is pending. 5/10 early AM - symptoms had resolved. Cardiology recommending cardiac MRI to further evaluate but working diagnosis is myocarditis. He has no precedent viral illness, and no history of tick bite but does live in a wooded area and goes for hikes, states he always checks for ticks after being outside.
1303262	5/10/2021	MI	45	F	5/6/2021	5/9/2021	Pt presented to Urgent Care on the third day after vaccine (5/9) with chest pain, left arm pain, nausea and vomiting. EKG showed T-wave inversion on V2 and pt was sent to the ED for further evaluation. At the ED, bloodwork showed a significantly elevated troponin level. Pt was admitted for a possible NSTEMI and placed on a heparin gtt, diagnosis changed to myocardial injury within the setting of myo/pericarditis.

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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
1301548	5/9/2021	NY	18	M	4/14/2021	4/16/2021	Pt developed chest pain , shortness of breath 2 days after initial COVID-19 vaccination he was admitted to Hospital with myopericarditis
1301379	5/9/2021	NY	18	M	5/6/2021	5/6/2021	After 2nd vaccine dose developed myalgias, fever, chills, chest pain and shortness of breath hours afterwards which persisted and continued to worsen. Initial work up so far in the hospital appears to be myocarditis and is he is being admitted to telemetry.
1301219	5/9/2021	MN	27	M	5/6/2021	5/6/2021	Found to have myocarditis with troponin of 8 after presenting with three days of chest discomfort following the vaccine. Normal echocardiogram.
1301113	5/9/2021	MI	19	M	5/5/2021	5/8/2021	Myopericarditis. Chest pain that has now resolved, but continued troponin leak and EKG changes
1301093	5/9/2021	MI	16	F	5/4/2021	5/7/2021	Myopericarditis with chest pain. currently improving

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1300103	5/8/2021	WI	64	M	3/20/2021	4/22/2021	On 04/22/2021, a patient was determined to have pericarditis, possibly secondary to COVID-19 vaccination. The patient received his first COVID-19 vaccination (Pfizer) on 2/27/2021. The patient reported feeling poorly and presented to ER on 03/02/2021 with chest pain and dyspnea. He states the chest pain he is experienced this week is similar to the 2 episodes of chest pain he had after each of the two-step Pfizer COVID vaccination that he received in February 02/27/2021 and March 03/15/2021. He underwent a stress test on 03/11/2021 which did not show any reversible perfusion defects. Of note, the patient had COVID-19 back in October 2020 which manifested with night sweats, malaise for a few days and then cleared completely without any "long hauler" symptoms. The patient was treated with ibuprofen and colchicine. I did not find any evidence suggesting a relationship between pericarditis and covid-19 vaccination. In clinical trials, pericarditis was not statistically significantly different between treatment arms. Other potential causes of pericarditis include atrial fibrillation.

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1299091	5/8/2021	NJ	22	M	4/17/2021	4/1/2021	positive cardiac enzymes; myocarditis; hypotension 3 days post 2nd vaccination who was admitted; left-sided chest pain; SOB; diaphoresis; dizziness; paresthesia's to his hands; transient fever; chills; headache; body aches; This is a spontaneous report from a contactable physician. A 22-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration, in the left arm on 17Apr2021 (Batch/Lot Number: ER8731) (at the age of 22-years-old) as a single dose for COVID-19 immunisation as a single dose for COVID-19 immunisation. Medical history included scoliosis from an unknown date and unknown if ongoing , depression from an unknown date and unknown if ongoing. There were no concomitant medications. The patient previously received the first dose of BNT162b2 on 22Mar2021ont at 08:45 in intramuscularly in the left arm (Lot Number: ER8727) for COVID-19 immunisation. The patient had not received any other vaccines within 4 weeks prior to the COVID-19 vaccine. In Apr2021, the patient developed transient fever, chills, headache, and body aches which resolved 24 hours after his 2nd Pfizer vaccine, followed by left-sided chest pain, shortness of breath (SOB), diaphoresis, dizziness, paresthesias to his hands; hypotension 3 days post 2nd vaccination, on 20Apr2021, patient was admitted to hospital with positive cardiac enzymes, initially troponin T baseline at 663, 1 hour follow-up troponin T at 943 with troponin T delta at 42%. A 3-hour troponin T at 1913 with a troponin T3HR delta at 189% and CPK >1000 with the diagnosis of myocarditis. Covid screen was negative, Covid antibody was negative, HIV was negative, drug screen negative and rest of work up for other causes so far negative. On 20Apr2021, he was transferred to another hospital for further cardiac care. Treatments for the events included pressor, cardiac medications, cath, etc. Patient remains hospitalized. In Apr2021, the patient recovered from the events, body aches, headache, chills, transient fever. The patient had not recovered from the events, positive cardiac enzymes, myocarditis, hypotension, left-sided chest pain, SOB, diaphoresis, dizziness, and paresthesias to his hands.; Sender's Comments: A contributory role of BNT162B2 to the reported events cannot be fully excluded based on temporal relationship

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and lack of alternate explanation at this time. Case will be reassessed if additional information is received. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

This is a spontaneous report from a contactable other HCP who reported for a patient. A patient of unspecified age received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Batch/Lot number was not reported) on 17Apr2021 via an unspecified route of administration on an unspecified date as a single dose for covid-19 immunization. Historical vaccine included: bnt162b2 (COMIRNATY, Solution for injection,) dose 1 on 18Feb2021 04:00 PM, for covid-19 immunization. No prior cardiac past medical history. Medical history was not reported. Concomitant medications were not reported. On Patient received 2nd dose of Pfizer COVID-19 vaccine on 17Apr. That evening noticed SOB and chest tightness. Over the next 3 days went to ED with worsening CP. Found to have elevated troponins and EKG changes. CTPE negative. Symptoms improved with pain management, steroids, and colchicine. Cardiac MRI done on 23Apr that showed EF 52% and findings consistent with myocarditis and small pericardial effusion. Patient managed with ACE and colchicine. The clinical outcome of the events was unknown. Information on lot/ batch number has been requested.; Sender's Comments: Based on the information provided, the contributory role of the suspect product second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Batch/Lot number was not reported) to reported events myocarditis and small pericardial effusion is possible. Case will be reassessed upon receipt of follow-up information.

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1299336	5/8/2021	MD	39	F	4/21/2021	4/26/2021	acute pericarditis; Patient developed chest pain.; This is a spontaneous report from a contactable physician. A 39-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number and expiration date were not reported), dose 1 via intramuscular route, administered in arm left on 21Apr2021 at 12:00 as single dose for COVID-19 immunisation. The patient medical history and concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. Prior to vaccination, the patient did not diagnose with COVID-19. On 26Apr2021 at 03:00, the patient developed chest pain and she was taken to emergency department. She was admitted to observation. Electrocardiogram (EKG) changes and lab results consistent with acute pericarditis. The events resulted in emergency room visit or urgent care and physician office visit. The patient underwent lab tests and procedures which included PCR covid test with nasal swab on 26Apr2021 and result was negative. The patient received treatment included intravenous fluids, Toradol, indomethacin, and colchicine for the events. The outcome of the events was resolving. Batch/lot was unknown as not provided to reporter at the time of report completion. Information on the lot/batch number has been requested.; Sender's Comments: Based on the temporal relationship, A possible contributory role of the suspect product to the development of Chest pain and Acute Pericarditis cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1299825	5/8/2021	MI	19	M	5/4/2021	5/7/2021	myopericarditis, chest pain, elevated troponin, EKG changes, moderately decreased LV function (started 3 days after vaccine administration). treated with NSAIDs

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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 at 06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10:00 AM. In the ED, CBC, CMP and UA was within normal limits. EKG at 20:46 and again at 21:14 showed ST segment elevation in inferolateral leads with possible myocardial injury, ischemia or pericarditis. Troponin 0 hour was 835 and at 2 hours 1674. Patient was admitted to the PICU for further evaluation and management. Echo on 5/6/2021 showed normal LV systolic function with SF 31%. Cardiac MRI on 5/7 showed contrast enhancement of inferolateral wall consistent with myo-pericarditis with small pericardial effusion. Troponins were trended every 12 hours and plateaued in the 1800's on 5/8/2021. Patient was diagnosed with acute myo-pericarditis. Respiratory viral PCR and COVID-19 PCR on 05/06/2021 were negative. Thyroid studies were normal. ANA titer is pending. Viral serology for HbsAg was negative and HIV was non-reactive. Results for additional viral serologies for Coxsackie viruses, EBV, CMV and HHV6 are awaited. Patient was treated with NSAIDs and Colchicine. IVIG was not given based on clinical judgement. Pediatric Cardiology was involved in patient's care and clinical decision making. Patient remained hemodynamically stable on room air throughout his PICU course. He was discharged on 5/9/2021 with Pediatric Cardiology outpatient follow up in 2-3 weeks. He will continue Ibuprofen 600 mg every 6 hours and Famotidine 20 mg 2 times daily until his follow up.
1300044	5/8/2021	CA	28	M	5/4/2021	5/7/2021	Myocarditis. Developed severe headache (3 days) with chest pain (for 1 days). Noted to have high sensitivity troponin 6000 > 6000 > 8000. ECHO WNL. CTA heart, WNL.

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1299978	5/8/2021	TN	46	M	5/3/2021	5/5/2021	Chest pains started on 5/5/21 around 4pm and worsened through 9pm. The next morning chest pains continued to the point where I went to the Emergency Room. There, a cardio ultrasound, blood work and a cardio catheter were performed. Tests for all respiratory viruses all came back negative. I was taken to the Critical Care Unit and remained under supervision overnight and through the morning 5/7/201, when I was discharged. I was diagnosed with Myocarditis and Pericarditis.

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1294704	5/7/2021	CA	18	M	3/30/2021	3/30/2021	Myocarditis; Troponins greater than 11,000; Mild Fever; Chills; Malaise; Chest pain; Body Aches; Cough; Headache; Nausea; This is a spontaneous report from a contactable nurse. This nurse reported for a 18-year-old male patient that: This is a spontaneous report from a contactable other hcp. A 18-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2 via an unspecified route of administration on 30Mar2021 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation . Medical history included ongoing attention deficit hyperactivity disorder (ADD) , ongoing autism. Historical vaccine included BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose1 received on 10Mar2021, LOT: Unknown for COVID-19 Immunization. Concomitant medication(s) included risperidone (RISPERDAL) taken for attention deficit hyperactivity disorder from an unspecified start date and ongoing; methylphenidate (METHYLPHENIDATE) taken for attention deficit hyperactivity disorder from an unspecified start date and ongoing; cetirizine hydrochloride (ZYRTEC [CETIRIZINE HYDROCHLORIDE]) taken for an unspecified indication from an unspecified start date and ongoing. The patient presented to the ER two days after receiving his second dose of the vaccine. The patient experienced myocarditis (hospitalization 01Apr2021 to 03Apr2021, medically significant) on 01Apr2021 with outcome of unknown, patient was post ICU admission, chest pain (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , body aches (hospitalization) on 30Mar2021 with outcome of unknown , cough (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , headache (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , nausea (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , troponins greater than 11,000 (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , mild fever (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , chills (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , malaise (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown. The patient underwent lab tests and procedures which included

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							<p>echocardiogram: unknown result on unknown date, electrocardiogram: no acute changes on 01Apr2021, electrocardiogram: abnormal with ST elevation on 19Apr2021 and patient needed to consult with Cardiology, COVID-19 antigen test: negative on unknown date. The patient was treated in the ICU, exact treatment unknown at this time. Information about Lot/batch number is requested.; Sender's Comments: The contributory role of the suspect BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2 via an unspecified route of administration on 30Mar2021 (Batch/Lot number was not reported) to reported events is probable.</p>
1296631	5/7/2021		71	F	4/11/2021	4/16/2021	<p>Myocarditis Patient presented to the hospital with one episode of troponin positive chest pain. She was diagnosed with an NSTEMI for which she had a coronary angiogram which showed no significant coronary artery disease. She subsequently had CRP (normal)/ESR (mildly elevated) and DDIMER. Ddimer was elevated thus a V/Q scan was done which showed no pulmonary embolism. She went on to have a cardiac MRI which showed evidence of myocarditis.</p>
1295940	5/7/2021		45	M	2/5/2021	4/1/2021	<p>Myopericarditis with fatigue, myalgias, joint pains, and dispnea on exertion since his second COVID 19 shot. Pt also found to have a DVT.</p>

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1294723	5/7/2021			U			Myocarditis; This is a spontaneous report from a non-contactable nurse via a Pfizer-sponsored program . An 18-year-old patient of an unspecified gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (batch/lot number was not reported) as a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient was admitted into the hospital with myocarditis after taking the Covid vaccine on an unspecified date. She was wondering when Pfizer would be reaching out to patient's family as it was their vaccine that put the patient into the hospital. Also wondering if Pfizer was tracking this as a side effect. The outcome of the event was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Sender's Comments: Based on the available information and known product information, the causal relationship between the reported myocarditis and use of BNT162B2 cannot be fully excluded. There is limited information with regards to medical history and clinical course thus precluding a more meaningful assessment. The case will be assessed further upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1295221	5/7/2021		18	M	5/1/2021	5/4/2021	Myopericarditis -diffuse ST elevations on EKG with elevated troponin. Cardiac MRI shows inflammation and area of fibrosis in septum. Started on motrin 600mg QID. S/p 1x IVIG, 2x IV solumedrol, transitioned to PO prednisone course for 3.5wks, ASA 81mg daily.

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1295323	5/7/2021	MS	18	M	4/30/2021	5/2/2021	Two days after vaccine suddenly had sever central chest pain worse with lying flat. Ultimately EKG showed pericarditis. Troponins were done which showed significant elevations. Patient diagnosed with myopericaditis, likely 2/2 vaccine. No other illness whatsoever. Further diagnostic tests were ordered, patient unfortunately left AMA before further workup was completed.
1295341	5/7/2021	NE	40	M	4/27/2021	4/29/2021	Developed chest pains 48 hours after vaccination. Had chest pains daily for several days. 96 hours after vaccination, went to clinic. Tests showed irregular EKG, confirmed myocarditis

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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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1296136	5/7/2021	NY	35	M	5/1/2021	5/5/2021	Acute, severe, transient substernal chest pain. Pain lasted 30-45 minutes at a time. Pt. had EKG changes consistent with pericarditis and elevated troponin. Coronary arteries were clear on Left heart catheterization, but patient had EF of 40-45% One recurrence of pain 17 hours after initial onset, otherwise asymptomatic. EKG, TTE, and Cardiac MRI concerning for myopericarditis.
1296139	5/7/2021	PA	17	M	5/4/2021	5/6/2021	myopericarditis, received toradol, cardiac cath negative, admitted to hospital
1296114	5/7/2021	TX	87	M	2/12/2021	5/3/2021	Admit for heart block and asymptomatic bradycardia to 40 bpm, found to have acute myocardial injury concerning for NSTEMI vs myocarditis; suspected immune checkpoint inhibitor myocarditis/myositis w/ complete heart block. 1 of 3 patients with similar presentation within 1 month (2 received 2nd dose Moderna, 1 received Janssen)
1296591	5/7/2021	WA	42	F	4/27/2021	4/29/2021	Dull chest pain which increased with deep breath or bending over. Blood tests revealed extremely elevated Troponin-I and CRP levels. Required hospital stay, for 2 days
1296188	5/7/2021	NJ	78	M	4/6/2021	5/1/2021	Severe tightness in chest. Taken to Inspira Medical Center. Tested and kept overnight for observation. Hospital cardiologist diagnosed Pericarditis and this assessment was agreed to by my own cardiologist. Hospital Course: EKG, Cardiac Enzymes (negative), No arrhythmia on telemetry, Hemodynamically stable.
1293316	5/6/2021	MS	18	M	5/3/2021	5/4/2021	Myopericarditis
1291851	5/6/2021	NY	20	M	4/28/2021	4/29/2021	pt developed chest pain the day after the vaccine that worsened over days- presented to hospital on 5-2-21
1291951	5/6/2021	NY	24	M	4/29/2021	5/3/2021	vaccine 4/29/21, developed chest pain 5/3/21, cardiac MRI consistent with myopericarditis, peak 5th generation troponin T 1360

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1292053	5/6/2021	SC	48	M	4/6/2021	5/5/2021	Severe chest pain, diagnosed as Pericarditis. No prior history, no prior surgeries, no risk factors, no illnesses. In addition, patient is very healthy, has never had COVID, he is provided free COVID tests and work, has tested negative regularly for months, gets him temperature taken at work every day before entering.
1292270	5/6/2021	NY	58	F	5/1/2021	5/1/2021	A few hours after 2nd dose of vaccine started having pain to entire left side of body including left arm, left chest, left neck, left leg. Presented to the ED 2 days later for her symptoms. Found to have elevated troponin consistent with NSTEMI vs. myocarditis.
1292638	5/6/2021	OH	28	M	4/30/2021	5/1/2021	Patient received COVID-19 vaccination (Moderna) on 04/30/2021 from a store pharmacy. Patient presented to the Emergency Department on 05/04/2021 with a chief complaint of chest pain. Patient informed the care team that he began feeling intermittent, non-exertional chest discomfort on 05/01/2021. Patient was then evaluated by the inpatient cardiologist due to concern for a myocardial infarction. The patient had a troponin of 8.9 ng/mL that climbed to 19.9 ng/mL the next day. Patient was ultimately diagnosed with Myopericarditis and initiated on treatment with carvedilol and colchicine.
1292654	5/6/2021	VA	32	M	4/30/2021	5/2/2021	I arrived at the ER complaining of tightness in the chest and nausea, having vomited an hour earlier. At triage, the EKG showed a weak heart rate. This was two and a half days after receiving the shot, and having had other symptoms including fever, chills, general soreness, all of which may have obscured an earlier onset of tightness in the chest. Eventually I was diagnosed with acute Pericarditis and prescribed Colchicine by mouth 2 times a day. I'll need to have follow-ups with a cardiologist, continue taking the Colchicine, and go easy on the heart for 6 weeks to 3 months. Long-term, it's expected I'll make a full recovery.

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1293236	5/6/2021	PA	51	F	2/20/2021	3/7/2021	Emergency room transfer to telemetry; admitted from 3/7 to 3/18/21 with centralized Chest Pain that radiated to her right neck and shoulder, shortness of breath associated with the pain, loose stools - took baby aspirin. Cardiology consulted: heart catheterization was performed and negative; Discharged to home with AmLODipine, aspirin, atorvastatin, famotidine, imdur; follow up with PCP and cardiologist
1293585	5/6/2021	MO	56	M	3/30/2021	3/30/2021	Developed hemophagocytosis syndrome (hemophagocytic lymphohistiocytosis) resulting in hospitalization

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1294203	5/6/2021			M			<p>acute myocarditis after vaccination against SARS-CoV-2; Blood analytics showed myocardial infarction markers elevation; persistent fever of 38°C or higher; manifested intermittent and interscapular thoracic pain; This is a literature report entitled Acute myocarditis after administration of the BNT162b2 vaccine against COVID-19; published in 2021. The adverse reactions to vaccines are usually ordinary, but cases of myopericarditis have been reported following their application. On the other hand, different cases of myopericarditis related to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have been recently published. A case has been described of a 39-year-old male patient, medical doctor, with personal record of bronchial asthma, autoimmune hypothyroidism, chronic atrophic gastritis, isolated episode of atrial fibrillation and spontaneous pneumothorax recurrence with left apical segmentectomy. Last months, he had various screenings through PCR and serology for SARS-CoV-2 infection, all of them negative. Patient has had given informed consent for writing and publishing of the clinical case. Following the vaccine series against COVID- 19, he was administered with the first dose of BNT162b2 vaccine, without relevant adverse reactions. Past the 6 hours of vaccine second dose administration, 21 days after first dose, he initiated with persistent fever of 38°C or higher, that was treated with antipyretic medication. Subsequently he manifested intermittent and interscapular thoracic pain, that persisted several hours without relief from conventional analgesia, reason to reach out emergency department. At his arrival, electrocardiogram showed sinus tachycardia of 130bpm with narrow QRS and diffuse ST elevation. Thoracic x-ray did not show relevant findings. Blood analytics showed myocardial infarction markers elevation, with a first outcome of high sensitive troponin T (hs-TnT) of 139 ng/l. PCR for SARS-CoV-2 was performed and resulted negative. Given the medical data, electrocardiographic alterations and analytical parameters, a transthoracic echocardiogram was run, that showed good biventricular function, without segmentary alterations of contractility, significant valvulopathies or pericardial effusion. Furthermore, an acute aort ic syndrome was ruled out through thoracic computed tomography angiography (CT-angio); coronary study could not be performed</p>

through this technique due to impossibility of optimal heart rate control. With diagnostic suspicion of acute myocarditis, anti-inflammatory treatment was restored, and patient remained asymptomatic. However, patient's transfer to a reference third level hospital was decided to continue the study. At presentation, patient arrived with a hemodynamic stability condition and asymptomatic, with punctual episodes of thoracic pain. Consecutive electrocardiograms showed a partial rectification of ST changes, with negativization of T wave in precordial derivations. Enzymatic peak of hs-TnT was 854 ng/l. First 48 hours a coronary CTangio was performed that ruled out coronary disease and a magnetic cardiac resonance that showed edema in T2-STIR weighted sequences and subepicardial enhancement in the distal medial lateral region, compatible with acute myocarditis. Study was completed with viral serology and screening through polymerase chain reaction (PCR) of prime cardiotropic viruses plasma, as well for SARS-CoV-2 in a new oropharyngeal sample, with negative result. It was proven by unspecific positive IgM serology study, positive IgG (spike) and negative IgG (nucleocapsid), pattern that shows immunization after SARS-CoV-2 vaccination, since spike protein is the one coded by mRNA administered with the vaccine. Due to low risk profile and promising evolution, an endomyocardial biopsy was not proposed. At last, the patient presented beneficial clinical response, with full recovery of the symptoms, 6 days after admission he was discharged. Given the obvious temporary relation between the vaccination process and clinical picture development, and the exclusion of other acute cardiological conditions, this acute myocarditis picture is being proposed as an adverse reaction related to BNT162b2 vaccine. In this case, a patient with personal record of bronchial asthma, autoimmune hypothyroidism and chronic atrophic gastritis, it is stated the hypothesis that the vaccine could have caused the autoimmune reaction manifested as acute myocarditis. In the presented case, the definitive etiological diagnosis, equally to several pictures of acute myocarditis, is difficult to establish. Because of the clear temporary relation and the matching serological pattern with immunity after vaccination, as well after acute infection ruling out, it seems reasonable to link the clinical picture developed by this patient with an adverse reaction to BNT162b2

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							vaccine against COVID-19. In conclusion, a case of acute myocarditis after vaccination against SARS-CoV-2 is presented in which has been outlined that is the first case published as adverse reaction to this vaccine. Information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on chronological connection to the vaccine, causality between reported events and BNT162B2 vaccine cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified.
1293031	5/6/2021	NY	45	M	4/15/2021	5/4/2021	Pericarditis Medication Treatment ongoing
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 of breath. Reported to the ER with concerning EKG and troponin levels and therefore transferred where he has been admitted for myocarditis.
1289546	5/5/2021	PA	20	M	4/11/2021	4/14/2021	Admitted 72 hours after 2nd Moderna dose with acute onset chest pain, EKG changes, positive troponin and elevated CRP. Coronary CT ruled out coronary disease. Transthoracic echocardiogram revealed EF 55-60% with inferior wall hypokinesis. Findings on cardiac MRI consistent with acute myopericarditis.

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1289438	5/5/2021	NY	23	M	3/1/2021	3/20/2021	Received first dose of Pfizer on 3/1. Felt tired for few days and was fine. Started having neck and back pain and then extreme heart burn, pain down left arm, trouble breathing etc. Admitted into hospital on 3/20/21 with Triponin Level at 1.8 and Blood Platelets level at 20,000. Fever and resting heart rate of 135 BPM. Extreme heart burn and pain down left arm. Triponin level rose to 4.5. Platelet levels did not increase. After multiple blood tests to make sure they were correct Cardiologist and Hematologist diagnosed as Myopericarditis and ITP blood disorder. Spent 4 days in hospital on heavy Decadron dose for ITP and levels improved. Myopericarditis being treated with Colchicine and Metoprolol. Was discharged from hospital on 3/24 and monitored at home. ITP levels still fluctuating and Myocarditis and Pericarditis are still being treated. No previous history of any heart or blood problems and no family history. 23 year old healthy male with no previous health conditions.

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1289041	5/5/2021	MA	24	M	4/22/2021	4/25/2021	On Sunday April 25th 2021, I woke up with severe chest pain that went up to the right side of my neck, as well as having shortness of breath. I was admitted into the ER and they ran blood work, did a CT scan and x ray of My chest. When my bloodwork came back, it showed I had very elevated troponin levels. Because I was having continuous pain, I was given morphine but it didn't work. So they upped it and gave me dilaudid and that took the pain away. It was in the doctors best interest I get transported to a facility with a good cardiatic team. Upon arriving to the new facility, they further drew my blood and ran more tests. I got admitted as an in patient on the cardiatic floor. The cardiologists ordered for me to have an echocardiogram done, another CT scan with a special protocol to view my heart, and an MRI done of my heart. After my echocardiogram and CT scan came back fine, the doctors said they'd be surprised if the MRI DIDNT show something. When that result came back, it did reveal my heart was still inflamed. After ruling out all other possibilities they concluded that the 2nd Dose of Moderna COVID vaccination I'd received was the culprit behind my diagnosis. My diagnosis being, a case of myocarditis as well as a mild heart arrhythmia. For the next several months I am kn a medication called metoprolol 25mg, 2 half tablets a day, to correct my heart arrhythmia and relieve stress from my heart as well as minimize the amount of stress I encounter each day. No heavy lifting pushing or pulling of any sort for the next 3 months.
1289811	5/5/2021	PA	24	M	4/30/2021	5/4/2021	Patient presented to the ED on 5/4/21 with chest pain. Patient received initial dose of of COVID vaccine on 4/2/21 and stated he received his second dose on 4/30/21.
1290716	5/5/2021		24	M	4/17/2021	4/19/2021	Patient experienced fatigue, muscle aches, dyspnea and chest pain. Was told to go to ER and was diagnosed with myocarditis.

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1291256	5/5/2021	NJ	27	M	4/7/2021	4/19/2021	<p>Similar symptoms to pericarditis, with debilitating pain that was exasperated while lying down; Heart palpitations; left armpit with pain radiating to entire left shoulder through the middle of the neck; low grade fever; severe fatigue; slightly dry cough; This is a spontaneous report from a contactable consumer reporting for himself. A 27-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE) (lot number EV8732/expiration date: not provided), via an unspecified route of administration, on 07Apr2021 at 13:45 (at the age of 27 years old) as a single dose in the left arm for COVID-19 IMMUNIZATION. Relevant medical history included COVID-19 on an unspecified date. The patient did not have any known allergies to medications, food, or other products. Concomitant medication (other medications taken in two weeks) were none. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 19Apr2021 at 22:00, the patient experienced similar symptoms to pericarditis, with debilitating pain that was exasperated while lying down, Heart palpitations, left armpit with pain radiating to entire left shoulder through the middle of the neck, low grade fever, severe fatigue and slightly dry cough. The events required a physician's office visit. The patient received treatment for these events. The clinical course of the events was as follows: Heart palpitations originating under left armpit with pain radiating to entire left shoulder through the middle of the neck. Similar symptoms to pericarditis, with debilitating pain that was exasperated while lying down, low grade fever, severe fatigue, and slightly dry cough. Lasted about 30 hours. Discomfort relief, like pericarditis, was only felt when sitting up and propping myself up by my arms leaning forward. Onset was rapid, occurring 13 days after the first dose of the vaccine over a period of 8 hours (palpitations came first, followed by shoulder and neck pain in the morning). Treated with Aspirin at first (low effectiveness) followed by NSAID Advil 7 hours later (high effectiveness, symptom relief was about 50%). High strength Advil recommended by MD. The outcome of the events was recovering. Since the vaccination, the patient had not been tested for COVID-19.</p>

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1289071	5/5/2021	IN	40	M	4/27/2021	4/29/2021	Myocarditis
1290102	5/5/2021	CO	35	M	4/29/2021	5/2/2021	Pfizer-BioNTech COVID-19 Vaccine EUA: three days after vaccination patient presents to emergency department (ED) reporting sudden onset severe chest pain, emesis, numbness/tingling of arms, and nausea. Initial vital signs: pulse = 90 beats per minute, blood pressure 142/100 mmHg, oxygen saturation 95% on room air. Patient admitted for management of NSTEMI: differential includes myocarditis.
1285887	5/4/2021	GA	22	M	4/13/2021	4/16/2021	Chest pain, inpatient therapy 4-17-2021 to 4-19-2021. Discharge diagnosis of myo -pericarditis
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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1284773	5/4/2021	VA	20	M	4/9/2021	4/10/2021	chest pain; elevated troponin; EKG changes in the setting of pericarditis.; This is a spontaneous report from a contactable physician. A 20-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration on 09Apr2021 (at age of 20 years old, Batch/Lot number was not reported) as single dose for covid-19 immunization. Medical history included crohn's disease and cerebral palsy. No Known allergies. Concomitant medications included mesalamine; macrogol 3350 (MIRALAX). The patient previous took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection) on an unknown date (lot number not reported, at a single dose for covid-19 immunization. The patient not had covid prior vaccination also not tested post vaccination. The patient experienced chest pain, elevated troponin, and EKG changes in the setting of pericarditis on 10Apr2021. AE resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization (2 days). Treatment received included Colchicine. The outcome of the event was recovering. Information on the lot/batch number has been requested.

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1284774	5/4/2021	VA	56	F	3/1/2021	3/2/2021	pericarditis; recurrent nonexertional, positional chest pain; SOB; dry cough with evidence of pericardial effusion and bilateral pleural effusions; dry cough with evidence of pericardial effusion and bilateral pleural effusions; dry cough with evidence of pericardial effusion and bilateral pleural effusions; This is a spontaneous report from a contactable Physician. A 56-year-old non-pregnant female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, lot/batch number not provided), via an unspecified route of administration on 01Mar2021 (at age of 56 years old) at single dose for COVID-19 immunisation. Medical history included Asthma. There were no concomitant medications. No COVID prior vaccination. No COVID tested post vaccination. No other vaccine in four weeks. The patient previously took first dose of BNT162B2 (lot/batch number not provided) for COVID-19 immunisation, tioconazole and had Known allergies to Tioconazole. On 02Mar2021, the patient presented with recurrent nonexertional, positional chest pain, SOB (Shortness of breath) and dry cough with evidence of pericardial effusion and bilateral pleural effusions on CTA (Computerised tomogram). ECHO (Echocardiogram) confirming pericarditis. Labs and additional workup negative for AI or malignancy, all lab test in 2021. No. of days hospitalization was 2. AE resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization. Treatment received (Colchicine, Ibuprofen) for all events. The outcome of the events was Recovering. information on the lot/batch number has been requested.; Sender's Comments: Based on data provided, the reported events are assessed as possibly related to BNT162B2. This case will be reassessed upon receipt of further information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified.

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1284862	5/4/2021	MI	43	M	4/23/2021	4/27/2021	myocarditis; Chest pain; This is a spontaneous report from a contactable Physician. A 43-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE Solution for injection), dose 2 intramuscular on 23Apr2021 (43-year-old at time of vaccination) (Batch/Lot number was not reported) as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. Patient had no prior vaccination. Patient had no known allergies. Patient previously took dose 1 of BNT162B2 (lot number: not available/provided to reporter at the time of report completion) for COVID-19 immunisationThe patient presented with chest pain found to have myocarditis on 27Apr2021. The patient was hospitalized for myocarditis and chest pain for 2 days. Patient resulted visiting emergency room and physician office due to myocarditis. Patient had test post vaccination test which is nasal swab (COVID-19 virus test) on 27Apr2021, and the result was negative. Outcome of the event s was not recovered. The events assessed serious as these caused hospitalization, disability and was life threatening. Information on the lot/batch number has been requested.
1285276	5/4/2021	OH	19	M	4/29/2021	4/30/2021	4/29/21 3:30 PM - Vaccine Administered, right arm soreness and fatigue throughout rest of day 4/30/21 12:00 PM - Woke up, fatigue, body and headaches, fever, chills, chest pain and tightness throughout day, intermittent naps 10:00 PM - Fell asleep 5/1/21 11:00 AM - Woke up, chest pain and tightness persists, other symptoms minimized 9:00 PM - Check into ER, underwent series of tests (blood work, EKG, etc.) - EKG showed serious heart problems 11:00 PM - Medevaced to second hospital 5/2/21 12:00 AM - Underwent cardiac catheterization, showed inflammation around the heart 1:00 AM - Sent to ICU bed to recuperate and heal from catheterization 9:00 AM - Given Colchicine, Ultrasound administered showing still lower than normal heart activity Mid-morning/mid-day - Given metoprolol 12:00 PM - Moved to regular bed, symptoms somewhat improving Rested 5/2/2021 6:30 AM - diagnosis of Myopericarditis , 9:00 AM - Given colchicine and metoprolol, symptoms reduced 11:00 AM - Discharged

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1285361	5/4/2021	TX	53	M	4/1/2021	4/22/2021	I am unsure if this illness was related to his recent vaccination. However, after seeing reading this article about possible link between covid vaccination and the development of myocarditis, I felt compelled to report: https://www.reuters.com/world/middle-east/israel-examining-heart-inflammation-cases-people-who-received-pfizer-covid-shot-2021-04-25/ . The patient in question is a 53 year old man with a history of previous carotid artery dissection and hyperlipidemia transferred to our hospital from an outside facility for presumed myocarditis. He rapidly decompensated, required intubation, multiple vasopressors, was initiated and ultimately expired.
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.
1285944	5/4/2021	CA	20	M	4/15/2021	4/17/2021	chest pain starting 2 days after vaccination that resulted in hospitalization for 3 days. Started on beta blocker and anti-inflammatories. Discharge diagnosis : presumed myopericarditis
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.
1286393	5/4/2021	NJ	42	M	4/23/2021	4/24/2021	had chest pain - was admitted to hospital with elevated troponin and was ultimately diagnosed with acute myocarditis. Was admitted on 4/25 and discharged on 4/27 - symptoms resolved within a week.
1286471	5/4/2021	UT	35	M	4/30/2021	5/2/2021	Myocarditis, elevated troponin

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1286674	5/4/2021	NY	19	M	4/28/2021	4/30/2021	Patient felt febrile with flu-like symptoms on 4/29/21. Woke up on 4/30/21 with chest pain. Went to the emergency department. They evaluated him and transferred him by ambulance to Medical Center where he stayed for three days for tests and evaluation. Patient was ultimately diagnosed with acute perimyocarditis.
1287067	5/4/2021	CA	58	F	4/19/2021	4/19/2021	PT EXPERIENCED SHORTNESS OF BREATH , CHEST PAIN, LUNG PAIN AROUND 1 HOUR AFTER GETTING THE SECOND DOSE OF PFIZER COVID 19 VACCINE. SHE WENT TO THE ER ON 4/20 AND AGAIN ON 4/25 AND WAS ADMITTED FOR 4 DAYS AND WAS DIAGNOSED TO HAVE PERICARDITIS, ATRIAL FIBRILLATION AND ENLARGED HEART.
1285538	5/4/2021	TN	48	M	4/13/2021	4/18/2021	On day following, suffered high fever and aches for the following 36 hours. On Sunday, experienced NSTEMI due to myocarditis (not previously diagnosed) and remained hospitalized for two days following.
1282356	5/3/2021	NC	23	M	4/29/2021	4/30/2021	Shortly after receiving his 2nd dose, he developed the expected fever, chills, and myalgias. However, he also developed substernal chest pain that was persistent.
1282301	5/3/2021	MA	21	M	4/6/2021	4/25/2021	Mycrocarditis, truponin levels were at 20, Diahreah , chest pain, back pain -1 werk
1280921	5/3/2021	KY	40	F	4/18/2021	4/18/2021	After an hour, I felt a lot of pressure in my chest. It got worse over the next day and a half so I went to the hospital where I stayed for 3 days. I went back to the hospital a few days later and am still seeing multiple doctors regarding this. My symptoms are: Pain in the middle of my chest and the left side which they have said is from myopericarditis, I have inflammation in my esophogus and in my nerves. I also have endemetriosis and have had a lot of pain with this as well since my shot.

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1280966	5/3/2021	IL	34	M	4/27/2021	4/29/2021	Chills, fever, and severe headache started 12 hours after injection and subsided 36 hours later. 12 hours after those side effects subsided chest pains started. I was told I was having a heart attack based off the high levels of an enzyme that's present when the heart is under stress. I was given a catheter through the artery in my wrist and my heart was clear. I was then diagnosed with Pericarditis. I am currently on medication and still having severe chest pains.
1281675	5/3/2021	IN	29	M	3/31/2021	4/27/2021	Began having chest pains on the morning of 4/27. I was taken to the ER at 7pm. An EKG was ran and came back normal. Blood tests showed my Trop level was high. I was taken to another hospital via ambulance. My trop levels were taken 2 more times that night, both coming high at 3.49 and 4.19. They took two more EKGs that night. On the morning of 4/28, they conducted an echocardiogram that came back normal. On 4/29, they performed an angiogram at 1:45pm that came back with no blockages. I was discharged on 4/29 at 6pm with the diagnosis of myocarditis.
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
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.
1282354	5/3/2021		25	M	4/21/2021	4/24/2021	25-year-old male with a history of exercise-induced asthma who presents with headache, myalgias, nausea, vomiting as well as sudden onset chest pain with diarrhea in the setting of recent Covid-19 vaccination. He was found to have diffuse ST elevations and PR depressions on EKG with downtrending troponins from 0.15 ng/mL and admitted for myopericarditis.

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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.
1282821	5/3/2021		19	M	4/26/2021	4/28/2021	Chest pain 2 days after COVID vaccine. Midsternal cramping, pressure-like associated with shortness of breath. Pain resolved, but then returned later in the evening when lying down to go to sleep. Symptoms - chills, fever, shortness of breath, chest pain COVID 19 vaccine related myopericarditis cannot be ruled out
1282128	5/3/2021	NJ	17	M	4/29/2021	5/2/2021	Myopericarditis secondary to Pfizer vaccine
1282926	5/3/2021	IL	18	M	4/23/2021	5/2/2021	chest pain diagnosed with myocarditis relating to vaccine administration
1282491	5/3/2021	NC	42	M	4/19/2021	4/25/2021	On 25 April I woke up and felt fine and then at 10:30 am I started to feel weak. I had fever and chills and couldn't get out of the bed until 4:00pm that day. I was dizzy and drove to the hospital. They did blood work and did two Covid 19 tests. They released me and the next day I developed Heavy pains. On 27 April I woke up and went back to the hospital. They said I had elevated enzyme levels when they drew blood and they started three iv?s. They said I was having a non emergency heart attack. They had me transferred by ambulance to the another Hospital. They drew more blood and did elf?s and ultra sounds. The next day they said they were going to put a stint in my heart. The next day I was prepped for the procedure and they went in and said my heart didn?t need it. The surgeon said I had Myocarditis and at 7:00 pm that night I was released. My nose broke out with acne bumps and it feels like I have a chest cold and cough.
1282991	5/3/2021	CA	18	M	1/27/2021	2/15/2021	Fever, vomiting, diarrhea, headaches, body aches, myocarditis, hypotension

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1283185	5/3/2021	WA	16	M	4/30/2021	5/1/2021	Previously healthy 16 year old young man presenting with chest pain admitted for myopericarditis. He was in his usual state of good health until 2 days ago when he experienced fever, chills and myalgias after receiving his 2nd dose of COVID pfizer vaccine. He improved until 5/2 when he developed a crushing, non-radiating, substernal chest pain which was waxing and waning in nature without specific alleviating factors. He had shortness of breath, but no palpitation, dizziness, or changes in pain on exertion vs rest. Family activated EMS who gave 325 mg of aspirin en route to the ED. In the ED, he was afebrile and hemodynamically stable. He was mildly diaphoretic, but otherwise, unremarkable on physical exam. STAT EKG showed ST elevations in V5 and V6 and ST depressions in V1 and V2 as well as PR depressions, which persisted on repeated EKG. Given concern for myopericarditis, they ordered labs including CBC, CMP, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and CRP 3.5. Chest x-ray was normal. Cardiology was consulted and they recommended transthoracic echo which is pending. Cards also recommended starting Ibuprofen 600 mg q8 hrs and admission to cards for further management.
1283217	5/3/2021	OR	36	M	1/9/2021	1/9/2021	Was admitted via ED 4 days post injection of second dose and was diagnosed with pericarditis and NSTEMI. Since hospitalization a series of symptoms persisted or developed including altered vision, chronic intense headaches which are exacerbated by noise/lights/eyes moving to certain angles, dizziness, severe lethargy, severe intolerance to stress, emotional abnormalities including anxiety and depression, muscular stiffness, flu-like symptoms, vertigo-like symptoms, decreased reaction time, compromised memory recall and articulation fluidity.
1280371	5/2/2021	MD	20	M	4/9/2021	4/11/2021	Acute onset chest pain began 4/11/2021, he took NSAIDS and tried to sleep. The following day, 4/12/21 the chest pain was still present. He was admitted to hospital and diagnosed with acute myo-pericarditis. He was treated with Colchicine with improvement in his symptoms.

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1280499	5/2/2021	OR	60	F	2/1/2021	2/19/2021	Heart & BP Event: Angiogram - to rule out heart attack - heart looks good and no blockages; Echocardiogram - showed small area in left ventricle thinning/bulging; MRI of heart - findings were consistent of acute myocarditis. I am on 2 additional BP medications and 1 heart medication. I was in the hospital for 5 days.

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1276743	5/1/2021		38	M			<p>myocarditis; abdominal discomfort; fever; chills; malaise; fatigue; chest pain; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of MYOCARDITIS (myocarditis), ABDOMINAL DISCOMFORT (abdominal discomfort), PYREXIA (fever), CHILLS (chills), MALAISE (malaise), FATIGUE (fatigue) and CHEST PAIN (chest pain) in a 38-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Glioblastoma multiforme (in remission) in 2018 and CVA in 2018. Concomitant products included TEMOZOLOMIDE (TEMODAR) for an unknown indication. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (myocarditis) (seriousness criterion hospitalization), ABDOMINAL DISCOMFORT (abdominal discomfort) (seriousness criterion hospitalization), PYREXIA (fever) (seriousness criterion hospitalization), CHILLS (chills) (seriousness criterion hospitalization), MALAISE (malaise) (seriousness criterion hospitalization), FATIGUE (fatigue) (seriousness criterion hospitalization) and CHEST PAIN (chest pain) (seriousness criterion hospitalization). At the time of the report, MYOCARDITIS (myocarditis), ABDOMINAL DISCOMFORT (abdominal discomfort), PYREXIA (fever), CHILLS (chills), MALAISE (malaise), FATIGUE (fatigue) and CHEST PAIN (chest pain) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Acute kidney injury: unknown (Inconclusive) unknown. In 2021, Angiogram: abnormal (abnormal) Bilateral lower lobe patchy and ground glass airspace opacities and mild degree of ground glass opacity within the peripheral right middle lobe.. In 2021, Echocardiogram: abnormal (abnormal) severe Hypokinesis of the mid to distal segments and apex, hypercontractile base--> estimated EF = 30% (Last known baseline 3/2019 EF 65%).. In 2021, Electrocardiogram: abnormal (abnormal) abnormal. In 2021, Fibrin D dimer: increased (High) increased. In 2021, Hyponatraemia: abnormal (abnormal) abnormal. In 2021, Leukocytosis: abnormal (abnormal) abnormal. In 2021, SARS-CoV-2 test: negative (Negative) negative. In</p>

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							2021, Transaminases increased: abnormal (abnormal) abnormal. In 2021, Troponin: abnormal (abnormal) elevated troponin of 12. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment was unknown. Continued to be hypotensive despite fluid and initiated on Levophed. Taken to cath lab with no evidence of coronary disease, LVEF down to 10% on LV gram, right heart catheterization with evidence of elevated pulmonary capillary wedge pressure, patient was placed on Impella CP support. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, Further information has been requested.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, Further information has been requested.
1277494	5/1/2021	PA	38	M	3/3/2021	4/22/2021	pt developed pericarditis 3 weeks after 2nd Moderna injection
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.
1277833	5/1/2021	MA	62	M	4/15/2021	4/25/2021	Thought I was having a heart attack. Brought to hospital ER. Diagnosed with Pericarditis
1277983	5/1/2021		16	M	4/27/2021	4/28/2021	myocarditis

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1278758	5/1/2021	OH	62	F	4/15/2021	4/15/2021	Pericarditis; Pleuritis; This is a spontaneous report from a contactable consumer, the patient. A 62-year-old non-pregnant female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; Lot: EW0162), via an unspecified route of administration in the left arm on 15Apr2021 at 12:30 (at the age of 62-years-old) as a single dose for COVID-19 immunization. Medical history included thalassemia minor, fibromyalgia, migraines, depression, Barrett's Esophagus, hiatal hernia, restless leg syndrome (RLS), asthma, hypothyroidism, moderate sleep apnea, osteoarthritis, valvular heart disease, hyperlipidemia, degenerative disc disease (DDD), osteopenia, benign essential tremor, hypertension (HTN). The patient was not diagnosed with COVID-19 prior to vaccination. Concomitant medications were not reported, but the patient did receive other unspecified medications within two weeks of the vaccine. The patient did not receive any other vaccinations within 4 weeks of the vaccine. The patient previously took morphine, pregabalin (LYRICA) and methylphenidate hydrochloride (CONCERTA) and experienced allergies. On 15Apr2021 at 21:30, the patient had shortness of breath and chest pain and could only tolerate leaning forward. She went to the emergency room and was admitted to the hospital for pericarditis and pleuritis. She was informed not to take the second vaccine as it would kill her. The patient was hospitalized as of an unspecified date for 2 days and treated with steroids, anti-inflammatory and pain medication. Since the vaccination, the patient was tested for COVID-19 via nasal swab on 16Apr2021 with negative results. The clinical outcome of pericarditis and pleuritis was resolving.

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1279293	5/1/2021	NY	52	F	4/1/2021	4/14/2021	Pericarditis, inflammation of the pericardium around the heart; This is a spontaneous report from a contactable consumer who reported for herself, a 52-year-old female patient who received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot Number: EWO151), via an unspecified route of administration, administered in right arm on 01Apr2021 at 18:00 (at the age of 52 years old) as a single dose for COVID-19 immunization. The patient was not pregnant at the time of vaccination. The patient had no known allergies. The patient did not have COVID prior vaccination and was not COVID tested post vaccination. There were no medical histories nor concomitant medications. The patient previously received the first dose of BNT162B2 on 10Mar2021 at 06:00 PM (lot number: EN6206), at the age of 52 years old, administered in the right arm for COVID-19 immunization. The patient had no other vaccines in four weeks. The patient experienced pericarditis, inflammation of the pericardium around the heart on 14Apr2021 at 16:30. The event resulted in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. It was unknown if treatment was received for the event. The outcome of the event was recovering.

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1279292	5/1/2021	NC	18	M	4/14/2021	4/16/2021	peri/myocarditis; peri/myocarditis; This is a spontaneous report from a non-contactable consumer (patient). An 18-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection; Batch/Lot number was not reported), via an unspecified route of administration, administered in the left arm on 14Apr2021 at 11:30 AM at the age of 18-years-old as single dose for COVID-19 immunization at Public Health Clinic. The patient had no COVID prior vaccination. The patient had no other vaccine in four weeks. The patient's medical history included known allergies to nickel and dust mites. The patient's concomitant medications were not reported. The patient developed severe chest pain between the night of 16Apr2021 to 17Apr2021, and was admitted to the hospital on 17Apr2021, diagnosed with peri/myocarditis. The cardiology team was convinced it was an adverse reaction to the vaccine. He remains hospitalized (number of days of hospitalization was also reported as 2). The events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, and hospitalization. The patient was tested for COVID post vaccination which was a nasal swab with negative result on 17Apr2021. Therapeutic measures were taken as a result of peri/myocarditis which included ibuprofen, aspirin, and colchicine. The outcome of the events was recovering. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
1274139	4/30/2021	MD	61	F	1/19/2021	1/20/2021	1/20/2021 - pt experiencing marked fatigue 01/23/2021 - pt went to ED with fatigue, sweats, cough, and low BP. Admitted with diagnoses of cardiogenic shock, myocarditis, acute renal failure, heart failure, anemia, UTI, oral thrush. Treated with IV fluids, dialysis, temporary pacemaker. 02/06/2021 - discharged to rehab facility 02/17/2021 - discharged home

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1273447	4/30/2021	KY	20	M	4/22/2021	4/22/2021	1 day after the 2nd shot in the Pfizer COVID vaccine series he began to develop substernal pressure like chest pain . Patient was admitted into the hospital for 2 days (4/27-4/29) for this substernal chest pain. A CTPE, EKG, and CXR were ordered that were unrevealing as to the etiology of the chest pain. Troponins were elevated on admission with a slightly decreased delta (515->479). An ECHO was ordered that showed a LVEF of 35-40% with moderate global hypokinesis of the left ventricle, right ventricles moderately dilated, and no pericardial effusion. A Cardiac MRI was then ordered to determine etiology that showed subepicardial late gadolinium enhancement of the basal inferior and mid-inferior and inferoseptal wall consistent with acute myocarditis. Additionally, a small pericardial effusion without signs of inflammation, calcification, or cardiac tamponade physiology. Patient was then D/C on 4/29 after the cardiac MRI with no medical therapy with the recommendation to not partake in physical activity for one month. Will have follow up with cardiology clinic in 1 month and will participate in cardiac rehab.
1273145	4/30/2021	VA	25	F	2/3/2021	2/4/2021	I received the vaccine on February 3, on February 4 at 0100 I woke up with chills. The rest of the day I would have chills and sweats. I was nauseous and threw up twice. I had a low grade fever of around 99 degrees but at one point it did go up to 101.3. My entire body hurt including my head and Tylenol and ibuprofen did not help. On February 5 I was feeling a little better, I still had body aches but could eat a little. On February 6 at around 0500 I woke up with chest pain. I waited a little while to see if it would go away but it had gotten more intense. I am a cardiac ICU nurse so I knew what chest pain could mean. I got out of bed and at that time my chest pain was a 10/10 and I was having shortness of breath. I woke my fiancé up and told him I needed to go to the ER. At the ER they ran test and admitted me to the hospital. They later diagnosed with myopericarditis with a small pericardial effusion.

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1273645	4/30/2021	TX	18	F	3/26/2021	3/27/2021	The following day (03/27/2021) my daughter started experiencing chills, fatigue, and congestion. On 03/28/2021 at 06:00 am my daughter stated feeling pressure to her chest on and off throughout the day. At 10:00 pm she was taken to the Emergency Room. She was transferred due to having abnormal results in EKG performed. She was admitted and discharged on 03/29/2021 with dx Pericarditis, prescribed Ibuprofen 800mg 1 tablet by mouth 3 times a day x 10 days and Metoprol Suc 25 mg ER 1 tablet by mouth once a day .
1274031	4/30/2021	PA	25	M	4/27/2021	4/29/2021	Developed chest pain. Found to have myocarditis. Receiving NSAID for treatment.
1274110	4/30/2021	MD	39	F	4/21/2021	4/25/2021	Severe chest pain diagnosed finally as PERICARDITIS
1274386	4/30/2021	CA	18	M	4/23/2021	4/24/2021	The patient presented with chest pain and dyspnea on exertion which started the day after receiving the second dose of the Moderna Covid vaccine. Pt was found to have myocarditis. He was admitted to the hospital and treated with NSAIDS and Steroids. He improved and was discharged after 2 days.
1274613	4/30/2021	NJ	35	F	4/14/2021	4/17/2021	Weakness, fatigue, muscle aches, starting 3 days after first COVID Moderna vaccine, then worsened to fatigue causing her to stay in bed. Some bleeding gums on brushing, no other bleeding or ecchymosis noted. She went to hospital 2 weeks after vaccine. Myocarditis diagnosed in hospital with elevated troponins, also thrombocytopenia and elevated D Dimer.
1274640	4/30/2021	GA	31	M	2/24/2021	2/27/2021	Heart attack symptoms resulting from cardiac event, leading to hospitalization for 4 days. Diagnosed with Myocarditis.
1275852	4/30/2021		35	F	4/23/2021	4/26/2021	Developed chest pain, dizziness, palpitations, and diaphoresis 3 days after receiving 2nd dose of Pfizer COVID-19 vaccination. Ultimately found to have myocarditis. Discharged to home in stable condition, asymptomatic. Supportive care.

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1272975	4/30/2021	NJ	36	M	4/16/2021	4/18/2021	Sharp chest and shoulder pains (heart attack like symptoms) started on Sunday evening and I went to the emergency room. The emergency room cardiologist did an EKG and echocardiogram and determined there was something abnormal. The cardiologist then did a cardiac catheterization and the diagnosis was pericarditis and myocarditis, which is inflammation of the heart and damage to the muscle. I spent two days in the hospital and upon discharge I was sent home with three different medications that I will have to take for the next couple of months.
1274364	4/30/2021	ID	27	M	4/8/2021	4/11/2021	Pt experienced malaise, subjective fever, chills, headaches, and myalgias following vaccination then on 4/11 (3 days post vaccine) experienced sharp chest pains radiating up left side of neck and down bilateral arms. Pt presented to urgent care clinic where EMS was activated for transport to the Emergency Department. Pt was evaluated for STEMI by cardiologist in the ED, cath lab was not recommended and pt was admitted for evaluation of possible myocarditis.
1272234	4/29/2021	NY	64	F	4/3/2021	4/6/2021	On the 3rd day after receiving dose #2, I developed tightness in my chest. I went to the ER, and was admitted for observation. I was diagnosed with pericarditis. I was released after 1 day. I have an autoimmune condition, Sjögren's syndrome.
1269641	4/29/2021	PA	49	F	4/22/2021	4/23/2021	Pleuritic chest pain and shortness of breath starting on the day after admission. Clinically suggestive of acute pericarditis. She has a history of this which was thought to be due to lupus.

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1269511	4/29/2021	NY	19	M	4/3/2021	4/4/2021	chest tightness/pain; chest tightness/pain; short of breath; nausea; headache; lethargy; temp 102.6; hard swollen lymph node right axilla; elevated troponin peaked at 9.6; myocarditis; This is a spontaneous report from a contactable consumer. A 19-years-old male patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE) lot number: ER 8727, via an unspecified route of administration, administered in right arm on 03Apr2021 18:00 as single dose for Covid-19 immunisation. Medical history included asthma. There were no concomitant medications. On 04Apr2021, the patient experienced headache, lethargy, temperature 102.6, hard swollen lymph node right axilla. On 05Apr2021, signs and symptoms persisted with addition of nausea. On 06Apr2021, the patient experienced chest tightness/pain and shortness of breath. The patient went to ER on an unspecified date in 2021 with elevated troponin peaked at 9.6 hence heparin drip was started. The patient was admitted to hospital. On 09Apr2021, the patient was discharged with diagnosis of myocarditis. The outcome of the events was recovering.

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1269149	4/28/2021	NY	31	M		4/6/2021	PERICARDITIS; MYALGIA; This spontaneous report received from a physician concerned a 31 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included cigarette smoker, and other pre-existing medical conditions included the patient had no known allergies and no known medical history. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) with unspecified dose 1 total, administered on 06-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 06-APR-2021 the patient had experienced fever, myalgia. On 20-APR-2021 the patient diagnosed with pericarditis, chest discomfort and was hospitalized, patient had reported these symptoms to health care professional. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from pericarditis, fever, chest discomfort, and myalgia. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210448217-COVID-19 VACCINE AD26.COV2.S-Pericarditis. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
1266273	4/28/2021	CO	30	M	4/23/2021	4/25/2021	Patient developed myopericarditis confirmed by MRI 2 days following 2nd dose of vaccination, COVID negative, Respiratory panel negative
1267547	4/28/2021	TN	25	M	4/15/2021	4/19/2021	4 days after vaccination, patient woke up with severe chest pain, radiating to L arm. Presented to ED where he was found to have elevated troponins. Cardiac cath normal. Echocardiogram normal. Cardiac MRI with evidence of Myocarditis. COVID testing at the time of chest pain NEGATIVE.
1267971	4/28/2021		22	M	2/24/2021	3/4/2021	Patient presented to the ED and was subsequently hospitalized within 6 weeks of receiving COVID vaccination. Diagnoses include: severe sepsis, pneumonia, toxic shock, and myocarditis.

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1268870	4/28/2021	UT	25	M	4/14/2021	4/17/2021	On Wednesday April 14th I got my second vaccination shot. The following day I had a 103 F fever, body aches, chills, migraine, sore muscles, couldn't walk, excessive thirst. Those effects lasted all day and I felt better on Friday. Saturday night chest pain started along with sore arm getting worse. I took ibuprofen and melatonin to sleep. Woke up Sunday morning and pain came back and gradually got worse until I went into the ER around 9 am. They gave me Morphine to put the chest pain at bay. Then transferred me by ambulance to a different hospital with a cardiology department. They treated me as if it was Myocarditis and also got an x-ray of my chest. The next morning I had an MRI and that is what confirmed it to be Myocarditis. I was then discharged with lots of medications to keep the inflammation down.

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1266031	4/28/2021	VA	39	M	4/11/2021	4/13/2021	Myocarditis; My heart ejection fraction was reduced to 35-40 percent and had a troponin level that spiked to 11; My heart ejection fraction was reduced to 35-40 percent and had a troponin level that spiked to 11; having pain in my shoulder and left arm; having pain in my shoulder and left arm; body aches; headache; fever; chills; shortness of breath; chest pains; shooting pain in back; This is a spontaneous report from a contactable consumer (patient). A 39-year-old male patient received bnt162b2 (Pfizer BioNTech Covid 19), dose 2 via an unspecified route of administration, administered in right arm on 11Apr2021 11:00 (Lot Number: EW0153) as single dose for COVID-19 immunisation. The patient has no known allergies and has no other medical history. Concomitant medications were not reported. The patient had no other vaccine in four weeks and had no other medications in two weeks. The patient previously received 1st dose of bnt162b2 (Pfizer BioNTech Covid 19, lot number EL9264) on 21Mar2021 03:00 PM in the right arm for COVID-19 immunisation. The patient was not diagnosed with covid prior vaccination. It was confirmed that after receiving the second dose, the patient experienced chills, fever, headache, body aches. Those symptoms went away about 24-36 hours later. The patient started experiencing shortness of breath and chest pains. The pain increased over time and started having pain in shoulder and left arm. Fever began off and on. Experienced chest pains, when tried to lie down, had shooting pain in back. The patient went to the emergency room and was subsequently admitted to the hospital where he was diagnosed with myocarditis. Heart ejection fraction was in 30s (reduced to 35-40 percent) and had a troponin level that spiked to 11. Angiogram did not indicate tears or blockages. Vital checks good as of 15Apr2021. Initial COVID-19 test on 14Apr2021 (unsure of type) was positive; plan to retest today (15Apr2021) for confirmation. It was also reported on 23Apr2021 that Nasal Swab on 14Apr2021 was negative. Onset of events reported as 13Apr2021 07:30 PM. The patient underwent lab tests and procedures which included angiogram: did not indicate tears or blockages on 13Apr2021, electrocardiogram (EKG): unknown result on unspecified date, heart function/heart ejection fraction: 30s on 13Apr2021 (reduced to 35-40 percent), COVID-19 test (unsure of type): positive on 14Apr2021, vital

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checks: good on 15Apr2021, nasal swab COVID-19 test: negative on 14Apr2021, troponin: spiked to 11 on 13Apr2021, ultrasound: unknown result on unspecified date. Events resulted in emergency room/department or urgent care, hospitalization, life threatening illness (immediate risk of death from the event). The patient was hospitalized for 2 days for the events. The patient received treatment for events. Outcome of events was reported as recovering.

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1268109	4/28/2021	CA	43	M	3/26/2021	3/30/2021	<p>Pt received Pfizer COVID vaccine on 3/26 at facility. Pt presented to the ED on 3/30 for evaluation of chest pain at around 0722 on 3/30. Per ED provider note, "This patient is a 43 y.o. male who presents to the ED for evaluation of chest pain. The patient drove here two days ago and was feeling well when he went to sleep. He was awoken from sleep early yesterday morning with "intense" left sided chest pain with radiation and tingling sensation down his left arm. The patient says that his pain has since been fairly constant, waxing and waning in intensity. He says that his chest pain is still currently present, mostly localized in his left shoulder, but improved when compared to the pain that woke him up again this morning around 03:00. No reported vomiting, abdominal pain, fevers, chills, cough, or shortness of breath. Patient notes that he received the second dose of the COVID-19 vaccine 4 days ago. Patient reports family history of cardiac disease in his father. He denies any personal history of cardiac disease, and says that his last cardiac work up was a couple years ago for PVCs. The patient is not a smoker and denies any history of diabetes, hypertension, or high cholesterol. There are no other complaints. There are no other exacerbating or alleviating factors. There are no other reported associated signs or symptoms" Pt was given nitroglycerin ointment and aspirin chewable 324mg in the ED. " In addition, "This is a 43-year-old male presenting to the emergency department with just over 24 hours of left-sided chest pain with radiation into the left shoulder and down the left arm. Symptoms were more severe prior to the patient's arrival to the hospital. He was given nitroglycerin and aspirin upon arrival here. EKG shows subtle ST abnormality in the inferior lateral leads. Troponin is elevated at 11. Differential includes non ST-elevation myocardial infarction, myopericarditis. Patient will be admitted to telemetry. He will undergo a cardiac catheterization today." Pt was admitted, and per hospitalist note on 4/1, "Patient presented hospital with chest pain and EKG changes-there was initial concern for NSTEMI. Had cardiac catheterization with clean coronaries. Then thought to have pericarditis. Patient had trivial pericardial effusion on echocardiogram. Had MRI that demonstrated myocarditis as well. Patient improved on colchicine and NSAID therapy. Discussion had with cardiology will continue this and to be tapered in</p>

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							the office setting. Will continue NSAIDs for approximately 2 weeks then begin tapering. Will likely need colchicine for approximately 3 months. Patient was placed on beta-blocker to help with symptomatic treatment and help alleviate pain. Patient was started on metoprolol, was cautioned side-effects of hypotension, bradycardia, exercise intolerance. Patient should monitor heart rate and blood pressure daily. Hold if heart rate <50 or blood pressure less than 100 systolic and notify provider. Patient was advised he may follow-up with Dr. Caution GI upset, nausea vomiting diarrhea. If diarrhea with colchicine would recommend back down to daily from b.i.d. treatment. Patient was ambulatory and functional without significant symptoms, vital signs within tolerable limits, and agreeable to discharge plan.. Patient ultimately discharged in stable condition. All questions answered to apparent satisfaction. Patient cautioned side effects of medications. Patient was instructed if reoccurrence or any concerning symptoms to contact provider or present to nearest emergency department based on acuity. Patient and family voiced understanding of recommendations and in agreement with discharge plan.~~
1262834	4/27/2021	CA	28	M	4/4/2021	4/24/2021	myocarditis requiring hospitalization, drug therapy, fluids

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1261746	4/27/2021	MN	45	M	4/8/2021	4/8/2021	<p>Symptoms consistent with myocarditis; EKG showed very subtle diffuse ST elevations; chest pain; dyspnea; Troponin trended to 19; This is a spontaneous report from a contactable physician. A 45-year-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration on 08Apr2021 (Batch/Lot number and Expiration date were not reported) as a single dose for COVID-19 immunization. Relevant medical history included chronic back pain, degenerative disc disease, and Clostridium difficile (C. Diff) colitis; the patient had no risk factors for cardiac disease other than obesity; all from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient previously took cyclobenzaprine and pregabalin (LYRICA) and experienced allergies. It was unknown if the patient had other vaccine in four weeks. The patient had no COVID-19 prior vaccination. On 08Apr2021, 8 hours after the 2nd Pfizer vaccine was received, the patient developed chest pain with dyspnea. It was also reported that on 08Apr2021, troponin trended to 19; electrocardiogram (EKG) showed very subtle diffuse ST elevations; and the symptoms were consistent with myocarditis. All the adverse events (AE) resulted in a doctor or other healthcare professional office/clinic visit; an emergency room/department or urgent care; and hospitalization on an unspecified date for 3 days. The patient underwent lab tests and procedures, which included other/Xpert Xpress SARS-CoV-at assay: negative on 10Apr2021 (post vaccination). Therapeutic measures were taken as a result of all the events, which included colchicine and ibuprofen. The patient was recovering from all the events. Information on the batch/lot number has been requested.; Sender's Comments: Information provided was so limited to prevent a meaningful medical assessment. Other than a temporal association, there was no evidence or argument suggesting a causal relationship for BNT162B2 in the reported events, serious due to hospitalization. Otherwise, this patient did not show risk factors for cardiac disease, except for obesity. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any</p>

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1261543	4/27/2021	NC	22	M			<p>safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p> <p>Myocarditis; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of MYOCARDITIS (Myocarditis) in a 22-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Myocarditis) was resolving. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medications were provided. Patient developed myocarditis 48 hours after receiving his first Moderna COVID vaccine. The patient is still in the cardiac ICU in stable condition and improving. Treatment of the event was not reported. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.</p>

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1261800	4/27/2021		56	F	3/3/2021	3/5/2021	Pericarditis; This is a spontaneous report from a non-contactable consumer (patient). A 56-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number and expiration date were not reported), administered on the left arm on 03Mar2021 as a single dose, with route of administration unspecified, for COVID-19 immunization. The patient had no relevant medical history. The patient was not pregnant at the time of vaccination. The patient's concomitant medications were not reported. On 05Mar2021, the patient had pericarditis; assessed as serious (medically significant). The event had resulted into an emergency room/department or urgent care and doctor or other healthcare professional office/clinic visit. The patient had received bisoprolol as treatment for pericarditis. The patient had a negative nasal swab COVID-19 test on 10Mar2021. The outcome of the events was recovering. The patient did not have COVID-19 prior to vaccination, and was not tested for COVID-19 post-vaccination. The event occurred in a country different from that of the reporter. This may be a duplicate if the reporter also submitted directly to his/her local agency. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
1260989	4/27/2021	CA	19	M	4/22/2021	4/23/2021	Chest hurting from shoulder to shoulder, arms going numb, hard time breathing. Start 1 day after second Pfizer shot, lasted for 3 days until taken to ER. Taken to ER, thought he was having a heart attack but heart was fine, just inflammation around the heart. Diagnosis was acute myopericarditis and demand is chemical myocardial.
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.

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1262490	4/27/2021	FL	76	F	3/18/2021	3/28/2021	03/28/2021 to 03/30/2021- Admitted Ip via E/R , Dx: Pneumonia, Cardiomegaly, Small pericardial effusion, Esophageal stenosis (s/p dilation), Small hiatal hernia. F/U with PCP for Hopital F/u on 04/01/2021. Visit ER on 04/03/2021- 04/05/21 04/14/21-ReAdmitted IP via E/R. - Dx: Dx: Chest pain, Pericarditis w/ mod-large Pericardial effusion (s/p pericardiocentesis), Hypokalemia, Pleural Effusion (s/p thoracentesis)
1262527	4/27/2021	MI	42	M	4/1/2021	4/2/2021	on the 2nd i had the shot in the left upper arm .. two days later i woke up to violently upchucking pure water after that i when to hospital and was admited i was told after a ekg that i was haveing a heart attack after that have no recolection of anything i wake up to a doc telling ,e it was a bad heart attack and had delovped about 5 blod clots in left lung and microcaditis i have been trying since then for a doc to talk to me but so far i been avoided
1262893	4/27/2021	NJ	21	M	4/15/2021	4/20/2021	HPI: The patient is a very pleasant healthy 21 y/o male with no sig PMH, he received the second dose of Pfizer's vaccine on the 15 th, he had some retrosternal sharp chest pain which was worse with breathing about 2 days ago which got better, but last night he started having more chest pain radiating to his lower jaw, he presented to the ER where his troponin came elevated, he has no fever chills no SOB no other complaints. His chest pain resolved with no recurrence, his EKG was normal. No h/o heart issues or chest pain in the past.
1263271	4/27/2021	CA	18	M	4/23/2021	4/24/2021	Patient received his doses of the Maderna Vaccine on: 3/20/2021 and 4/23/2021. Two days later he started complaining of chest pain and pressure midsternal which improved by sitting forward and worse by lying down. His EKG showed diffuse ST elevations c/w possible pericarditis. He has no prior cardiac hx. His troponins were extremely elevated. Cardiology consulted and his assessment is that pt has combined myocarditis and pericarditis. Likely immune-mediated response post vaccine and also there are reports of young men in other countries with post vaccine pericarditis.
1263276	4/27/2021	CA	29	M	12/19/2020	2/7/2021	pt admitted as inpatient with congestive heart failure, myocarditis and non sustained ventricular tachycardia
1263582	4/27/2021		22	M	4/13/2021	4/16/2021	Myopericarditis

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1265584	4/27/2021	MN	30	M	4/7/2021	4/8/2021	Achiness, fatigue, and mild nausea on 4/7/21 (day of second vaccination). Chest pain, fever, achiness, fatigue, mild nausea on 4/8/21. Symptoms mostly subsided on 4/9, so I returned to work at 3:00 pm. By about 5:00 pm, the chest pain returned and worsened until I went home, and then to the hospital around 7:00 pm. Tests were done before I was diagnosed with "acute myocarditis, elevated troponin level, coagulopathy, NSTEMI (non-ST elevated myocardial infarction)", told I likely had a heart attack, and was put on a Heparin drip and kept for additional testing and observation until 4/11/21 at approximately 5:00 pm. Official notes state
1263815	4/27/2021	MD	20	M	4/23/2021	4/24/2021	Patient developed significant myopericarditis requiring hospitalization
1259621	4/26/2021	MD	30	M	4/23/2021	4/26/2021	Patient developed myopericarditis 3 days after vaccination.
1258085	4/26/2021	VA	22	M	4/23/2021	4/25/2021	patient admitted for chest pain and code MI. elevated troponin with normal coronary, 0.5-1 mm ST elevation in inferior leads and V5 when troponin was positive at 0.5. MD stated patient is diagnosed with myocarditis.
1260787	4/26/2021	CO	24	M	2/26/2021	3/1/2021	Severe Myocarditis, radiating chest pain, difficulty breathing, dizziness
1257935	4/26/2021	VA	16	M	4/21/2021	4/22/2021	myocarditis. Positive troponin, downtrended. Neg EKG , echo.
1258192	4/26/2021	LA	63	M	3/17/2021	4/13/2021	Acute pericarditis, severe chest pain, colchicine 0.6 mg tablet 2 times per day for 10 days, aspirin 81 mg
1257886	4/26/2021	MA	30	M	1/11/2021	2/21/2021	Myocarditis, started with fever and chills on 2/20-21, ultimately hospitalized on 2/27-3/6 at hospital transferred to medical center for higher level of care. Required dobutamine. Underwent R and L heart cath as well as endomyocardial biopsy, which was consistent with lymphohistiocytic myocarditis.

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1259762	4/26/2021	OR	18	M	4/16/2021	4/18/2021	Patient states Saturday 4/17/21 he noticed "normal Pfizer symptoms" of fever, chills, "shakes," muscle pains, especially in joints including shoulder and back, they got better after several hours, except that about midnight Saturday he still had the back pain, in the upper back, noticed severe chest pain in front and back, it hurt "with every heart beat," "like a heart attack," sometimes would have "attacks," sometimes better, sometimes worse, and it hurt in chest to breath, took Nyquil about 3am, was able to go to sleep, Sunday-Monday it was "pretty bad," but came in "attacks," sometimes it felt worse than others. Monday chest still hurt, went to urgent care, had EKG and scan, went home and did some school, that evening chest pain was severe "I froze," went to ER, was diagnosed with pericarditis. given an IV and Toradol. Was discharged home from ER with OTC Ibuprofen 200mg, to take 8 times a day. Patient states it is getting better, still continues to have some pain, taking ibuprofen daily at this point.
1259757	4/26/2021	CA	24	M	4/23/2021	4/25/2021	Acute pericarditis, onset 4/25/21 (2 days after vaccination).

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1259694	4/26/2021	WA	69	F	2/16/2021	3/1/2021	<p>Patient is a 69-year-old woman with newly diagnosed pericarditis in March 2021, hypertension, hyperlipidemia, and hypothyroidism, who presented to the Emergency Department (ED) with progressively worsening chest pain, dyspnea, and fatigue. Patient was in her usual state of health until 3/1/2021, when she developed sudden-onset pain "across the entire chest". She shares that her symptoms "came out of the blue", as "suddenly one day, everything just hurt". She saw her primary care physician, who initially felt her symptoms were due to acid reflux. As such, the patient started "eating antacids and omeprazole like candy". However, her chest pain persisted, prompting her to follow up with her primary care physician on 3/16/2021. At that time, ECG reportedly showed normal sinus rhythm and no acute changes. CT of the chest, abdomen, and pelvis with contrast showed abnormal enhancement and thickening of the pericardium with trace pericardial fluid, consistent with pericarditis. The patient was therefore started on colchicine and an ibuprofen taper. On 4/5/2021, Patient sent a myVM portal message to her primary care physician and cardiologist, expressing her belief that her chest pain has remained unchanged over the past month. She continues to experience a constant burning sensation throughout her chest, aggravated by deep inspiration and alleviated by lying flat on her back. She shares that walking up the stairs at home leaves her "breathless". Associated symptoms include subjective fevers, chills, and night sweats. Given these symptoms, Patient underwent a chest x-ray, which showed findings consistent with an enlarging pericardial effusion. Patient was then advised to present to the ED for further workup as an inpatient. At time of hospital admission, patient endorses persistent chest pain during inspiration. Prior to 3/1/2021, she has never experienced these symptoms and reports no history of pericarditis. The most strenuous physical activity she has undertaken in the last month include working in the garden and caring light boxes down the stairs. She is most concerned about the fluid around her heart. Patient reports no nausea, vomiting, palpitations, constipation, diarrhea, or abdominal pain. Of note, the patient developed pericarditis 10 days after her second COVID-19 vaccine.</p> <p>Hospital Course # Sub-acute pericarditis with enlarging pericardial effusion Pericarditis initially</p>

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1256852	4/25/2021	NV	25	M	3/29/2021	3/31/2021	<p>diagnosed in March 2021, thought to be potentially from her COVID-19 vaccine given time course as no other clear etiology apparent. Pt was hemodynamically stable with an elevated jugular venous pressure at time of admission, with CXR consistent with an enlarging pericardial effusion. Echo 04/05 with small circumferential pericardial effusion but no tamponade physiology. Cardiac MRI on 4/7 with enlargement of moderate-sized pericardial effusion but otherwise negative exam, with no evidence of myocarditis or infiltrative myocardial process. ANA screen negative, rheumatoid factor and anti-CCP not elevated Blood cultures x 2 with no growth - CRP continued to remain > 160 with ibupofen and colchicine. Prednisone 20 mg PO daily was added on 4/7, with subsequent improvement in patient's symptoms. - Discharged on regimen of prednisone 20 mg PO daily and colchicine 0.3 mg PO daily (reduced from 0.6 mg daily that she was taking prior to admission). She will also continue using ibuprofen 800 mg BID. - Follow-up with Dr (cardiology) next week to follow-up on hospitalization and decide upon tapering plan for her medications</p> <p>Received second dose of the Moderna COVID-19 vaccine on 3/29/2021. On 3/31/2021, I was awoken at approximately 0230 am with severe chest pain. I went to the emergency room later that day and medical staff stated a blood test showed my heart was under stress. My systolic blood pressure also dropped into the low 80's. I was admitted to the hospital and stayed for two nights as multiple tests were conducted. I was discharged from the hospital on 4/2/2021 with the diagnosis of myocarditis and pericarditis. It was determined the only cause of this condition for me could be the COVID vaccine.</p>

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1254683	4/25/2021	FL	53	F	3/25/2021	3/31/2021	she began to feel like she was straining to take a deep breath. When she would take a deep breath (like a yawn), she would do her best to stifle it as her chest would experience an immense pain while inhaling deeply/diagnosed with pericarditis; fluid had accumulated around her heart; headache/migraine; patient's lymph nodes on neck were causing her discomfort; This is a spontaneous report from a contactable consumer (patient). A 53-year-old female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in the right arm on 25Mar2021 10:45 (Batch/Lot Number: ER8730) as SINGLE DOSE for covid-19 immunization. Medical history included "Hypothyroid" (hypothyroidism) from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient previously took guaifenesin (MUCINEX) and experienced allergies. On 31Mar2021, the patient's lymph nodes on neck were causing her discomfort which continued throughout. Around 1:00 am on 03Apr2021, she began to have a very intense headache/migraine. She began a regimen of Tylenol (8/day) and Advil (6/day) to mitigate the pain. Although the pain would diminish when she took these over-the-counter medicines, the headache never went away. In the evening of Sunday, 04Apr2021, she began to feel like she was straining to take a deep breath. When she would take a deep breath (like a yawn), she would do her best to stifle it as her chest would experience an immense pain while inhaling deeply. On Monday, 05Apr2021, went to a Clinic as she was straining so hard to breath. After numerous tests, she was diagnosed with pericarditis and, because of this, fluid had accumulated around her heart which was drained in a procedure called pericardiocentesis. They initially drained 230 ml and then 74 additional ml from a drain they had placed. The patient was hospitalized due to the events. The patient underwent lab tests and procedures on 05Apr2021 which included Nasal Swab (sars-cov-2 test) with negative result. The outcome of events was reported as "recovering". The patient did not receive treatment for "patient's lymph nodes on neck were causing her discomfort" but received treatment for all of the other events. Follow-up attempts are completed. No further information is expected.

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1255183	4/25/2021	CA	43	M	3/26/2021	3/28/2021	myocarditis; severe pain in my left shoulder, radiating down my left arm all the way to my fingertips; severe pain in my left shoulder, radiating down my left arm all the way to my fingertips; severe pain in my left shoulder, radiating down my left arm all the way to my fingertips; This is a spontaneous report from a contactable consumer (patient). A 43-year-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration at the age of 43-years-old, administered in Arm Right on 26Mar2021 12:30 (Lot Number: EA8732) as single dose for COVID-19 immunization. Medical history included allergies, asthma, genetic predisposition to heart disease. Concomitant medication included unspecified medications. The patient previously received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration at the age of 43-years-old, administered in Arm Right on 05Mar2021 12:30 (Lot Number: EN6199) as single dose for COVID-19 immunization. The patient reported, "I had severe pain in my left shoulder, radiating down my left arm all the way to my fingertips. The pain was severe enough to be admitted to a hospital, where they performed an angiogram and MRI, resulting in a myocarditis diagnosis. The doctors suspect that these symptoms may have been at least partially triggered by." The patient experienced myocarditis and severe pain in my left shoulder, radiating down my left arm all the way to my fingertips on 28Mar2021 18:00. Events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization. The patient was hospitalized for the events for 3 days. The patient underwent lab tests and procedures which included angiogram: myocarditis diagnosis on 28Mar2021, MRI: myocarditis diagnosis on 28Mar2021, SARS-CoV-2 test: negative on 02Mar2021. Therapeutic measures were taken as a result of the events which included Ibuprofen, Colchicine, and Metoprolol. The outcome of the events was recovered/resolved with sequel on an unspecified date. No other vaccine in 4 weeks. Not diagnosed with COVID prior vaccination.

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1255732	4/25/2021	LA	70	M	2/8/2021		Myocarditis; Arrhythmia; Chillblains; This is a spontaneous report received from a contactable other Health Care Professional. A 70-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2, intramuscular, administered in left deltoid on 08Feb2021 (Lot Number: EL9265), at the age of 70 years, as a single dose for COVID-19 immunization. The patient medical history was not reported. Concomitant medications taken within two weeks of vaccination included vitamins nos, acetylsalicylic acid (ASPIRIN (E.C.)), Vitamin D nos, metoprolol tartrate (LOPRESSOR), atorvastatin calcium (LIPITOR). Historical vaccine included BNT162b2, dose 1 on 14Jan2021, lot # EL3216, intramuscular in right deltoid. On an unspecified date, the patient experienced myocarditis, arrhythmia, and chilblains. The patient had lab tests which included haematology test: normal on 17Feb2021, clinical chemistry: normal on 17Feb2021, sars-cov-2 test negative: negative on 22Feb2021. The clinical outcome of the events myocarditis, arrhythmia, and chilblains was unknown.; Sender's Comments: Based on an implied vaccine-event chronological association, a causal relationship between reported events and PFIZER-BIONTECH COVID-19 mRNA VACCINE cannot be completely excluded. The case will be reevaluated should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
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.

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1256617	4/25/2021	VA	39	M	4/11/2021	4/13/2021	I went to the emergency room at Hospital on April 14, 2021, after experiencing chest pain and shortness of breath. After an abnormal EKG, blood tests showed a high troponin level. An ultrasound determined my heart ejection fraction had declined to 35-40 percent. An angiogram was performed that showed no blockages or tears in my heart. I was diagnosed with Myocarditis and admitted to the hospital. Over the next 36 hours my troponin level rose to more than 11 before starting to decline. I have prescribed a number of medications for treatment. On April 22 I had a cardiac MRI which confirmed the Myocarditis diagnosis. My heart function has improved to 55 percent and an EKG showed normal rhythm. I have more tests and follow ups scheduled in the coming weeks.
1257050	4/25/2021	NY	40	M	1/14/2021	3/29/2021	Pericarditis
1257176	4/25/2021	VA	40	M	4/8/2021	4/12/2021	Early in the morning 3 days after receiving the vaccine, patient awoke with chest pain that carried down his left arm. He drove himself to the emergency room at 7am because he just wasn't feeling right. After two EKG's, the Dr. at Hospital located in the area decided to air lift patient to another Hospital for an assumed fatal heart attack. Upon arrival, he was given a heart catheter and no blockages were found. They determined he had myocarditis, inflammation of his heart. However, he had not been sick or battling any illness.
1256604	4/25/2021	MA	26	M	4/22/2021	4/25/2021	26 yo male received second dose of Pfizer Covid -19 vaccine on Thursday, today developed chest pain. Patient has ST elevation in inferior leads, evidence of myocarditis on bedside echo with decreased ejection fraction. Patient also has elevated troponin of 6.03
1256305	4/25/2021	WA	27	M	4/21/2021	4/24/2021	Pericarditis or myopericarditis on post-vaccine day 3. Had myalgias and subjective fever on post-vaccine day 0 and 1, blurry vision post-vaccine day 1, episode of emesis on post-vaccine day 2, then developed acute onset pressure-like chest pain on post-vaccine day 3.

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1251643	4/24/2021	TN	21	M	4/9/2021	4/12/2021	Patient presents to ER with chest pain, worse with deep inspiration, lying flat or leaning forward. Pain is better when sitting up straight. Vomiting x 1 episode. First Moderna shot on 4/9/21. Chest pain started on 4/11/21. On 4/14/21, pain was worse, so came to ER. Patient admitted to hospital, cardiology consult, pulmonology consult. Patient is treated with colchicine 0.6mg twice daily, NSAID and metoprolol 25mg twice daily. Follow up with cards in 2 weeks. Much improved on day 2.
1253234	4/24/2021	MI	20	F	4/20/2021	4/21/2021	Patient received the Moderna shot on Tuesday (4/20/21), then had nausea and chest pain on Wednesday evening. Chest pain came and went with help of Motrin. Friday morning at 6 am, she had extreme chest pain that prompted an ER visit. They diagnosed her with pericarditis.
1251263	4/24/2021	DC	20	M	4/13/2021	4/17/2021	Patient had the common/expected fatigue/myalgia/low grade fever following the 2nd COVID vaccine. Then, once this resolved, he developed chest pain and shortness of breath. He was admitted to the hospital and found to have pericarditis with elevated troponin and mild/nonspecific EKG changes. He had echocardiogram, CT angio coronary, and cardiac MRI as part of evaluation. He was treated supportively with NSAIDs and discharged with only mild residual pain.
1252127	4/24/2021	TX	23	M	4/17/2021	4/19/2021	2nd vaccine administered 4/17 and on 4/19/21 he started to have chest pain not relieved by Tylenol and presented to ER with high Troponin.
1252019	4/24/2021	WA	21	M	4/20/2021	4/21/2021	First night - fever, headache, pain, chills, sweats, etc. Midnight of day 2, chest pain, shortness of breath, sweats. Went to hospital at 8:15am. Was diagnosed with pericarditis.
1249043	4/23/2021	WA	27	M	4/8/2021	4/8/2021	Chest pain began ~8 hours after receiving vaccine. Pain increased over next week, present in waves with no noticeable cause. Aggravated by deep breaths. Diagnosed as likely pericarditis, supported by symptoms and EKG with elevated STs. Began treatment of 800mg Ibuprofen daily. Currently 15 days after vaccine, still showing symptoms after 3 days of treatment.
1248500	4/23/2021	MN	18	M	4/19/2021	4/20/2021	Acute myocarditis

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1248441	4/23/2021	MN	45	M	4/8/2021	4/8/2021	Acute Myocarditis
1248105	4/23/2021	NC	23	M	4/17/2021	4/17/2021	Patient noticed some SOB and chest tightness the evening after receiving the Pfizer COVID vaccine. A few days later his symptoms worsened to chest pain. He went to the ED and was further transferred to the hospital where he was found to have myocarditis. He is being treated with colchicine and lisinopril.
1247978	4/23/2021	OH	27	M	4/21/2021	4/22/2021	Myocarditis. Pt received 2nd Dose Moderna on 4/21/21 morning. He reported developing fever of 102 F on 4/22/21. He reported developing chest pain early morning on 4/23/21. Denied other symptoms. Pt went to urgent care due to chest pain and SOB. Pt sent to ED from urgent care due to abnormal EKG. EKG showed ST elevation. Troponin I elevated 13.0 . C-reactive protein elevated 8.22. Left heart cath done, normal. CT PE done to rule out PE. Pt diagnosed with myocarditis and severe inflammation. "Elevated Inflammatory markers possibly related to COVID vaccine.~~
1247390	4/23/2021	WA	24	M	4/17/2021	4/17/2021	11am - sore arm 7pm - chills/fever & chest pain 8pm - increased chest pain 4/18 1pm - increased chest pain, fatigue, chills 11pm - unbearable chest pain 4/19 7am - leave for Emergency Room. Go from ER to Hospital. Diagnosed with Myocarditis.
1245773	4/23/2021		59	F	2/19/2021	4/6/2021	#NAME?
1242378	4/22/2021	NC	24	M	4/16/2021	4/22/2021	chest pain, elevated troponin, suspected myocarditis
1244282	4/22/2021	CA	35	M	4/17/2021	4/19/2021	chest pain, myocarditis
1241795	4/22/2021	MN	76	F	1/25/2021	3/30/2021	Increased shortness of breath for a few weeks and then acute worsening of this along with new chest tightness on 4/30 which led to hospitalization and ultimately diagnosis of pericarditis. Atrial fibrillation also developed during the course of the 4 day, 3 night hospitalization.
1241920	4/22/2021		23	M	3/4/2021	3/6/2021	NSTEMI likely caused by Myocarditis starting with intermittent chest pain on 3/6/21 that was treated with aspirin and carvedilol QD.

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1240192	4/22/2021	CA	34	M	4/16/2021	4/16/2021	Patient initially reported in separate VAERS to have possible multisystem inflammatory response secondary to vaccine (new rash, fever, hypotension, LFT abnormalities) with symptom onset on evening of vaccination receipt on 4/16. One day into hospitalization, diagnosed with new systolic heart failure felt to be most consistent with acute myocarditis. Previously no symptoms of HF, working in physical labor one week prior to admission.
1242672	4/22/2021		27	M	4/17/2021	4/20/2021	Myopericarditis, chest pain, elevated troponin
1242435	4/22/2021		18	M	4/14/2021	4/16/2021	Patient presented with severe chest pain and after EKG, echocardiogram and MRI was diagnosed with acute myopericarditis. Testing for any other cause for myopericarditis was completely normal. From the time course it appears that it is related to his vaccination
1242420	4/22/2021	MA	38	M	4/13/2021	4/13/2021	Patient with cardiogenic shock due to severe myopericarditis, severe inflammatory response with high fever up to 104. Cardiogenic shock requiring placement of Impella support.
1236711	4/21/2021	NC	19	M	4/8/2021	4/8/2021	Developed Fever and chills during the night 4/8/2021. Felt fatigued with intermittent chills on 4/9/2021 and then fever and chills again that night. Felt fine Saturday 4/10 and then Sunday 4/11 developed low grade chest pain lasting 2 hours and resolved with Advil. Awakened at 5am on Monday 4/12 with severe diffuse chest pain requiring hospitalization and treated for myopericarditis.
1235664	4/21/2021	NC	22	M	4/17/2021	4/20/2021	Patient presented with severe chest pain x 2 1/2 hours, found to have EKG changes consistent with strain, dramatically elevated troponin to 13.2, ultimately peaked at 15. No pericardial fluid, diagnosed with myocarditis, treated in healthcare facility.

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1237026	4/21/2021	NY	36	M	4/6/2021	4/7/2021	Patient received the moderna covid vaccine on 4/6/21. Developed general malaise and fever 4/7/21 around 1pm. Then developed acute sharp, pinching retrosternal, non-radiating chest pain at 9pm on 4/7/21. Chest pain was intermittent and nocturnal. no relief with nitroglycerin. He was admitted to the hospital 4/9/21 and started on colchicine 0.6 mg PO BID and indomethacin 50 mg PO TID with improvement. Troponins trended down with significant symptomatic relief following anti-inflammatories. At follow up visit 3 days after discharge (4/15/21) , patient reported continued improvement, reporting sternal chest pain 1 out of 10 . Also reported dyspnea that has improved since discharge from hospital but still worse than baseline.
1237152	4/21/2021	MA	19	M	4/16/2021	4/20/2021	Myopericarditis
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.
1238979	4/21/2021	FL	64	M	4/8/2021	4/16/2021	Experienced chest pain. Went to ER. Was rushed in and determined to have Pericarditis - swelling and irritation around the heart.

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1239131	4/21/2021	AR	24	M	4/1/2021	4/17/2021	<p>DIAGNOSTIC STUDIES: 1. Chest x-ray that was normal. 2. CT angiography of the chest showing no abnormalities. 3. Echocardiogram showing no significant abnormalities. HOSPITAL COURSE: A 24-year-old male, primary care patient, received a second dose of the Pfizer COVID-19 vaccination 3 days prior to admission. Following this, he had a fever, chills, body aches, and then developed severe chest pain. The pain was worse lying flat, better when sitting up and leaning forward and worse with a deep breath. He had gone to an urgent Care and was recommended going to the emergency room. The patient's troponins were elevated and his EKG was fairly classic for pericarditis. He was felt to have probably viral myopericarditis and was admitted for observation. He was placed on aspirin and colchicine. He seems stable from Cardiology to be discharged on this regimen as well as symptomatic treatment. It was not known whether the COVID vaccine was implicated with this or not. DISCHARGE DISPOSITION: CONDITION: Stable and improved. MEDICATIONS: 1. Colchicine 0.6 mg b.i.d. 2. Aspirin 650 mg t.i.d. 3. Oxycodone/acetaminophen 5/325 mg every 4 hours p.r.n. for pain. 4. Zofran 4 mg sublingual q.8 hours p.r.n. for nausea. DIET: Regular. ACTIVITY: As tolerated. FOLLOWUP: With Cardiology on May 3rd. If worsened pain, shortness of breath, or high fever, return for evaluation sooner. In which case, steroids may be administered.</p>

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1239205	4/21/2021	WA	38	M	4/15/2021	4/17/2021	10:00PM Saturday, 4/17/21 Sudden chest pain. Tried to sleep it off, pain lingered all day Sunday 4/18/21. 8:00PM went to local ER with same chest pain, had not gotten better. ER took blood draw, my troponin was 4.6 and doctors thought it was an error since I am 38 years old and otherwise health with no history of chest pain or family history of heart trouble. Second blood draw showed troponin at 5.0 getting worse. They called an ambulance and took me to the hospital nearby. Third blood draw showed 6.0 and I spiked at 10.0 overnight. I had several EKGs, a CT scan, and an angiogram. None of these showed any obstructions or blockages in the heart or blood vessels that could have caused the heart trauma. I had an echocardiogram which showed that my heart is only pumping at 50% which is low for a healthy young person who is a runner. I was diagnosed with myocarditis and with having had a Non-ST Segment Elevation Heart Attack. Again, I have no family history of this, I am otherwise healthy, I do not use drugs and I did not have any trauma to my chest, such as a car accident, that could have caused this. The only explanation is that it was related to the COVID shot, which I had roughly 48 hours before my sudden chest pain
1238704	4/21/2021		45	M	4/8/2021	4/8/2021	8 hours after 2nd pfizer covid vaccination. Fever 101.3 , chest pain with diaphoresis, trended troponins to a nadir of 19.0. EKG changes with ST changes in 3 non-contiguous leads. Initially treated for an NSTEMI with heparin. Transitioned to colchicine and ibuprofen for myocarditis.
1233262	4/20/2021	TX	23	M	3/31/2021	4/3/2021	Chest Pains that lead to hospitalization. Found an elevated troponin related to myocarditis. Ongoing evaluation

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1231560	4/20/2021	NJ	17	F	4/15/2021	4/17/2021	On 4/17/21 (ie within 48 hours of receiving COVID 19 Pfizer Shot #2 (4/15/21), my daughter began experiencing chest pain in the PM (PM of 4/17). It was initially mild so we did a watch and wait overnight but when it did not go away by morning of 4/18/21 we went to Urgent Care . Upon presentation at urgent care, she had an irregular EKG, we were advised to immediately do to a Hospital ER , upon arrival she presented with same EKG findings from urgent care, BW was run and her troponin level was a 7, this hospital recommended (after consultation with their cardiologist) that based on her age and urgency of the heart condition, we should be transported to a pediatric hospital with cardiology expertise. She was transported by ambulance to another Hospital, Cardiology Unit. . After a scary 24 hour overnight stay at the hospital she was released on 4/19/21.
1232001	4/20/2021	WI	23	M	4/15/2021	4/16/2021	Per patient, he developed chills, subjective fevers, body aches few hours after the vaccine on 04/15. Also developed chest discomfort that progressively got worse over the next 1-2 days which prompted him to visit the ED on 04/18. He was found to have troponin elevation with diffuse J-point elevation. He received aspirin and was started on heparin drip. Chest pain completely resolved by the next day. Coronary angiogram was negative. Cardiology attributed stroke elevation and chest pain to myocarditis secondary to vaccine. Echo was normal with no evidence of pericardial effusion.
1232373	4/20/2021	VA	19	M	2/16/2021	2/19/2021	Pericarditis attributed to the Moderna shot
1235437	4/20/2021	WA	20	M	4/14/2021	4/18/2021	Pt presented with chest pain, diagnosed with myocarditis with troponin peak of 5. Normal ECHO and EKG.
1233181	4/20/2021	VA	38	F	2/15/2021	3/19/2021	Experienced a unrelenting headache beginning on day 2 of the vaccine until approximately 3/16. Starting experiencing chest discomfort and pain on 3/19. Evaluated in physicians office on 3/24 and sent to ED for abnormal EKG. Admitted to hospital for elevated troponin levels. Currently on anti-inflammatory medications and still experiencing chest pain after the diagnosis of acute myocarditis.

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1235397	4/20/2021	NV	22	M	4/13/2021	4/15/2021	Young healthy patient presented with chest pain starting 3 days after vaccine. Profoundly abnormal EKG and marked troponin elevation. Workup consistent with acute myocarditis of unclear etiology.
1232535	4/20/2021	WI	18	M	4/7/2021	4/11/2021	He was admitted to Cardiovascular Medicine on 4/11/21 with acute idiopathic myocarditis, the etiology was unclear but considered due to recent COVID vaccination vs viral infection. He presented with elevated troponin and initially elevated ESR and CRP. CTA of coronary arteries was on done on 4/12 and showed normal coronary arteries. TTE was done on 4/13 and showed a normal LVEF of 65% and normal LV size and wall thickness. His RV size was mildly enlarged and has mildly elevated right atrial pressure. There was no significant valvular disease. Cardiac MRI was done prior to discharge and he will follow up with cardiology for the final results. He was having some intermittent chest pain and SOB and was recommended to use OTC ibuprofen 600 mg BID per cardiology. Reports that his chest pain and shortness of breath is slowly resolving. His symptoms are mild and infrequent.

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1227947	4/19/2021	GA	22	M	3/31/2021	4/3/2021	<p>The patient appears to have developed acute myopericarditis within 3 days of receiving the vaccine.; This is a spontaneous report from a contactable physician. A 22-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTEC COVID-19 VACCINE, Solution for injection, Batch/ Lot Number and expiry date were not provided), via an unspecified route of administration on 31Mar2021 (at the age of 22-years-old) as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient did not have any allergies to medications, food or other products. Patient did not receive other vaccine in four weeks of vaccination. Patient did not receive any other medications within 2 weeks of vaccination. Patient has not COVID, prior vaccination. On 03Apr2021, the patient appears to have developed acute myopericarditis within 3 days of receiving the vaccine (adverse event result in Emergency room/department or urgent care). Patient received treatment with acetylsalicylic acid (ASPIRIN) and colchicine. Patient has been tested for COVID in 2021, post vaccination, Test type: Nasal Swab and result was negative. The outcome of the event was recovering. Additional information on lot/batch number has been requested.; Sender's Comments: Based on the known vaccine safety profile the causal association between the reported event patient appears to have developed acute myopericarditis within 3 days of receiving the vaccine and the usage of the vaccine BNT162B2 is unlikely but cannot be completely excluded because of strong temporal association between the event and the suspected vaccine. The case will be assessed once the new information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.</p>

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1229845	4/19/2021	IL	30	M	3/23/2021	3/25/2021	Patient presented to ED 3/25/21 for left sided chest pressure about 3 days post Moderna dose #2. Troponin elevated but patient had normal ECG. Patient admitted to the hospital for NSTEMI. Cardiac cath done 3/26 showed no obstruction. Patient had resolution of chest pain during stay and was discharged on 3/28. Discharge diagnosis myocarditis, discharged on ibuprofen tapering dose.

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1227941	4/19/2021	OH	20	F	3/31/2021	4/1/2021	pericarditis; Chest pain; This is a spontaneous report from a non-contactable physician. A 20-year-old female patient received second dose of BNT162B2 (Batch/Lot number and expiry date was not reported), via an unspecified route of administration on 31Mar2021 as a single dose for COVID-19 immunization. Medical history included generalised anxiety from an unknown date. The patient's concomitant medications were not reported. The patient previously received first dose of BNT162B2 on 10Mar2021 for COVID-19 immunization. On 01Apr2021, the patient experienced pericarditis and chest pain. The patient was not pregnant at the time of vaccination. The patient did not receive any other vaccines within four weeks prior to the vaccination. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. The patient underwent lab tests and procedures which included Nasal swab and PCR: both negative on an unknown date. The adverse events resulted in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. Therapeutic measures were taken as a result of pericarditis and chest pain which included High Dose NSAIDs. The outcome of the events was unknown. The events were assessed as serious which caused hospitalization. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Sender's Comments: The events pericarditis and chest pain are most likely intercurrent conditions and unrelated to suspect vaccine BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1229345	4/19/2021	OH	30	M	4/15/2021	4/17/2021	Assessment: 1. Suspect acute myopericarditis likely immune related/related to second dose of Covid vaccine. 2. Troponin elevation likely due to acute myopericarditis. This is a 30-year-old male with no previous cardiac history. This past Thursday he got the second dose of Pfizer Covid vaccine. He had the usual muscle aches at the site of the injection. The next day he felt crappy, cold, etc. Nevertheless he went to work. This was Friday. On Saturday he felt better. He visited his grandma. On the way to home he felt a little dizzy. He took a meclizine when he got to the his grandmother's home. He helped her eat, and then went home. On Saturday night he started to feel cold and chilled. His face felt li
1229935	4/19/2021	CA	20	M	4/15/2021	4/17/2021	. He received his second Moderna vaccine on 04/15th. He did have localized pain in his arm and the following day, had some headache and neck stiffness. Yesterday evening around 5 o' clock he developed left chest pain that has persisted. It has waxed and waned, but not disappeared. It reached an intensity of 7/10 prompting him to get a ride to the emergency room for evaluation. He was found to have myocarditis, with troponin elevation to 37 ng/mL, and globally reduced ejection fraction 45%. His care is ongoing.

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1230539	4/19/2021	NE	23	F	4/8/2021	4/11/2021	Hospital course: 23 yo female with no significant PMH presenting to the ED with right sided CP, worse with deep inspiration. Received 2nd covid vaccination last week- mild reaction with fever thereafter. She had w/u in the ED including an EKG with inferior and septal TWI and trop of 1.61. CTA chest was negative. She was admitted. After admit, troponin trended up (1.61--3.71--4.93). CRP 49.1, ESR 21. Echo showed apex hypokinesis so with TWI on EKG and elevated trop, cardiology elected for LHC. This was normal. Cardiac MRI showed myopericarditis. She was started on high dose ASA, colchicine and bblocker for this. Likely viral etiology (Covid, Resp 4 plex negative). Trop trended down on 4/13 (CRP still rising). Cardiology was ok with discharge. Will need 2 weeks of ASA and 3 months of colchicine. No strenuous activities for that time frame. She is getting her Masters in music/violin and did not need a return to school note. Feeling somewhat better at discharge- rated pain 6/10. Internal Medicine followup in 1 week Cardiology followup in 2 months

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1230956	4/19/2021	NJ	49	F			heart conduction abnormality; inflammation in heart; heart beats at a lower rate after exercising/ there are periods where her heart rate is over 100 bpm/heart is not relaxing/ causing both parts of the heart to beat at the same time; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CONDUCTION DISORDER (heart conduction abnormality), MYOCARDITIS (inflammation in heart) and HEART RATE IRREGULAR (heart beats at a lower rate after exercising/ there are periods where her heart rate is over 100 bpm/heart is not relaxing/ causing both parts of the heart to beat at the same time) in a 49-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included No adverse event (No medical history reported). On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced CONDUCTION DISORDER (heart conduction abnormality) (seriousness criterion medically significant), MYOCARDITIS (inflammation in heart) (seriousness criterion medically significant) and HEART RATE IRREGULAR (heart beats at a lower rate after exercising/ there are periods where her heart rate is over 100 bpm/heart is not relaxing/ causing both parts of the heart to beat at the same time) (seriousness criterion medically significant). At the time of the report, CONDUCTION DISORDER (heart conduction abnormality), MYOCARDITIS (inflammation in heart) and HEART RATE IRREGULAR (heart beats at a lower rate after exercising/ there are periods where her heart rate is over 100 bpm/heart is not relaxing/ causing both parts of the heart to beat at the same time) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Heart rate: 100 (abnormal) 100 bpm. Concomitant products included hormone replacement therapy and OTC medication for an unknown indication. Treatment included 800 mg of Ibuprofen twice a day for reduction of inflammation. Based on the current available information and temporal association between

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							the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1227834	4/19/2021	NY	28	M	4/9/2021	4/14/2021	Chest pain, Elevated blood pressure, elevated cardiac enzymes, Acute myocarditis
1229929	4/19/2021	CA	24	M	4/7/2021	4/7/2021	First few days had chills, extreme sweating, nausea, and then ended up in hospital with irritation and inflammation of heart lining and walls.

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1227333	4/18/2021		26	M	3/28/2021	3/30/2021	3/31/21 26YM admit with Acute issue: myocarditis, chest pain, extreme fatigue, body aches, SOB; Moderna (first dose on 3/28). No known prior COVID. Patient admits that approximately a month and a half ago, he was drinking a significant amount of alcohol with a 24-pack of beer daily and 5 drinks at night. He quit this approximately 2 weeks ago when he got back together with his girlfriend. He has had stress in his life with the death of a cousin approximately 2 weeks ago. The patient had been feeling well over the last week or so and received the Moderna COVID-19 vaccine on 3/28 Sunday. This was his first dose. Approximately an hour and a half after receiving the vaccine, he had symptoms of feeling dizzy with position change. He went home from work. He developed fevers, chills, rigors, diaphoresis, and headaches. He slept a lot due to these symptoms. On 3/30 Tuesday, he woke with mild chest discomfort that he described as a pressure sensation in his anterior chest. He states that it was bothersome, but not too significant. He woke up 3/31 at approximately 0200 hours with a stabbing left anterior chest discomfort. He notes that it felt like a hot knife stabbing him. He admits that over the last couple of days, he had a cough when he would lay back in bed. He admits to feeling more short of breath when flat and feeling like he had to put pillows behind his head. He came to the emergency department due to these symptoms. He was given a dose of acetaminophen and promptly had nausea and vomiting. He received a dose of aspirin 325 mg and states that his symptoms resolved shortly after that. 3/31 He now feels well and denies any further chest discomfort. He denies any dyspnea.
1226429	4/18/2021	ND	64	M	4/3/2021	4/7/2021	patient experienced onset of subjective and eventually objective fevers 4 days after receiving the second Moderna vaccination. He experienced malaise, and fatigue as well and some shortness of breath with chest tightness and was ultimately diagnosed with pericardial effusion and pericarditis.

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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.
1225473	4/18/2021	OH	62	F	4/15/2021	4/15/2021	starting at 930 pm the day of vaccination I started to have SOB and chest pain. I tried to take 2 puffs of my ProAir inhaler, this did nothing to help the SOB. Within the hour I could not get a full breath at all. the chest pain was only tolerable if I was leaning forward. My husband took me to the ER. They did testing and found that I had Pericarditis and Pleuritis. They informed me that I should NOT get any further COVID vaccines because it could kill me.

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1224441	4/18/2021	PA	43	M	3/9/2021	3/27/2021	Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; This is a spontaneous report from Pfizer Sponsored Patient Support Program. A contactable consumer (patient) reported for himself that a 43-year-old male patient received his second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN6202), via an unspecified route of administration at the age of 43-year-old at arm left on 09Mar2021 14:00 at single dose for covid-19 immunisation. Medical history included high blood pressure. The patient wasn't allergies to medications, food, or other products. Concomitant medications included metoprolol tartrate and vitamin D NOS. The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number: EN6202) at left arm on 15Feb2021 6:00 PM for COVID-19 immunisation. The patient experienced chest pain as a result of elevated troponin levels caused by myocarditis on 27Mar2021 14:00. The events were serious for being hospitalized (duration 3 days). The adverse events result in Emergency room/department or urgent care. Facility where the most recent COVID-19 vaccine was administered in hospital. Prior to vaccination, the patient wasn't diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. The patient underwent lab tests included nasal swab: negative on 29Mar2021. The patient was received treatment (Heparin, Nitroglycerin and Cardiac Catheterization) for events. The outcome of events was recovering.
1224211	4/18/2021	MN	19	M	4/9/2021	4/16/2021	admitted to hospital with chest pain, elevated troponin with clinical exam consistent with myocarditis/pericarditis. No known past medical history, no recent upper respiratory / GI illness preceding admission

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1223355	4/17/2021	AL	19	M	4/9/2021	4/9/2021	Fever developed about 10 hours after the injection. Average temp throughout the night and first part of the next day was 104.7, also experienced severe headache, chills, and muscle aches and pains. Throughout the day after the injection 4-10-2021 these symptoms improved but did not completely resolve. Overnight from the 10th into the morning of the 11th I developed a cough and felt short of breath. The afternoon of the 11th my oxygen saturation began to drop upon light exertion (walking around inside my home). I checked in to the Emergency Dept. at around 7 p.m. on the 11th of April 2021. I had elevated D-dimer, and abnormal Troponin. I was admitted with a diagnosis of myocarditis.
1222578	4/17/2021	CA	69	M	2/28/2021	3/11/2021	3/11/2021 Blood clots both lungs, CT scan diagnosis, Xarelto blood thinner prescribed, 3/23 admitted again plural effusion both lungs and pericarditis , hospitalized five days
1221739	4/17/2021	WI	18	M	4/14/2021	4/16/2021	Patient developed mild chest pain roughly 24 hrs after receiving 2nd Moderna Vaccine injection. He initially managed this with ibuprofen, but pain intensified and he presented to the ED approximately 1.5 days after 2nd injection with severe chest pain, diffuse ST elevations on EKG and elevated Troponin I measurement of 6 ng/ml. Patient transferred to hospital for further management and remains under inpatient care at time of report. Testing initially suggested pericarditis but cardiac MRI consistent with myocarditis. Troponin I peaked @ 75 ng/ml on 4/16/21.

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1221330	4/16/2021		39	M	4/11/2021	4/11/2021	<p>Patient is a 39 y.o. male with no significant past medical history who came to the ED with a sudden onset of chest pain that radiated initially to his right shoulder then to his left shoulder, left arm and back with intensity of 7/10 starting Tuesday 4/13/21 associated with SOB that is worse when laying flat or taking a deep breath. States he received his second Pfizer vaccine on Sunday, 4/11/2021 at 11 AM and started experiencing fever, chills, headaches, body aches and uncomfortable around 11 PM. He finally decided to take Tylenol x2 on Monday between 2 PM and 11 PM with some relief. He felt a little better on Tuesday morning and did some work from home but later around 7 PM, he notes a temp of 100.2, experienced body aches which he attributes to Vaccine side effects because his wife was also not feeling well post Vaccine. He went to bed and woke up later with cold sweats, felt pain in his chest and back. He described his chest pain as constant pain/heaviness that "felt like someone is sitting on his chest", he later felt pain in his left arm and back prompting ED evaluation. He denies similar episodes in the past, denies abdominal complaints, denies lightheadedness or dizziness, palpitations, shortness of breath at rest, orthopnea, PND, syncope, denies urinary complaints, denies smoking, drinks alcohol socially. States his father has CAD and MI x2 with stent in his 50s, his mother is doing okay with no cardiac history. In the emergency room, his EKG is consistent with pericarditis, initial troponin noted as 4.24 with repeat noted at 8.91, his LFTs are elevated at 107/123. He received full dose aspirin, Lopressor 25 mg with improvement in pain. IMG cardiology is on board with plan for cardiac cath today by doctor. Echocardiogram showed EF of 35-40% with wall motion abnormalities with initial reading.</p>

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1221058	4/16/2021	NC	37	M	3/11/2021	3/22/2021	Pt admitted to the ICU on 3/22/21 w/ pleuritic chest pain and shock requiring vasopressors. At time of admission pt had been taking antibiotics for an upper respiratory infection for 3 days. Echo Lv 40-45% upon admission. Pt was determined to have myopericarditis. On 3/24/21 pt was transferred to the cardiac intermediate unit. Endocrine consulted while in the cardiac intermediate unit to control his elevated blood sugars- endocrine team unable to determine if blood sugar is type 1 or type 2. on 3/27/21 pt went into respiratory distress required bipap & high flow nasal cannula and had a fever. Pulmonary consulted at this time- determined to be related to pulmonary edema and not a PE positive for pleural effusion. ID has been negative up to this point. 4/9/21 pt transferred to internal medicine service for work up for fever of unknown origin and continued management. Rheumatology consulted for leukocytosis, anemia, and elevated IgG. Ruled out connective tissue disease, stills disease, and vasculitis. Histoplasma was borderline positive pt has had recent bat exposure. Bone marrow biopsy done on 4/13/2021, ruled out HLH. Bronch done 4/15 to assess for TB, histoplasma, negative results so far. As of 4/15 no recommendations from ID and patient continues to look weaker/fatigued and spikes fever.
1221001	4/16/2021	WA	22	M	4/7/2021	4/9/2021	Myocarditis with a troponin level to 26.

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1220919	4/16/2021	NY	65	M	3/30/2021	3/30/2021	Diagnosed with pericarditis; Severe breathing problems; This spontaneous case was reported by a patient (subsequently medically confirmed) and describes the occurrence of PERICARDITIS (Diagnosed with pericarditis) and DYSPNOEA (Severe breathing problems) in a 65-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 038A21A) for COVID-19 vaccination. The patient's past medical history included Pericarditis (He also had history of pericarditis when he was 21 years of age (which is from bacteria).), Pacemaker insertion (cardiac) (Patient has 2 pacemakers) and Sepsis. On 30-Mar-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 30-Mar-2021, the patient experienced PERICARDITIS (Diagnosed with pericarditis) (seriousness criteria hospitalization and medically significant) and DYSPNOEA (Severe breathing problems) (seriousness criterion hospitalization). The patient was hospitalized from 30-Mar-2021 to 31-Mar-2021 due to DYSPNOEA and PERICARDITIS. At the time of the report, PERICARDITIS (Diagnosed with pericarditis) and DYSPNOEA (Severe breathing problems) outcome was unknown. Concomitant medications were not reported. The patient was under doctor's care. Pericarditis came back after he took the second shot of the vaccine. Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.
1219964	4/16/2021	VA	44	F	3/30/2021	4/12/2021	Acute substernal chest pain @ day 13, d-dimer levels high, ECG showed abnormal R-wave progression; fatigue @ day 14; SOB with minimal exertion, worsens with lying down and relieved with lying forward @ day 15; medical diagnosis (PA) indicates likely pericarditis. No recent hx of infection/illness or exposure (isolation due to high-risk).

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1219721	4/16/2021	IL	44	M	4/12/2021	4/15/2021	developed chest discomfort presented to hospital ER. ekg w diffuse st elevations, elevated troponin. taken for coronary angiogram negative for cad. normal echo. diagnosed w myocarditis. no evident viral prodrome or other inciting cause.
1219312	4/16/2021	NJ	31	M	3/28/2021	3/28/2021	3 days later I was in the hospital with a heart attack. I was in CCU for 3 days. The muscle above my heart was inflamed and caused my heart not to do it's job. I had tests run on my heart and my body and all conclusions came to the vaccine.
1219079	4/16/2021	MD	25	M	4/7/2021	4/15/2021	pt had transient fatigue and myalgias on 4/8 post vaccination. adm 4/15 with chest tightness and palpitations; found to have suspected polymorphic VT/wide complex tachycardia and pericarditis. otherwise healthy young adult with no med hx. CTA neg for PE. given amiodarone. echo normal LVF. troponins normal arrhythmia resolved to be discharge today
1218735	4/16/2021		53	M	3/17/2021	3/24/2021	Patient received 1st COVID vaccine on 3/17. On 3/24, he experience pleuritic chest pain and was admitted to the hospital for pericarditis confirmed by EKG. During this hospitalization, he was incidentally found to have left main stenosis 60-70% on the LHC, requiring PCI. Patient did not have an acute MI - hence Dressler Syndrome was thought to be less likely. He was discharged after a week on 3/30/21 with colchicine and other cardioprotective medications. He received his 2nd vaccine on 4/7/21. On 4/14/21, patient was readmitted for pleuritic chest pain attributed to recurrent pericarditis.

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1217884	4/16/2021	WI	27	F	3/17/2021	3/21/2021	Woke with up chest, arm and jaw pain on 03/21/2021. Presented to the ED. Her initial EKG was negative for any acute changes but her troponin was elevated. Cardiology was consulted. Her echo was negative for cardiomyopathy or hypertrophy. But after her troponin continued to rise she was taken to the cath lab to look for ischemia. Her cardiac angiography was negative for obstructive disease, and coronary arteries were completely normal. Had low magnesium and potassium- so started on oral supplementation. Discharged on 03/22/2021 with nitroglycerin (which was not helpful and made her feel worse/nauseated) and to follow up with outpatient cardiac MRI and cardiology. This imaging revealed significant myocardial edema consistent with myocarditis. 04/01/2021 Per Cardiology: -Given that the patient had covid 19 back in November 2019 I believe she may have had a low yield subacute myocardial infection at that time that was somehow exacerbated by her 1st covid vaccine. Therefore, after some consideration and careful discussion I am advising against the 2nd vaccine at this time. -No physical exercise for 6 months given her current myocarditis and family hx of sudden cardiac death -May trial PRN NSAIDS for pain relief -Recommend birth control and no pregnancy until at least after her follow up cMRI -Follow up in 6 months with cMRI prior

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1214980	4/15/2021	OK	67	F	4/12/2021	4/12/2021	Strange odor a few minutes after injection, followed by bitter taste, then nausea and spaciness. Dizziness, with vision looking 2D and flat by 15 minutes. Told Pharmacist, of spaciness who said stay as long as I wanted. Left at 30 minute point, still spacy and nauseous. Spaciness ended by an hour with nausea off and on. Chest pain - began around 7pm, continued to expand in area of chest, sharp stabbing pain later, pain from just above left elbow to hand and tingling of fingers, pain lower left leg and tingling of left foot. Irregular heart rate at different times. Checked into emergency room at 11:00. IV inserted, placed on continual heart and oxygen monitors, EKGs, chest X-rays (2), blood tests (3). Admitted to hospital sometime during the night. Given IV medications to counteract IV contrast allergy. These medications caused full body shakes, eyesight auras and extreme nausea with gagging. Heart CT taken with IV contrast. Discharged around 3:00 PM.
1214410	4/15/2021	NE	27	F	4/10/2021	4/13/2021	Myocarditis after 2nd covid shot 27 year old female received her 2nd covid shot on 4/10/21 then presented to the hospital with substernal chest pressure upon waking radiating to the left arm on 4/13/21. No previous cardiac history. test shown below, discharged from hospital on 4/15/21. She was improved, no chest pain at time of discharge.
1216418	4/15/2021	TN	68	M	4/3/2021	4/12/2021	Severe headache with fatigue started 04/12/2021. 04/14/2021 tightening in chest. went to local urgent care clinic for rapid test and treatment. EKG done also. Showed abnormal.,sent to local ER. Diagnosed with possible STEMI. Ems ride to north cath lab. Heart cath diagnosis of Pericarditis.

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1216288	4/15/2021	CO	65	M	3/20/2021	3/23/2021	Patient received first Moderna mRNA vaccine 2/20/2021, second Moderna vaccine 3/20/21. Severe flulike symptoms after Moderna vaccine intermittently over 1 day. 3/23/2021 chest pain hospitalized severe pericarditis 750 mL. Also cardiac Cath Lab one of his blood vessels 80% occluded (I do not currently have hospital report) coronary artery stented. Failed Plavix of in-stent thrombosis and myocardial infarction recatheterization fixed thrombotic stent. Following couple weeks has had recurrent pericarditis requiring several hospitalization recurrent chest pain including recently requiring pericardial window.
1210297	4/14/2021	ID	57	F	4/8/2021	4/11/2021	Patient awoke in the middle of the night (1:20am) with severe discomfort in the neck and throat. Excess saliva. As the pain persisted the pain radiated to the left arm/shoulder. We sought help at our local emergency department where she was found to be in new onset atrial fibrillation. A battery of tests were ordered including a troponin which was noted to be: 1.48. She was transported via ambulance to the hospital to be admitted and undergo left heart cardiac catheterization with the presumptive diagnosis of NSTEMI.
1210283	4/14/2021	KS	62	F	3/5/2021	3/16/2021	Patient says that 2 days post vaccination that she was having difficulty breathing. They admitted her in the hospital and she said she had inflammation around her heart.
1209960	4/14/2021	TX	23	M	4/8/2021	4/17/2021	On Saturday night (4/10) I had some chest pains that seemed to not go away in my upper left chest and left arm. I tried to sleep it off until the pain was unbearable at around 7:00 am on Monday (4/11). I then admitted myself to the ER and was given an ECG and multiple EKG's as well. Upon lab results I had high triponin levels (28) leading the doctors to believe I had a heard attack of some sort, eventually they ruled it as acute pericarditis possibly due to my second dose of the Pfizer vaccine.

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1209747	4/14/2021	MN	82	F	3/5/2021	3/6/2021	Started feeling weak next day after shot. As days went by I became increasingly short of breath. This continued for over 2 weeks and then started having chest pain. Went to ER and admitted with pericarditis. 2 days later I went into Atrial fib. The next day I had a cardioversion. Home the following day. One week at home not feeling well, I was readmitted with increased chest pain and shortness of breath. Pulse very low and needed a pacemaker which was inserted Easter Sunday. Home now and still not feeling well.
1209215	4/14/2021	CO	19	M	4/8/2021	4/11/2021	Per patient he received his second Covid vaccine 3 days prior to arrival and immediately following developed myalgias, subjective fevers and "viral symptoms" which she managed with ibuprofen 2 tabs q6h some improvement. On the day prior to arrival he developed increasing shortness of breath particularly with talking and with ambulation. He also describes chest tightness with deep inspiration, the tightness radiates to back, no radiation to left arm or jaw. Chest tightness is non-positional, but does feel worse immediately after he lies down from ambulation and then slowly dissipates. His last subjective fever was yesterday evening. He has never had a reaction to the vaccine before. He has no allergies. No prior medical conditions he is aware of, and takes no medications. He did not experience any of the symptoms following the first vaccine. He has h/o asymptomatic COVID infection in November 2020. Cardiology consulted for concern of pericarditis post COVID-19 vaccine. He does not have significant ST elevation or PR depression. He also does not have evidence of significant pericardial effusion at this point. The high sensitivity troponins are mildly elevated. He does have viral syndrome. Is unclear if Covid vaccination was causally related to his symptoms. We would like to improve his medications for better chest pain control and to prevent recurrent pericarditis in the future.
1208348	4/14/2021	CA	41	M	3/30/2021	4/5/2021	mild myocarditis with fevers +constitutional symptoms, trop and BNP elevation (without other cause), ekg abnormalities, EF w/
1208241	4/14/2021	LA	47	F	3/20/2021	3/25/2021	pericarditis, chest pain and nausea, treated with anti-inflammatories and anti-nausea medicines

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1207772	4/14/2021	NY	31	F	4/6/2021	4/11/2021	CHest pain radiating to Back and Jaw , nausea , lightheadedness , Admitted for 2 days to hospital for testing Diagnosed with Pericarditis-

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1204693	4/13/2021	OR	49	F	3/12/2021	4/8/2021	<p>presents with progressively worsening dyspnea on exertion for the last few weeks, much worse over the last one day. Patient reports feeling fatigued, having cough, and feeling more short of breath for the last day, and has developed central chest pain which is pleuritic in the emergency department. She reports that the chest pain is 4/10 in severity and does not radiate. Her caregiver at bedside reports that the patient has had worsening dyspnea on exertion for the last 3 or so weeks. Of note, she becomes dyspneic with limited exertion, such as going up a flight of stairs, at baseline. She had a fever of 101.4 °F at home earlier today, but denies chills or diaphoresis. He had 1 episode of nonbloody vomiting earlier today. Denies nausea at this time. She received her second dose of the Moderna COVID vaccine yesterday, 4 weeks after the first. They note that approximately 5 years ago, she had a prolonged admission for which she was transferred to OHSU and was on ECMO for a time before making a nearly full recovery. She has had the baseline dyspnea on exertion since that time. Review of Systems Constitutional: Positive for fever and malaise/fatigue. Negative for chills. HENT: Negative for sore throat. Eyes: Negative for blurred vision. Respiratory: Positive for cough and shortness of breath. Negative for hemoptysis, sputum production and wheezing. Cardiovascular: Positive for chest pain. Gastrointestinal: Negative for abdominal pain, diarrhea and vomiting. Genitourinary: Negative for dysuria and frequency. Musculoskeletal: Negative for back pain. Skin: Negative for rash. Neurological: Positive for weakness. Negative for tingling, sensory change and focal weakness. Endo/Heme/Allergies: Does not bruise/bleed easily. Psychiatric/Behavioral: The patient is nervous/anxious. Past Medical History: Past Medical History: Diagnosis Date ? Developmental delay, moderate since birth Functional equivalent to 10-12 year old, no formal testing done otherwise. ? DVT (deep venous thrombosis) (HCC) 1/2016 while on ECMO ? Personal history of ECMO 1/2016 - ARDS after unknown viral illness Past Surgical History: Procedure Laterality Date ? LUNG BIOPSY Left 1995 Mass noted following an MVA, was benign ? MASS EXCISION Right 2006 Growth removed from right knee ? PROCEDURE N/A 1/20/2021 Procedure: LAPAROSCOPIC CHOLECYSTECTOMY;</p>

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CHOLANGIOGRAMS; Service: Procedures; Laterality: N/A; POSSIBLE COMMON BILE DUCT ? PROCEDURE N/A 1/20/2021 Procedure: RIGID ESOPHAGOGASTRODUODENOSCOPY; Service: Procedures; Laterality: N/A; Medications administered in the ED: Medications doxycycline (VIBRAMYCIN) 100 mg in sodium chloride 0.9 % (NS) 100 mL IVPB (100 mg Intravenous New Bag 4/9/21 2235) ceftriaxone (ROCEPHIN) 1 g in 50 mL SNAP IVPB (0 g Intravenous Stopped 4/9/21 2234) Physical Examination: GEN: Very pleasant female sitting up in bed in NAD. Slightly anxious appearing. HENT: Moist mucous membranes. No posterior oropharyngeal erythema or exudates. NECK: Supple. No cervical or supraclavicular lymphadenopathy. CARDIOVASCULAR: Tachycardic rate and regular rhythm. No murmurs, rubs, or gallops. No pain with palpation of chest wall. PULM: Normal effort. No use of accessory muscles. Clear to auscultation bilaterally. No wheezes or crackles. ABD: Soft. Non tender. Non distended. EXT: No lower extremity edema. SKIN: No suspicious lesions noted on the exposed skin. EKG: 04/09/21 Rhythm: Sinus tachycardia Rate: 111 Axis: normal Intervals: normal Concern for possible inferior infarct noted, but felt less consistent with true ST depression Recent Imaging: Chest x-ray, 04/09/21: FINDINGS: LUNGS: Slightly low lung volumes. There is hazy reticulonodular interstitial opacity seen within the left mid and both lower lung zones suspicious for interstitial pulmonary edema. CARDIAC: Slightly worsened mild cardiomegaly. MEDIASTINUM: Normal. PLEURA: No pleural effusion or pneumothorax. LINES/TUBES: None. BONES: There is mild rightward convexity curvature of the thoracic spine along with minimal multilevel degenerative change. OTHER: Surgical clips overlie the left lung apex medially and the right upper abdominal quadrant. IMPRESSION: 1. See above. CT angiogram pulmonary: FINDINGS: Motion degrades image quality slightly. No pulmonary arterial filling defects are identified. Mild lower lobe predominant atelectasis and/or scarring. A single small bulla is present in the left lower lobe of the lung. Lungs are otherwise clear. Large airways are patent. Small bilateral dependent pleural effusions which are new relative to the comparison examination. No pneumothorax. Heart is normal in size. Relatively low

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attenuation pericardial effusion is present which is new relative to the comparison examination. Pericardial fluid measures up to 1.7 cm in thickness. No thoracic aortic aneurysm or dissection. No mediastinal mass or lymphadenopathy. Two small enhancing foci are present in the liver, larger 1.8 in length which are similar to the comparison examination. Interval cholecystectomy. Visualized upper abdominal contents are otherwise without significant abnormality. There has been partial resection of the left 5th rib. Osseous structures are otherwise intact. IMPRESSION: 1. No evidence of pulmonary embolism. 2. Pericardial effusion and small bilateral pleural effusions which are new relative to comparison examination. 3. Two small enhancing liver lesions which are not further characterized by this examination but are similar to comparison examination. These could potentially represent hemangiomas. Assessment / Plan a 49 y.o. female with history of hypertension, developmental delay, DVT x1 not currently on anticoagulation, GERD, and anxiety who is being admitted for acute hypoxic respiratory failure, felt likely secondary to fluid overload from cardiomyopathy from pericarditis with associated pericardial effusion. #Acute hypoxic respiratory failure #Elevated Pro BNP #Cardiomegaly #Dyspnea on exertion #Pleuritic chest pain #Elevated D-Dimer Acute. Hemodynamically stable. On room air at home, and requiring 3 L via NC here. Considerations include new onset CHF, PE, PNA, PTX, pericarditis, pericardial effusion. Presentation most concerning for new onset CHF/cardiomyopathy from pericarditis with associated pericardial effusion, as demonstrated on CT angiogram. She has significantly elevated CRP which further supports pericarditis, and onset of symptoms approximately 7 to 10 days after receiving her first COVID-19 vaccine dose 4 weeks ago, which may be associated. Also possible viral or idiopathic. Mildly elevated BNP and pleural effusions suggesting cardiomyopathy. Patient had a fever to 101.4 °F earlier today, per caregiver at bedside, and has had shortness of breath and cough, and thus pulmonary infectious process strongly considered, though clinically I feel infection less likely. She has a chronic leukocytosis and WBC is 21 today. She received ceftriaxone and doxycycline for pneumonia today in the ED, and may

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1202475	4/13/2021	GA	47	M	4/1/2021	4/2/2021	<p>consider continuing these tomorrow. No evidence to suggest tamponade on bedside POCUS. - Admit to PCU with tele - Echo in AM - Ibuprofen 800 mg 3 times daily and colchicine 0.6 mg daily for treatment of pericarditis - Diuresis: 40 mg IV Lasix given at 0037 - Respiratory support as needed, wean as tolerated - RTDP - Incentive spirometry - Consider continuing antibiotics pending clinical status in AM #Leukocytosis Acute. WBC 21.5 on admit, increased from 15.1 two and a half months ago, but that was at end of admission for cholecystitis. Potentially due to inflammation, possibly infectious process. See discussion above. - Trend with CBC #Hypertension Chronic, presumed well controlled. - Continue home hydrochlorothiazide and losartan #Thrombocytosis Acute. Suspect reactive thrombocytosis due to inflammation from pericarditis. - Daily CBC while inpatient #Elevated AST and ALT Acute, mild. Most likely secondary to congestive hepatopathy. Will trend. - AM CMP #Hypoosmolar hyponatremia Acute, mild. Considerations include beer potomania, hypothyroidism, SIADH, low solute diet ("tea and toast"), increased free water intake, medication induced (SSRIs, thiazides). Suspect low solute diet. SIADH from pulmonary pathology is also possible. - Repeat BMP #Anxiety Chronic, presumed stable. - Continue home sertraline Ppx: Lovenox Central Lines/IVs/Tubes/Drains: PIV CODE: Full Dispo: PCU with tele Active Hospital Problems Diagnosis SNOMED CT(R) Date Noted ? Elevated brain natriuretic peptide (BNP) level HORMONE LEVEL - FINDING 04/09/2021 ? Cardiomegaly CARDIOMEGALY 04/09/2021 ? Leukocytosis LEUKOCYTOSIS 04/09/2021 ? Acute respiratory failure with hypoxia (HCC) ACUTE RESPIRATORY FAILURE 04/09/2021 ? Dyspnea on exertion DYSPNEA ON EXERTION 12/21/2015</p> <p>The morning of 2 April, I woke up with a fever, chills, sweating and an excruciating headache. The symptoms persisted for approximately 10 hours. The following Monday, I woke up with sharp pains across my chest and shortness of breath. I was admitted to the hospital Emergency Room for about 7 hours and subsequently diagnosed with pericarditis. It is unknown if the pericarditis was associated to the vaccine but thought it was a good idea to document here.</p>

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1205198	4/13/2021	CT	75	M	3/12/2021	3/15/2021	Pericarditis; This is a spontaneous report from a contactable physician. A 75-year-old male received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: unknown, expiration date unknown), via an unspecified route of administration, on 12Mar2021 at the age of 75 years old as SINGLE DOSE for COVID-19 immunization. Medical history and concomitant medications were not reported. There were no allergies to medications, food, or other products. No known allergies. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive other medications within 2 weeks of vaccination. On 15Mar2021, the patient had experienced pericarditis. Treatment drug NSAIDs colchicine was received in response to the adverse events. The patient was not diagnosed with COVID-19 prior to vaccination. Since the vaccination, patient was not tested for COVID-19. The outcome of the event was recovering. Follow-up activities closed as no follow-up attempts required.; Sender's Comments: Based on the close temporal relationship, A possible contributory role of the suspect product to the development of Pericarditis cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified.
1205963	4/13/2021	GA	43	F	3/17/2021	3/18/2021	Day 1-3 severe headache, fever, fatigue, body aches I was in the bed for 2.5 days. Day 5 - severe chest pain landed me in the ER at Hospital - pericarditis caused by the vaccine. Day 21- finally got into see a cardiologist, started colchicine to try to reduce the inflammation around my heart and prevent it from coming back. An echocardiogram is going to be performed on 4/14/21. Also, right upper quadrant pain when taking a deep breath, a ct scan is being scheduled. Ive not been able to sleep laying down since day 5 following the vaccine. Chest pain, shortness of breath and right upper quadrant pain are all a result of the vaccine.
1202301	4/13/2021	FL	23	M	4/6/2021	4/7/2021	Fever, chill, nausea, vomiting, and myocarditis

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1205252	4/13/2021	MO	33	F	1/20/2021	1/20/2021	pericarditis; SOB; facial edema; wheezing; flushing; tachycardia; received the first dose of BNT162B2 via subcutaneous; This is a spontaneous report from a contactable nurse (patient). A 33-year-old female patient received the first dose of BNT162B2 (Lot Number: EJ1686), subcutaneous, administered in right arm on 20Jan2021 13:15 (at the age of 33-year-old) as single dose for COVID-19 immunization. Medical history included penicillin allergy and COVID-19 on 28Dec2020. The patient is not pregnant. The patient's concomitant medications were not reported. The patient did not received any other vaccines within 4 weeks prior to the COVID vaccine. On 20Jan2021 13:30, the patient experienced SOB, facial edema, wheezing, flushing, tachycardia and pericarditis. The adverse events resulted in Doctor or other healthcare Professional office/clinic visit, Life Threatening illness (immediate risk of death from the event). Therapeutic measures were taken as a result of the events which included Epinephrine, prednisone, albuterol, diphenhydramine. The outcome of the events was recovered with sequelae.
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.
1193195	4/11/2021	WI	30	M	4/6/2021	4/9/2021	Chest pain, highly elevated troponin, no ACS; likely Myocarditis

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1194232	4/11/2021	MN	51	F	4/7/2021	4/8/2021	Acute onset of chest pain at 2:00 am on 4/8/21. Arrived at ER via ambulance at 4:30 am. Chest pain was extreme pressure, in chest radiating up through neck and lower left chest. Constant, worse when lying down or breathing deeply. Evaluated in ER and subsequently admitted to the hospital. Diagnosed: Acute Idiopathic Pericarditis.
1193443	4/11/2021	TN	40	M	3/25/2021	3/25/2021	Thursday, March 25th at 3:10pm I received my 2nd dose of the Pfizer vaccine. Thursday, March 25th at 9pm I had cold chills, headache, low grade fever, diarrhea, and fatigue. These symptoms lasted Thursday night, Friday, Saturday (March 25th - March 28th). Sunday, March 29th at 4am I woke up with severe chest pains, shortness of breath and light headed. At this time I went to the emergency room.
1191828	4/10/2021	NY	44	F			nausea; vomiting; chest pain; myocarditis; thrombocytopenia; This is a Literature-spontaneous report 2021, 1-4; entitled Thrombocytopenia following Pfizer and Moderna SARS-CoV-2 vaccination. A 44-year-old woman was hospitalized for nausea, vomiting and chest pain on the day that she received the Pfizer vaccine (BNT162B2) via an unspecified route of administration on an unspecified date (Batch/Lot number unknown) at single dose (at 44-year-old) for COVID-19 immunization. Her laboratory values included a platelet count of 85 x 109/L and a peak troponin level of 4 ng/mL (normal < = 0.04 ng/mL). The patient was diagnosed with myocarditis but did not require treatment for thrombocytopenia. Her platelets were 61 x 109/L on discharge, but subsequent platelet counts were not reported. The outcome of the events was unknown. No follow-up attempts are needed. Information on Lot/batch number cannot be obtained.; Sender's Comments: The causal association cannot be excluded between the reported events and BNT162B2 vaccine use. The impact of this report on the benefit-risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for AE. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, ethics committees and investigators, as appropriate.

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1192255	4/10/2021	CA	70	F	3/11/2021	3/28/2021	<p>Syncopal episode while working in garden 3/28/21, ED visit, no imaging, EKG NSR, treated with IVF attributed to dehydration Severe neck pain radiating to chest started 4/2/21, CT showed large pericardial effusion, admitted to hospital for acute pericarditis with pericardial effusion</p>
1192054	4/10/2021	MA	37	M	3/20/2021	3/20/2021	<p>moderate heart attack; myocarditis; my heart to get inflamed; Monday evening, 22Mar, I started getting pain in my upper chest; getting pain in my upper chest and throat; I had full body chills; I had full body chills and aches; This is a spontaneous report from a contactable consumer. A 37-years-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), , administered in Arm Left on 20Mar2021 (Batch/Lot Number: ER2613) as SINGLE DOSE for covid-19 immunisation. Age at vaccination :37 years.The patient received the first dose on 27Feb2021 (Brand Pfizer,Lot number EN6203 , administration time 12:00 PM, Vaccine location Left arm).Medical history included none. There were no concomitant medications.The clinical course was reported as follows: "I received my second covid vaccine shot Saturday at noon, 20Mar. I had full body chills and aches Saturday and Sunday night. Monday evening, 22Mar, I started getting pain in my upper chest and throat. I woke up at 2:00am with severe chest pain. I called # and rode in an ambulance to the hospital. I spent 3 days in the hospital. I was diagnosed with myocarditis. The cardiologist believes my auto immune response to the vaccine attached my heart and caused my heart to get inflamed. I had a moderate heart attack from the vaccine".Th</p> <p>Adeverse events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event.The patient received treatments for the events (ae treatment medication, cardiac MRI, cardiac catheterization).The patient was recovered with sequel from all events.No Covid prior vaccination , No Covid tested post vaccination: Yes (covid test type post vaccination Nasal Swab on 23Mar2021:Negative)</p>

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1183110	4/8/2021	CO	33	M	4/5/2021	4/7/2021	April 5th sore arm 11:30pm fever of 100.2 on tylenol. Took advil at 3am. Still had fever and sweating. April 6th felt tired and achy. The night of April 7th at 1am had severe chest pain, felt like heart attack. Went to urgent care at 5:55pm April 7th. Had ekg done and was diagnosed with pericarditis. Was treated with ibuprofen 800mg 3x a day for one week. Follow up appointment with primary care April 15th.
1182130	4/8/2021	CA	65	F	1/23/2021	1/30/2021	Acid Reflux, headache, pericarditis, abdominal pain, upper and lower abdomen, fatigue, nausea
1177803	4/7/2021	AZ	70	M	3/25/2021	3/26/2021	Per triage note of 4/7/2021: "Chief Complaint: pt presents with Nausea & vomiting, ha, body ache, unable to sleep, swollen feet. Symptoms started 3/25 after he received his 1st covid vaccine. has had to use a walker and gets SOB. pt had COVID 11/2020" Assessment reveals mild CHF, positive troponin, myocarditis per physician's notes of 4/7/2021 Patient treated with Zofran 4 mg IV and given 500 ml NS IV then Lasix 40 mg IV. Patient transferred to Medical Center 4/7
1175421	4/7/2021	MN	29	M	3/24/2021	3/26/2021	Two days post vaccination, he started to get some chest pain when he was laying down. Three days after, he went to the emergency department and was admitted to the hospital. He was diagnosed with perimyocarditis.

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1174357	4/7/2021	CO	57	M	3/1/2021	3/5/2021	Pericarditis leading to pericardial effusion; Pericarditis leading to pericardial effusion; This is a spontaneous report from a contactable other hcp (Patient). A 57-year-old male patient received bnt162b2, dose 1 via an unspecified route of administration, administered in arm right on 01Mar2021 (Lot Number: EN6201) as single dose for COVID-19 immunisation. Age at vaccination was 57-year-old. Medical history included chronic pancreatitis, gastritis from an unknown date. No Known allergies. No covid prior vaccination. Concomitant medications in two weeks included amlodipine; losartan; trazodone; ascorbic acid, betacarotene, biotin, calcium, chromium, copper, folic acid, iodine, iron, magnesium, manganese, molybdenum, nicotinic acid, pantothenic acid, phosphorus, pyridoxine hydrochloride, retinol, riboflavin, selenium, thiamine, vitamin b12 nos, vitamin d nos, vitamin e nos, vitamin k nos, zinc (CENTRUM MEN 50+), all taken for an unspecified indication, start and stop date were not reported. The patient experienced pericarditis leading to pericardial effusion on 05Mar2021 20:30. AE treatment included Pericardiocentesis. AE resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Prolongation of existing hospitalization (vaccine received during existing hospitalization), Life threatening illness (immediate risk of death from the event). The serious criteria for the event was hospitalization, medically significant, life threatening. The patient was hospitalized for 4 days. The patient received bnt162b2, dose 2 Intramuscularly, administered in arm right on 23Mar2021 07:00 AM (Lot Number: EP6955) as single dose for COVID-19 immunisation. Covid tested post vaccination included Nasal Swab Covid19 PCR on 07Mar2021: Negative. The outcome of the event was not recovered.
1172823	4/6/2021	CA	35	M	4/1/2021	4/1/2021	Patient presented with burning chest pains, found to have ST elevations on EKG, Trop peak 17 and cath with clean coronaries. Transferred to center for cardiac MRI and treatment for Myocarditis. No other preceding inciting triggers found including negative utox/preceding illness. Echo with wall motion abnormality but quasi normal EF (50%). Improved with colchicine and NSIADs for perimyocarditis.

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1172292	4/6/2021	OH	19	M	4/3/2021	4/3/2021	Received Jansen COVID injection at approximately 11am 4/3/2021. Developed sore left arm, shoulder, and neck approximately 10 pm evening of 4/3/2021. Woke up 3:30am 4/4/2021 and informed parents he did not feel well-awake most of that night. Felt slightly better morning of 4/4/2021, but continued feeling feverish, pain in arms, shoulders, neck. Approximately 8pm Sunday night 4/4/21 he stated he felt it was hard to breath, chest pain, and his arms felt like they were on fire. Was taken to ER at Clinic. Blood pressure 149/98, temp 100.6 complain of feeling feverish and short of breath. EKG was taken which was abnormal and enzymes noted to be elevated. Transferred to main branch of Clinic approximately 4:30am 4/5/2021. Father states patient has inflammation around the heart. Had a cardiac catheterization today 4/6/2021-father states that was normal and patient was started on medication to reduce inflammation around his heart. Patients father states that patient was very drowsy from his catheterization and was fine with his father telling me the events as they occurred. As I was speaking with patient father, patient was going down for a MRI of the heart. This information was conveyed to me by father and mother. Patient is a college student and was home for Easter break. Patient currently remains hospitalized in Clinic and father thought he would remain hospitalized until Thursday 4/8/2021 depending on test results and his response to treatment. Both parents state they are willing to be contacted for further information.

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1171394	4/6/2021	MN	63	F	3/18/2021	3/19/2021	See patient's account of the event below. Patient is not an established patient and did not receive care for her symptoms at our facility: On March 18th I received my 2nd Moderna vaccination. On Friday the 19th at approximately 4 pm I began to have the symptoms of an immune response in my body. Sat the 20th was spent in bed with chills, body aches, fever, stiff neck, and bad headache. On Sunday I was having pain on inhalation along with everything else. Monday the pain resolved into left side lung pain on inhalation. Tuesday the 23rd I called my provider who directed me to go to the Emergency Dept. I drove to Superior Hospital. After being accessed I was transported; with pericarditis and the additional mentioned immune response symptoms, and a pronounced heart murmur. On Wednesday the 24 I shook uncontrollably with chills for 4 hours and 2 min and went into atrial fib for about 12 minutes, resolved with medication. Thursday the 25th I woke to all symptoms being gone. I was released on Friday the 26th with the statement my issues had resolved themselves. I was told to report this to where I got my vaccine so it could be passed along.

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1169679	4/5/2021	MD	40	M	1/21/2021	1/22/2021	01/22/2021 Event Description 40 year old male with no prior cardiac left sided chest pain radiating to left arm and shoulder starting approx. 24 hours after 2nd Pfizer COVID 19 vaccination. Went to ED on 1/24 for increasing CP, left arm pain/numbness. EKG demonstrated elevated ST elevations and troponins were elevated on admission concerning for STEMI; LHC was negative for any CAD. Cardiac MRI demonstrated sub-endocardial enhancement consistent with myocarditis. Comments Diagnostic Tests 1/24: PCXR- Normal 1/24: Coronary Angiogram - normal coronary arteries 1/24: Echocardiogram - Normal 1/25-Cardiac MR - findings highly suggestive of myocarditis (i.e infectious or perhaps post-vaccine) as evidenced by confluent sub-epicardial hyperenhancement on myocardial delayed enhancement (MDE) imaging in the inferoseptal, inferior, inferolateral, anterolateral and anterior segments of the basal to mid left ventricle. Laboratory Data 1/24/21 Troponin:495, 662.0, 602.3 1/28/21: 29. Covid PCR - negative 1/24/2021. No recent illnesses Still taking colchicine 0.6 mg BID until 4/25/2021. ASA high dose regime restarted 2/5/2021 to continue until CP resolves, then taper. Pt still with a sensation of "rubbing" in chest, worse with exertion as of 4/1/2021. F/U appointment with Cardiology on 4/5/2021. All infectious workup negative to date for any acute infection that may be the etiology of myocarditis. Viral studies (CMV, HSV, Parvo, HIV, EBV IgM, Cocksackie IgM negative) Social History: Tobacco: ¼ to ½ ppd for 10 years; stopped o/a 21 JAN 2021 Alcohol: 1 drink per week Recreational / Illicit: denies
1169419	4/5/2021	CO	26	M	3/20/2021	3/24/2021	Myocarditis 4 days after initial vaccination ; first 48 hours with body ache, chills, malaise

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1168000	4/5/2021	NY	50	F	3/5/2021	3/13/2021	<p>She had the vaccine and within 1 minute she had tingling in her tongue and numbness that went away immediately. She did not have any other symptoms until 8 days later when she had 104 fever, could not walk, had stiffness in all of her muscles and aching, diarrhea. They went to the doctor office and he did a COVID test that came back negative. The fever still continued and her husband took her to the hospital on Tuesday 3/16/21. They ran fluids on her and at the end of the day they said she was okay to go home. The next day the fever started again and he ended up calling an ambulance to take her to the hospital. She went to Hospital on 3/16, who took her to another Hospital. They sent her home about 4 days later and said that her symptoms were from the vaccine. He called and he filed a report with them. They sent her home the next day, got another high fever, and her husband took her to the ER at again that evening. She had high fever, extremes aches and pains and headaches. They kept her a couple of days and then released her again. She was home for a couple of days and they were managing her fever as it would spike at night. She also had 8 other medications to take. She then woke up yesterday 4/4/21 with severe back pain, cannot walk real well, and her husband called the ambulance again. Now she has swelling in her heart, swelling around her heat and not breathing very well, and 104 fever and getting progressively worse. They said that she now has pericarditis and pericardial effusion and are going to release the fluid today. She is still in the hospital.</p>

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1167955	4/5/2021	PA	34	M	3/26/2021	3/28/2021	Pfizer-BioNTech COVID-19 Vaccine EUA (administered on 03/26/21) Fever, chills, headache, general soreness all began on 03/27/2021. On 03/28/2021, I began to notice chest pain and simultaneous pain in my left arm on 03/28/2021. The fever, chills, headache, and general soreness subsided on 03/29/2021, but the periodic chest and arm pain persisted and continued to get worse. On 03/29/2021 I also had nausea/vomiting and sweating. On the morning of 03/30/2021 during an episode of chest and arm pain we went to the Emergency Department at. At the emergency department, they detected elevated troponin levels indicating damage to the heart muscle. I was rushed via ambulance for an emergency heart catheterization. I was admitted to the hospital and monitored while various other tests were performed. It was determined that there was inflammation of the heart muscle (myocarditis).
1167616	4/5/2021	CT	53	M	3/20/2021	3/26/2021	Pt developed acute pericarditis 6 days after receiving COVID 19 vaccination.
1167252	4/4/2021		23	M	3/26/2021	3/30/2021	Chest pain 3 days after shot. Troponin I was elevated, referred patient to cardiology. Had cardiac catheter, suspected mild myocarditis. Initially treated with NSAIDs and colchicine during encounter for suspected pericarditis since troponin came back later that day (had to be shipped to hospital). Now treatment includes no strenuous activity for 6 weeks, no travel for 3 months. Follow-up with cardiology in 3 month for reevaluation.

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1164186	4/3/2021	MA	37	M	3/20/2021	3/22/2021	<p>I received my second shot of the Pfizer coronavirus vaccine on Saturday, March 20th at noon. Saturday at midnight, I woke up in full body sweats and aches. I took two ibuprofen and tried to go back to sleep, but I would toss and turn in full body sweats and aches for the next 8 hours. I took another 2 ibuprofen around 400am.</p> <p>Sunday morning I woke up feeling OK, not great, but OK. Sunday night ? it was very strange ? the full body chills and aches came back. Not as bad as Saturday night, but they returned nevertheless. I had another restless night of sleep, and I took another two rounds of ibuprofen to try and help me sleep. Monday I woke up feeling OK again. Monday evening, around 8:00pm, I could feel the full body chills and aches coming back again, creeping up slightly. This time, I also felt a mild burning in my upper chest and throat. I went to bed around 8:00pm, then woke up at 9:00pm, this time in a lot of pain. It felt like burning and a stabbing sensation in my throat and upper chest. I took some ibuprofen, and tried to fall asleep. I tossed and turned in agony for the next few hours, apparently falling asleep at some point around 1:00am. At 2:00am I woke up in severe pain again. It was very bad, like an 8 out of a 10. It felt like a burning and stabbing sensation in my lower throat and upper chest. I had my wife call 911, and I was brought to hospital in an ambulance. I would stay in the hospital for the next 3 days, getting discharged Thursday at around 5:00pm. I had peak troponin levels of 5, so I basically had a moderate heart attack. I had a cardiac catheterization procedure done, as well as a cardiac MRI. The cardiac catheterization procedure showed I had no blockages at all in my arteries. The cardiologists diagnosed me with myocarditis. The cardiologists told me they believe the vaccine triggered a heavy response from my auto immune system. The response from my auto immune system in turn caused my heart to become inflamed, giving me myocarditis. It was a horrible experience, and my doctors are convinced that it was brought on by the second coronavirus vaccine shot that I received.</p>

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1163187	4/3/2021	NY	72	F	1/18/2021	3/22/2021	Pt presented to the ER on 3/22/21 c/o sudden chest pain and fever of 101.1. She was transferred to the hospital due to concern for possible acute MI. She was ultimately found to have idiopathic pericarditis after further work up and discharged home on colchicine 2 days later.
1162090	4/2/2021	PA	73	M	2/13/2021	3/17/2021	Pericarditis; This is a spontaneous report from a contactable consumer reporting for self. This 74-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration, in right arm on 13Feb2021 (at 73 years of age) at 10:30 (Batch/Lot number was not reported) as a single dose for COVID-19 Immunisation. Medical history included was none. There were no known allergies. The patient did not have COVID prior to vaccination. Concomitant medication(s) included atorvastatin and terazosin, both taken for an unspecified indication, with start and stop date not reported. There was no other vaccine received in the 4 weeks prior. The patient experienced pericarditis on 17Mar2021 at 17:00. The event resulted in a visit to the emergency room/department or urgent care, and Hospitalization for 2 days. Treatment and relevant tests included: EKG, CT scan, catheterization and echocardiogram. The patient was not COVID tested post-vaccination. The outcome of the event was recovering. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.

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1162020	4/2/2021	PR	62	F	3/16/2021	3/1/2021	A spontaneous report was received from a consumer concerning a 62-year-old, female patient who felt like a needle in her kidney/renal pain, feve/pyrexia, fatigue, tiredness/fatigue, chest pain, upset heart/cardiac disorder, headache and inflammation of heart muscle/myocarditis. The patient's medical history was not provided. Products known to have been used by the patient, within two weeks prior to the event, included levothyroxine, metformin, glimepiride, simvastatin, losartan. On 16 Mar 2021, prior to the onset of the symptoms, the patient received the first of two planned doses of mRNA-1273 (Batch number: 001B21A) intramuscularly for prophylaxis of COVID-19 infection. On 16 Mar 2021, 5 minutes later she experienced felt like a needle in her kidney. On 17 Mar 2021, she had fever. On an unknown date in Mar 2021, she had fatigue and tiredness. On 20 Dec 2021, she had chest pain and upset heart. On 21 Mar 2021, she had a headache and fever. On 22 Mar 2021 she had chest pain and went to the doctor and was diagnosed inflammation of the heart muscle. The event inflammation of the heart muscle was assessed medically significant. Treatment for the event included acetaminophen. Action taken with mRNA-1273 in response to the events was not provided. The events felt like a needle in her kidney was resolved on 16 Mar 2021. The events fever and headache were resolved on 21 Mar 2021. The outcome of the events fatigue, tiredness, chest pain, upset heart and inflammation of heart muscle were unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
1155211	4/1/2021	MD	52	M	3/8/2021	3/10/2021	Pt experienced an episode of pericarditis 2 days after receiving vaccine; had been dealing with on and off pericarditis but this was worst episode he had experienced

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1153962	4/1/2021			M	3/12/2021	3/15/2021	Acute myocarditis; Chest pain; A spontaneous report was received from a physician concerning (patient age: unknown) male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced chest pain, acute myocarditis (myocarditis). The patient's medical history included COVID-19 in Mar 2020 and was exposed and may have had it a second time in Nov 2020. Concomitant medications were not provided. On 12 Mar 2021, prior to the onset of the event, the patient received their first of two planned doses of mRNA-1273 (Lot number: 038A21A) intramuscularly for prophylaxis of COVID-19 infection. On 15 Mar 2021, the patient developed chest pain and was admitted to the hospital. The patient underwent cardiac catheterization, echocardiogram and cardiac MRI (magnetic resonance imaging). Results of the echocardiogram and cardiac MRI were not provided. The final diagnosis of the patient was acute myocarditis. COVID antibodies were positive, about 561 for the patient. The events chest pain and acute myocarditis lead to hospitalization. Treatment activities for the events were unknown. Action taken with mRNA-1273 in response to the events was unknown. The outcome of events, experienced chest pain and acute myocarditis, was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

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1157566	4/1/2021	TN	62	F	12/23/2020	3/7/2021	Myocarditis; Started having symptoms and typical symptoms; A spontaneous report was reported from a nurse (patient), concerning herself, a 62 years-old female patient, unknown race and ethnicity, was administered Moderna's COVID-19 vaccine (mRNA-1273), and experienced myocarditis, and started having symptoms and typical symptoms (vaccination complication). The patient's current condition included blood donor. Concomitant medications reported included acetylsalicylic acid, atorvastatin, and escitalopram. On 23 Dec 2020, the patient received her first of two planned doses of mRNA-1273 (batch number: 039K20A) intramuscularly for prophylaxis of COVID-19 infection. On 20 Jan 2021, prior to the onset of the events, the patient received her second of two planned doses of mRNA-1273 (batch number: 027L20A) intramuscularly for prophylaxis of COVID-19 infection. The patient had nothing after the first dose and typical symptoms after the second dose. She started having symptoms on 07 Mar 2021. The patient was healthy and doesn't have any coronary disease. This was a red herring and stated that she was a blood donor and gave blood on Sunday, 07 Mar 2021. That's, the same day, the symptoms started. Also, the patient was a blood donor all last year. All the antibody tests were negative for last year and including the recent 07 Mar 2021 donation. This was outside the window of expected reactions, but she's been diagnosed with myocarditis, effective last week on 11 Mar 2021. The patient reported that the doctor started her on metoprolol tartrate 25 mg twice daily, which was started on 14 Mar 2021. Action taken with second dose of mRNA-1273 in response to the event was not applicable. The outcome of the events, myocarditis, and started having symptoms and typical symptoms were considered as unknown.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, Further information is requested.

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1154298	3/31/2021		20	M	3/24/2021	3/25/2021	Patient is a 20 y/o Male received the MODERNA vaccine on 24 Mar. He started developing substernal chest pain the day after his vaccination. Presented to the clinic with worsening chest pain and was in severe pain upon presentation. ST elevations noted on lateral leads with depression in anterior leads with elevated troponins. Had CT, echo, and cath which showed mild inflammation and normal cardiac cath. Patient diagnosed with myocarditis.
1152205	3/31/2021		55	F	3/22/2021	3/23/2021	Patient received first dose of Pfizer COVID-19 vaccine on 3/22/21, the next day the patient reported feeling myalgia, diarrhea, and body aches and chills. The patient presented to the ED and was admitted with myocarditis and NSTEMI. Left heart cath did not show evidence of epicardial coronary artery disease. The patient was discharged from the hospital after receiving fluid resuscitation and supportive care. The patient returned to the ED with worsening myocarditis and was found to be in cardiogenic shock requiring vasopressor support. The patient developed VT storm and was intubated and sedated. The patient is currently in the ICU and remains intubated and sedated
1154628	3/31/2021	IN	58	F	3/25/2021	3/29/2021	Patient felt pressure on chest & weakness on inside of left arm in the bicep area shortly after getting up at 6 am 3/29/2021. Slight light-headedness was felt shortly afterwards. Symptoms did not change after moving around & on the advice of patient's insurance company's Nurse Line, she went to the Emergency Room shortly after 7 am. Patient underwent a heart catheterization that day (3/29/2021) and a cardiac MRI the following day (3/30/2021). Cardiologist informed patient he suspected either Stress Cardiomyopathy or Myocarditis. Patient was discharged 3/31/2021 with 4 medications and follow-up appointments scheduled

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1148316	3/30/2021	TX	19	M	3/13/2021	3/14/2021	BEGAN FEELING CHEST PAIN AND LIGHTHEADEDNESS BEGINNING 3/14, THE DAY AFTER GETTING THE VACCINE. HE PRESENTED TO THE EMERGENCY ROOM ON 3/17 WITH WORSENING OF CP THAT WOULD NOT GET BETTER WITH NSAIDS, PAIN RADIATING DOWN LEFT ARM. TROPONINS NOTED TO BE ELEVATED, PT ADMITTED TO INPATIENT ROOM FOR CARE ON 3/17. TESTING DONE AND PT TREATED FOR MYOCARDITIS POSSIBLY SECONDARY TO COVID 19 VACCINATION. DC'D HOME ON 3/24 WITH LISINOPRIL AND PREDNISONE. ORDERS TO FOLLOW UP WITH DR.
1147032	3/30/2021	VA	19	M	3/25/2021	3/28/2021	Pt reports generalized body aches, fatigue, fever 3/26, one day after receiving vaccine. Evaluated at ED 3/28, received Ketorolac and was discharged. While in parking lot, patient experienced blurring of vision, lightheadedness, nausea, SOB, and left-sided chest pain with return for re-evaluation. Pt treated for possible allergic reaction and concurrent EKG and blood work showed elevated troponin and transient ST elevation. Cardiology consulted and evaluated patient to have severe acute onset systolic heart failure, cardiogenic shock with pulmonary edema, Idiopathic fulminant myocarditis with myonecrosis, and hypoxic respiratory failure. Placed on furosemide, supplemental oxygen, and pending MRI.
1146348	3/30/2021	TX	34	M	1/29/2021	1/29/2021	arrhythmia; bradycardia; tachycardia; weird sensations in heart accompanied with light-headedness. Sharp pain in chest and pressure. Diagnosed with pericarditis and inflammation. Mostly resolved 8 weeks after receiving vaccine.

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1141993	3/28/2021	NV	19	M	2/8/2021	2/9/2021	At 2-8-21 at approximately 1:00pm I recieved my 2nd shot. At 5:00am on 2-9-21, I woke up experiencing an extreme headache, nausea, body aches, and severe chest pain. I checked my heartrate with a PulseOximeter and found it to be elevated at 105-115. I called out of work and rested in bed for the day. On 2-10-21 most of my symptoms had subsided however the chest pain persisted through 2-11-21. On 2-11-21 at 2:00pm, I visited the Urgent Care. While there, the provider ran an ECG, Chest X-Ray, and bloodwork. Test results showed Troponin levels in my blood had reached critical levels of 7.72ng/ml. I was immediately transported to the ER at the Hospital, where upon arrival they did an EKG and bloodwork. I was then admitted and seen by a cardiologist, who ordered an CT Angiogram, more bloodwork, and an Echocardiogram. After I was admitted, my mother contact the nurses station to check on me and asked what was wrong. She was then told the hospital was treating me for an NSTEMI and Myocarditis. This resulted in a 3 day hospital stay where the results of the tests showed there was nothing wrong with my heart other than the increased Troponin levels. It should be noted that I have had ZERO previous cardiac issues, or any other significant health issues. I was discharged from the hospital with lower but still elevated Troponin levels, and told to follow up with my primary care doctor. I had no health issues and felt fine until I had my second dose of the Covid-19 vaccine. I have copies of my hospital records detailing all of this.
1141547	3/28/2021	TX	67	F	2/4/2021	3/8/2021	3 phases- within 24 hrs of shot - low grade fever and chills lasting 24 hours; during the following 2 weeks, strong pain in arm muscle that travelling under arm into lymph nodes. Approximately 30 days after injection experienced a mild heart attack and unexplained pericarditis. Symptoms at onset were major pressure in chest and elevated blood pressure 210/99. Prescribed blood pressure medication, blood thinners and 4 does of indomethacin for pericarditis
1138067	3/26/2021	WI	28	M	3/18/2021	3/21/2021	24 hours following administration patient developed body aches, fever (101), sore throat and nausea. 72 hours after receiving the shot he developed sudden onset substernal chest pain described as sharp and burning with radiation to his bilateral arms.

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1131182	3/25/2021			U			Pericarditis; A spontaneous report was received from a nurse concerning a patient of unknown age and gender who received Moderna's COVID-19 Vaccine (mRNA-1273) and experienced pericarditis. No medical history was provided. No concomitant medications were reported. On an unknown date, one hour before the onset of events, the patient received their first of two planned doses of mRNA-1273 (Batch number: not provided) intramuscularly for the prophylaxis of COVID-19 infection. An hour after vaccination, the patient had chest pain and "decided it was pericarditis" (medically significant). No treatment information was provided. Action taken with mRNA-1273 in response to the event was unknown. The outcome of the event of pericarditis was unknown. The reporter did not provide causality assessment for the event of pericarditis.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.
1135371	3/25/2021	MA	37	M	3/20/2021	3/23/2021	Patient developed myalgias and chills the day after vaccination. Three days after vaccination, awoke from sleep with burning upper chest and neck pain lasting several hours. Came to the ED. ECG notable for lateral ST elevation. Troponin I elevated. CRP elevated. COVID PCR negative x2. Treated with aspirin and intravenous heparin infusion. Echocardiogram revealed left ventricular systolic dysfunction (EF 48%). Cardiac catheterization revealed no coronary obstruction or thrombosis. Cardiac MRI revealed late gadolinium enhancement and myocardial edema consistent with acute myocarditis. Max temperature during hospitalization 37.4C.

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1133509	3/25/2021	TN	48	F	1/13/2021	2/17/2021	early stages of pericarditis or the shingles; severe chest pain; early stages of pericarditis or the shingles; This is a spontaneous report from a contactable healthcare professional (patient). A 48-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Solution for injection, Lot number: EL1283, unknown expiration), via an unspecified route of administration in left arm on 13Jan2021 at 13:00 (01:00 PM; at the age of 48 years old) at a single dose for COVID-19 immunisation. Medical history reported as none. There were no concomitant medications. The patient has no known allergies. The patient also received first dose of BNT162B2 (Brand: Pfizer; Lot number: EJ1685, unknown expiration) on 23Dec2020 at 01:00 PM in left arm (at the age of 48 years old) for COVID-19 immunization. The patient went to the ER with severe chest pain. After many tests were run, doctors believed that the patient was in early stages of pericarditis or the shingles on 17Feb2021 at 04:00 AM. The patient confirmed that she never developed shingles but have had all symptoms of pericarditis. The events resulted in emergency room/department or urgent care visit. The patient received NSAIDs and pain meds as treatment for the events. The patient had no COVID prior to vaccination and was not tested for COVID post vaccination. The patient did not receive other vaccine in four weeks. The patient is recovering from the events. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on the available information, the Company considers the reported event pericarditis is unrelated to BNT162B2 vaccine, but more likely an inter-current medical condition. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1133032	3/25/2021		28	M	3/2/2021	3/4/2021	Myopericarditis suspected to be 2/2 to vaccine.; This is a spontaneous report from a non-contactable physician. A 28-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; batch/lot number and expiration date unknown), via an unspecified route of administration on 02Mar2021 as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient has no COVID prior to vaccination. The patient experienced myopericarditis suspected to be "2/2 to vaccine" on 04Mar2021. The event resulted in hospitalization. The patient was not tested for COVID post vaccination. The outcome of the event was unknown. No follow-up attempts are possible; Information about lot/batch number cannot be obtained.

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1128543	3/24/2021	PA	41	M	2/17/2021	3/18/2021	41yo male with history of HLD, LBP, and tobacco use who presented to care initially at the with chest pain. He received the second dose of the Moderna vaccine on 18MAR21 at clinic and within 14 hours developed chills and myalgias. He denies any immediate onset of symptoms after receiving the vaccine. The following day he reports experiencing chest pain 24 hours after the vaccine was administered that progressively worsened over the subsequent 36 hours that finally prompted him to seek care. He describes the pain as a central non-radiating squeezing pain that worsened with movement and breathing. He waited to seek care because he reports several of the soldiers in his unit have experienced similar chest pain that eventually resolved. He reports being at his baseline health prior to receiving the vaccine and denies any fever, cough, rhinorrhea, congestion, malaise, vomiting, diarrhea, or rash. Upon initial presentation to care at clinic he was noted to have a Troponin I of 0.9, WBC of 14, elevated CRP (7.3), and temp to 101.4. Patient was given ASA, Plavix, Lovenox, Tylenol, and Ceftriaxone. Since arriving to clinic and EKG was obtained showing ST elevation in lead 1 and avF concerning for ischemia and underwent a left heart catheterization which was clear of obstruction. Serial high sensitivity Troponin levels have been trended to peak of 465. Respiratory viral panel to include SARS COV-2 was negative. Cardiac MRI was consistent with myopericarditis, and show mildly reduced EF for 46%. Blood cultures have not grown any organism. His chest pain has resolved since starting Aspirin and Colchicine.

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1129558	3/24/2021			M			Pericarditis; A-flutter; Severe night sweats; blood iron decreased; Nightly Chills; A spontaneous report was received from a consumer for a male patient (unspecified age)(reporter father) who experienced atrial flutter, pericarditis, chills and sweats. The patient's medical history was not provided. No relevant concomitant medications were reported. On an unspecified date, prior to the onset of the events the patient received second of two planned doses of mRNA-1273 (lot/batch: not provided) intramuscularly for prophylaxis of COVID-19 infection. On an unspecified date within few hours after receiving the vaccine, the reporter stated that his/her father came down with pericarditis as a vaccination side effect. Three weeks later patient still had it along with nightly chills and severe night sweats. The patient also developed atrial flutter and his iron levels dropped in his blood. No treatment details were provided. The seriousness criteria for the event pericarditis was medically significant. Action taken with mRNA-1273 in response to the events was not applicable. The outcome of events, pericarditis, chills, and night sweats, was not resolved. The outcome of the events, atrial flutter and blood iron decreased, was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events a causal relationship cannot be excluded. Further information has been requested.
1130749	3/24/2021	WI	78	M	3/9/2021	3/14/2021	3/14/21 complaints of low-grade fever, cough, chills and difficulty with taking in a deep breath after receiving his second COVID vaccine about 5 days prior. New diagnosis of pericarditis given based on symptoms and cardiac MRI
1127043	3/23/2021	AZ	73	M	2/16/2021	2/27/2021	new onset atrial fibrillation 02/27/2021 (hospitalization #1) pericarditis with pericardial effusion 03/12/2021 (hospitalization #2)
1126793	3/23/2021	CA	19	M	3/18/2021	3/20/2021	Chest Pressure developed 2 days post-vaccine. Admitted for elevated troponins, myopericarditis. Improved on NSAIDs, colchicine.

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1124452	3/22/2021	TX	53	U	3/11/2021	3/12/2021	She was treated with a diagnosis of myocarditis in the post vaccination period. She felt ill post vaccination, mainly with GI upset. This worsened by day 6, she had syncope and brought to the hospital. Her troponin was elevated and she developed transient heart block. Coronary arteries were normal, hemodynamics were consistent with cardiogenic shock. LV EF decreased mildly. She responded to IV stress dose steroids. Endomyocardial biopsy showed lymphohistiocytic infiltrated and eosinophils.
1123558	3/22/2021	MN	69	F	2/23/2021	2/23/2021	progressive shortness of breath following vaccination starting on day of 2nd shot, resulting in hospitalization 3/11, normal CT pulmonary angiogram, elevated troponin, echo with EF 48% and focal hypokinesis, normal coronary angiogram, and Cardiac MRI showing myocarditis

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1122743	3/22/2021	MA	46	F	2/5/2021	2/19/2021	severe thrombocytopenia; Bleeding at Impella insertion site; peripheral swelling in hands/feet; cardiogenic shock; myocarditis; hypoxic respiratory failure; mural thrombus; hypotensive despite pressors; fever; cough; myalgias; This is a spontaneous report from a contactable physician. A 46-year-old non-pregnant female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot number and Expiration date was not provided), intramuscularly on 05Feb2021 as a single dose for COVID-19 immunisation. The patient's medical history included hyperlipidemia and COVID-19 pneumonia from an unspecified date in Jan2021 to an unspecified date in Jan2021 (the patient was diagnosed with COVID-19 pneumonia prior to the vaccination. Recovered. Returned to work on 25Jan2021). Concomitant medications included atorvastatin orally at 10 mg, once a day, acetylsalicylic acid (ASPIRIN) orally at 81 mg, once a day, colecalciferol (VITAMIN D); all the drugs were received within two weeks. The patient previously took clindamycin and experienced known allergies: Clindamycin. The patient did not receive other vaccine in four weeks. The patient developed fever, cough, myalgias on 19Feb2021 at 12:00 AM. She developed peripheral swelling in hands/feet on 24Feb2021, she was evaluated in the ER; admitted to (hospital name withheld) on 24Feb2021 with cardiogenic shock, myocarditis, hypoxic respiratory failure. The patient was started on IV vancomycin and Unasyn. TTE (transthoracic echocardiogram) demonstrated LVEF (left ventricular ejection fraction) 35%; reduced biventricular function; mural thrombus on 24Feb2021. Remained hypotensive despite pressors on 24Feb2021. Patient had elevated PCW with preserved cardiac index. Patient underwent VA ECMO (veno-arterial extracorporeal membrane oxygenation) and Impella placement on 25Feb2021. COVID-19 PCR was negative. Blood cultures were no growth. She developed severe thrombocytopenia and developed bleeding at Impella insertion site on 25Feb2021; required multiple, PRBC transfusions. Evaluated for HLH; Soluble IL2 receptor on 26Feb2021 elevated at 7232 pg/mL; ferritin 3054; CRP > 300. ECMO stopped 03Mar2021. The patient was treated with IV antibiotics, mechanical ventilation, pressor support, underwent VA ECMO and Impella placement. The

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							<p>patient was hospitalized from 24Feb2021 to 16Mar2021. Number of days of hospitalization was 20 days. The patient tested COVID post vaccination. The patient underwent lab tests and procedures which included blood pressure: hypotensive despite pressors, LVEF: 35 %, nasal swab: Negative on 24Feb2021, blood cultures: No growth, nasal swab: Negative on 25Feb2021, ferritin: 3054, HLH: Evaluated, Soluble IL2 receptor: 7232 pg/mL (elevated at 7232 pg/mL), CRP: > 300 on 26Feb2021, nasal swab: Negative on 11Mar2021, nasal swab: Negative on 14Mar2021. The events were considered as serious (hospitalization and life threatening) by the physician. The outcome of the events was recovering. Information about lot/batch number has been requested.; Sender's Comments: the events being serious, life threatening and hospitalisation ,medical intervention required are assessed as possibly related to the suspect drug __BNT162B2__ based on strong temporal association, but consider also possible contributory effects from patient's medical history and/or concomitant medications.</p>
1118254	3/20/2021	PA	73	M	2/13/2021	3/17/2021	Pericarditis
1117071	3/19/2021	TX	27	M	3/1/2021	3/12/2021	<p>Patient developed chest pain, shortness of breath, and fatigue approximately 10 days after receiving 2nd dose of Moderna vaccine. Patient describes symptom onset as acute, and came to hospital 2 days after chest pain developed, as it became more unbearable. Described chest pain as worse with leaning forward.</p>
1110935	3/18/2021	NJ	42	M	3/12/2021	3/14/2021	<p>Chest pain Myocarditis. Admitted to hospital. Diagnosis confirmed by cardiac mri.</p>
1109460	3/17/2021	NH	37	M	3/12/2021	3/15/2021	Headache Five days Elevated Troponin Myocarditis

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1107489	3/17/2021	GA	70	M	2/9/2021	2/9/2021	Light fever on evening of shot then achiness like flu symptoms, then fever spiked during the evening and around 10:00AM on Feb. 10, the fever had reached 102. But, by 10:00 PM that evening it was 98.6. I returned to work on Feb. 11 and 12. Then on Feb. 13, I developed a severe pain in my chest and back area and it persisted all day and thru the night. I could only sleep sitting up. The pain was pretty severe when I laid down flat on my back. On Feb. 15 at 7:00 AM my wife insisted I go to the ER. Initially, their computer showed I had a heart attack. So, I was admitted for Observation on Monday evening and Tue. morning the Dr. admitted me to the hospital and a heart cath. was conducted and ruled out that I had a heart attack, but they are treating me Pirocarditis. I feel that this is a side effect of the second vaccine since I have NEVER had any heart concerns prior to this.
1105807	3/16/2021	MO	21	F	3/10/2021	3/11/2021	Patient received first dose of Moderna COVID-19 vaccine on 2/10/21 and had a large, red, inflamed area on her arm at the injection site for a few days, but otherwise tolerated vaccine well. She received the second dose of the Moderna COVID-19 vaccine on 3/10/21 and the next day (3/11/21) developed fatigue and lightheadedness while exercising, which continued for the next few days. She developed acute onset, sharp chest pain on 3/13/21 AM which did not resolve so she presented to an ED. Vitals were normal but labs notable for troponin I which peaked at 4.36, CK 758, d-dimer 640. CBC/CMP and EKG were unremarkable and initial TTE with EF ~45%. Repeat TTE obtained a few days later with normal LV and RV size/function without any wall motion abnormalities. Cardiac MRI obtained with normal LV function (EF 64%) but late gadolinium enhancement in a subepicardial distribution within the inferolateral wall of the left ventricle at the base most compatible with myocarditis. ESR and CRP were normal. Further workup to determine etiology of myocarditis was negative (ANA, ANCA, RF, hepatitis panel, HIV, full respiratory viral panel, COVID-19 PCR). She was placed on metoprolol succinate 12.5mg XL daily and will follow up with a cardiologist as an outpatient. Family concerned that COVID-19 vaccine was the trigger/underlying etiology of her myocarditis.

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1104227	3/16/2021	PA	80	F	2/9/2021	3/13/2021	Chest Pain Pt has been having flu like sxs the past few days and tonight was woken out of her sleep by chest pain. (3/13/2021) pericarditis, atrial fibrillation, and CHF
1105352	3/16/2021	NY	52	F	3/11/2021	3/14/2021	Patient woke with severe chest pain and difficult to take deep breaths. Chest pain extended over her shoulder and around her neck. Pain worsened during the day, went to ER, found to have positive troponins and subsequent ecg were abnormal. Echo was negative and angiogram showed no blocked arteries. Cardiologist diagnosed her with pericarditis
1105283	3/16/2021	CO	58	M	3/10/2021	3/15/2021	Ablation procedure for pericarditis occurred on 3/5/21. Received 1st dose of Moderna on 3/10. That night experienced fevers (101.7F) and fever like symptoms (sweats, chills, body aches). Continued to "not feel well". 3/15/21, presented to ED with chest pains and dx with pericarditis again. Treated with IV Vanco x1 and IV Zosyn x2 until blood work came back and cultures were negative. Due to no infection and negative for an MI, Dr. determined pericarditis was a rxn to the vaccine. Other tests results include: Elevated BNP, BUN, and CRP. CT of chest, abdomen, and pelvis is clear. 5 covid tests since admission, all negative. IgG antibodies for COVID negative. PT currently is stable and bloodwork somewhat improved. On O2, fluids and Morphine for chest pain. An acute Hepatitis panel is currently pending.
1102896	3/15/2021	MI	66	M	1/16/2021	1/17/2021	Patient developed chest discomfort radiating to shoulder with tachycardia. He was subsequently found to have pericarditis with fluid demonstrated on Echocardiogram. This resolved spontaneously after about 10 days.

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1102493	3/15/2021	FL	77	M	2/8/2021	2/8/2021	He had the injection, had the sore arm and approximately 3 hours after the vaccination he began to experience severe chest pain across his entire chest and into his jaw, which was exacerbated upon taking a deep breath. He called his cardiologist who advised him to go to the ER. He was worked up, subsequently admitted from 2/8/21 to 2/11/21, a lot was ruled out but no specific diagnosis made at that time. They did note some pleural effusion and pericardial effusion at that time. Upon discharge on 2/11/21, starting Thursday evening he continued to have pain in the chest, but not as severe as when he entered into the hospital. Every evening including last night has began with severe night sweats, low grade fever and the chest pains have continued. Went to see his PCP, Cardiologist and his Electrophysiologist several days later the following after discharge, he does have a pacemaker, and was told by all three of them that he has pericarditis and that the reaction could have been related to the vaccination. It seemed more than coincidental that the symptoms did not appear until 3 hours after the vaccine. Was put on Colchicine to treat the pericarditis and then received a 2nd opinion and has reinstituted the colchicine. His low grade fever has finally dissipated. During the day he feels okay, but still continues with the chest pains and the night sweats. His hemoglobin dropped in the hospital possibly related to the heparin and then put on Eliquis postop, and now discontinued, and received an iron infusion to boost his hemoglobin. He is scheduled for another iron infusion this Wednesday. He went to see GI physician and feels that he may have a bleed due to the infusion. He has had an anastomosis due to Crohn's disease and feels that's where the bleed may have been coming from as he did have an ulceration at last colonoscopy. He did have atrial flutter due this and was advised to have an ablation, and trying to reduce the pericarditis and FU later with other heart related problems.

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1102415	3/15/2021	MO	21	M	2/25/2021	2/25/2021	~~Moderna" Adverse vaccine reaction possible as began 12 hours post second COVID vaccine dose on Friday. A ER note was generated in a T-Con on a patient who got their 2nd Covid Vaccine and began experiencing chest pain approx. 12 hours post vaccine. Patient did not report to the ER until 28Feb21. It was discussed that he has myocarditis v pericarditis, elevated D-Dimer of 770, swollen lymph nodes, and elevated Troponin. Patient was transferred to Research Medical Center due to no available beds. Patient was referred to a Case Manager and Cardiology. The patient completed a follow up appointment with 509 MDG on 9Mar21 and reported Dull pain that has been affecting sleep. Cardiology reports shows Troponin was elevated to 9.1 decreased to 4.2 and back up again to 13.4. Cardiac revealed late gadolinium enhancement, possibly representing myocarditis and then at discharge possibly myocarditis.

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1100242	3/15/2021	FL		M	1/11/2021	2/1/2021	<p>Pericarditis; Atrium flutter; Extremely anemic; Night sweats; A spontaneous report was received from a consumer concerning a male patient who experienced pericarditis, atrium flutter/atrial flutter, became extremely anemic/anaemia, and developed night sweats. The patient's medical history was not provided. Products known to have been used by the patient, within two weeks prior to the event, included sucralfate, mesalazine, metoprolol, escitalopram oxalate, colesevelam hydrochloride, multivitamin, vitamin D3, vitamin B 12 and fluocinonide. On 11 Jan 2021, the patient received their first of two planned doses of mRNA-1273 (Batch# 029K20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 8 Feb 2021, the same day as the onset of the symptoms, the patient received their second of two planned doses of mRNA-1273 (Batch# 026L20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 08 Feb 2021, the patient presented to the emergency room with severe chest pain across his entire chest and entire jaw that was exacerbated when he took a breath. A pulmonary function test and electrocardiogram were performed (results not provided). The patient was admitted to the hospital with pericarditis and discharged 3 days later. Treatment included colchicine. In Feb 2021 (date not specified), the patient experienced night sweats and had a blood test (result not provided) that showed extreme anemia. The patient also developed atrial flutter. Treatment for atrial flutter included cardiac ablation and apixaban. The patient received both scheduled doses of mRNA-1273 prior to the events; therefore, action taken with the drug in response to the event(s) is not applicable. The outcome of the events, pericarditis and atrium flutter, was considered not recovered. The outcome of the events, anemia and night sweats was not provided.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. The patient's medical history of taking colchicine can be contributory to the Anemia.</p>

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1099357	3/14/2021	AZ	30	F	3/4/2021	3/11/2021	patient developed chest pain on the date specified. Presented to emergency department at Medical Center on 3/14/2021 and was found to have pericarditis and myocarditis. Admitted to hospital 3/14/2021. No follow up available as yet.
1093331	3/12/2021	TX	37	M	1/11/2021	2/21/2021	Acute pericarditis; This is a spontaneous report from a contactable Physician reporting for himself A 37-year-old Male Physician received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EZ3248) on 11Jan2020 at single dose, via an unspecified route of administration, on left arm for COVID-19 immunization. Relevant medical history included hypothyroidism and hyperlipidemia. The patient received first dose of BNT162B2 on Dec2020 via an unspecified route of administration on left arm for COVID-19 immunization. Concomitant medications included atorvastatin and levothyroxine sodium (SYNTHROID). On 21Feb2021 at 17:00, the patient experienced acute pericarditis resulted in doctor office/clinic visit. Treatment received included Ibuprofen, Colchicine and Pantoprazole. At the time of the reporting, the patient was recovering from the event.; Sender's Comments: Based on the limited information currently available, a possible association of the suspect drug administration with the reported event cannot be excluded, due to a plausible temporal relationship. This case will be reassessed when additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1090919	3/11/2021	IN	74	F	3/2/2021	3/5/2021	Pericarditis with large pericardial effusion with early tamponade

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1086883	3/10/2021	VA	19	M	2/16/2021	2/22/2021	Perimyocarditis post covid19 vaccine syndrome; A spontaneous report was received from a physician concerning a 19 year old, male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced perimyocarditis post covid19 vaccine syndrome. The patient's medical history was not provided. No concomitant medications were reported. On 16 Feb 2021, approximately six days prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 (Batch number: 013L20A) for prophylaxis of COVID-19 infection. On 22 Feb 2021 the patient experienced the symptoms following vaccination: perimyocarditis post covid19 vaccine syndrome. No treatment information was provided. No relevant laboratory details were included. The seriousness criteria for the event perimyocarditis post covid19 vaccine syndrome were hospitalization and medically significant. Action taken with the drug in response to the event was unknown. The outcome of the event, perimyocarditis post covid19 vaccine syndrome was reported resolved on an unknown date.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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1088842	3/10/2021	CA	77	M	2/14/2021	2/17/2021	The patient is a 77-year-old male with T2DM (not on medications), gout, and HTN who received the first dose of the Pfizer COVID-19 vaccine on 2/14. On 2/17 (three days after vaccination), he sought care in the emergency department for chest pain that worsened when he was supine and shortness of breath. EKG in the emergency room showed STEMI and troponin levels were normal. He was transferred to a different facility for cardiac catheterization. Cath showed mild circumflex disease and a stent was placed. He was diagnosed with pericarditis at that time (elevated inflammatory markers ESR/CRP). He was discharged home post cath on Plavix/ASA. He had an echocardiogram at his PCP's office on 2/25, results still pending (as of 3/10). 2/25 ? televist with cardiologist who concurred with pericarditis, maybe mild coronary artery disease (follow-up scheduled 3/11). 3/3 chest pain symptom improved further, no cough, improved shortness of breath. Medications at home: statin, previously colchine for gout, likely BP medication (PCP will send records) Allergies: None known. Vaccine Indication: Age >75
1088210	3/10/2021	MA	46	F	2/5/2021	2/23/2021	Patient presented to BIDMC on 02/23/21 with ~5d of sore throat and intractable fever and was found to have fulminant myocarditis. She required ICU stay with VA ECMO and Impella circulatory support from 02/25/21-03/03/21. She received a course of hydrocortisone. Cause of myocarditis was unclear but felt to be viral or post-viral versus inflammatory. As of this submission she has been transferred to the cardiac floor and seems to be recovering. Symptoms started ~14d after 1st dose COVID vaccine. She also had self limited COVID infection in early January, 2021.
1087983	3/10/2021	MN	81	F	3/2/2021	3/5/2021	Acute inflammatory pericarditis with hospitalization from 3/7-3/10.

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1087143	3/10/2021	ID	39	M	2/2/2021	2/2/2021	<p>myocarditis; severe chest pain; developed severe flu symptoms; This is a spontaneous report from a contactable healthcare professional (patient). A 39-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, batch/lot number and expiration date were unknown), via an unspecified route of administration in the left arm on 02Feb2021 at 08:30 AM (at the age of 39 years old) at a single dose for COVID-19 immunization. The vaccine was administered to the patient at a hospital. The patient had no medical history and had no known allergies. The patient had no COVID prior to vaccination. Concomitant medication included testosterone. The patient had no other vaccine in four weeks. The patient previously received the first dose of BNT162B2 on 12Jan2021 at 12:30 AM (at the age of 39 years old) in the left arm for COVID-19 immunization. The patient developed severe flu symptoms on 02Feb2021 at 20:30. The patient experienced chest pain and myocarditis on 12Feb2021 at 03:00 AM. It was reported that after 12 hours, the patient developed severe flu symptoms for the following 48 hours. Then she developed severe chest pain and was hospitalized for myocarditis. The patient was hospitalized in Feb2021 for 5 days. The patient received treatment for the events which included heart medications and heart angiogram. The patient was tested for COVID post vaccination which included blood test and nasal swab, both with negative results on 12Feb2021. The outcome of the event was recovering. Information on the batch/lot number has been requested.; Sender's Comments: The event myocarditis was most likely due to influenza, which was an intercurrent infection, and unrelated to suspect vaccine BNT162B2. There is no plausible mechanism implicating BNT162B2 to the reported event based on the drug known safety profile. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.</p>

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1083746	3/9/2021	PA	21	F	1/13/2021	2/3/2021	Pericarditis; Transaminitis; This is a spontaneous report from a contactable Other- Health Professional (patient). A 21-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL3248) via an unspecified route of administration on 13Jan2021 15:15 at single dose on left arm, for covid-19 immunisation. Medical history included chronic immune Idiopathic thrombocytopenic purpura (ITP), allergies to Mushroom. The patient did not have covid prior vaccination. The patient's concomitant medications were not reported. The patient experienced pericarditis and transaminitis on 03Feb2021. The events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization. The patient was hospitalized for the events for 6 days. The patient received treatment medications for the events. The lab test included Nasal Swab, covid test: negative on 05Feb2021. The outcome of events was not recovered.; Sender's Comments: Based on the limited information provided, causality relationship cannot be clearly established and cannot be excluded.The case will be reassessed should additional information become available.~ The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1081208	3/8/2021	CA	18	M	3/4/2021	3/6/2021	This is a 18 y.o. male who is generally healthy. He received a second dose of the SARS2-COV vaccine on 3/4. The following morning he felt feverish and achy with malaise. He stayed home, drank fluids and rested and felt well enough to come up to ski this weekend. During skiing he had some anterior chest pain, it resolved and he went about his day. Tonight at 2245 the pain became sharp and awakened him from sleep. He felt nauseated and clammy as well. Father brought him to the ER for evaluation. His emergency department evaluation showed ST elevations most notably in the inferior and lateral leads as well as in the lateral precordium.

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1077643	3/6/2021	KS	19	M	2/19/2021	2/21/2021	Originally seen for chest pain later learned it was a Heart attack and myopericarditis
1076954	3/5/2021	PA	27	M	2/3/2021	2/6/2021	Patient is a 27 year old male with no significant medical history presents to MC on 2/6 from Urgent Care for further evaluation of chest pain. He states that he woke up at 5:30am with abrupt onset of chest pain with present like quality in the middle of the chest. It was non-radiating with associated nausea, small amount of emesis, and dyspnea. His pain lasted for about 15 minutes and he started experiencing it again after half an hour with numbness and tingling of his bilateral distal digits and diaphoresis. He decided to seek evaluation at local Urgent Care around 7:30am. States that he was immediately send here through ambulance due to findings of EKG changes. He was given aspirin and nitroglycerin with some alleviation of pain. Currently, he feels little better although continues to have chest pressure substernally every 45 minutes lasting 5-10 minutes. His dyspnea is resolved. He does not have pleuritic chest pain, fever, chills, nausea, vomiting, abdominal pain, diarrhea, leg swelling, rash. Additionally, he has been in normal state of health until this 2/2/21 when he received second dose of COVID-19 (Pfizer) vaccine. He had extreme fatigue with left arm soreness. He reports no sick contacts, recent illness, or travel. MRI cardiac done 2/9/21 with assessment reveals Infero-lateral myocarditis. Patient remained hemodynamically stable and was discharged with ibuprofen taper for 10 days, c/w colchicine 0.6 mg QD x 3 months and pantoprazole 40 mg QD
1075295	3/5/2021	WI	71	M	2/27/2021	2/28/2021	Vaccine received 2-27, developed sore arm that night, woke next morning with chills and developed temperature 102.2-103 when checked, poor appetite and weak, slept most of day. Felt better until woke in the night on 3-3-21 with chest pain, unable to get comfortable, no relief with ibuprofen, some relief with aspirin. Pain persisted next day on 3-4-21 so seen in Emergency room and diagnosed with pericarditis and 2 pulmonary emboli.
1074011	3/4/2021	CT	85	F	1/28/2021	1/30/2021	Presented to ED 48 h after vaccine with chest pain, found to have pericarditis Develop atrial fibrillation, nSTEMI from demand ischemia

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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.
1071385	3/4/2021	GA	69	F	2/10/2021	2/22/2021	chest pain, subjective fever 9 days after vaccine; 10 days after hospital admit Dx with pericarditis + 8mm pericardial effusion
1070960	3/3/2021	TN	44	F	1/25/2021	1/26/2021	Pale, clammy, diaphoretic associated with vomiting and near syncope 12 hours status post vaccine. Then within 24 hours post vaccine developed burning in chest. 36 hours post vaccine severe chest pain. Described as elephant on chest radiating down left arm to left jaw associated with paleness and diaphoretic. Hurt to take in deep breath and pain worsened upon lying down. Relieved with motrin 800 mg. I continued motrin every 6 hours until I could follow up with cardiologist on Friday 01/29/21. EKG showed ST elevation in all leads. Stat echo was performed at facility. Diagnosed per doctor with acute Pericarditis. Started on Colchicine 0.6mg twice daily X 10 days. Other doctor followed up and continued Colchicine 0.6 mg x 90 days.

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1070939	3/3/2021	PA	61	M	2/11/2021	2/12/2021	Had COVID vaccine on 02.11.21. States the next morning his anxiety was very high. States he did not know who he was. Still experiencing a lot of anxiety at night. Admits to heart palpitations and hard time breathing. Can't sit still. Reports manic episodes and cycles of depression over the course of hours. Patient states it has gotten a tiny bit better. Tried trazodone which helps temporarily. Denies chest pain. Patient states he has no appetite. Palpitations resolved pretty quickly. Shortness of breath is described as tightness that comes with anxiety feeling. Resolves with shoulder massage. Occurring three times per day. Also admits to dry mouth. Patient admits to needing to sleep with multiple pillows or feeling like he had to sit up and couldn't lay down as shortness of breath would get worse. EKG in office on 2/24/21 showed ST-T changes and given symptoms patient was transferred to emergency room via ambulance. Work up in hospital was unremarkable and patient was diagnosed with pericarditis (unknown etiology) and prescribed NSAIDS from ER and discharged. Admission not required. Patient followed up to us as outpatient on 03.02.21. Patient felt much better and had not take motrin for 1 day. COVID testing obtained at this point (unclear why ER did not send it). Patient referred to outpatient cardiology given risk of cardiovascular disease, stress echo, and event monitor.
1070886	3/3/2021	NJ	50	F	2/25/2021	2/28/2021	Fatigued, dizzy, chest pain, difficulty breathing, low heart rate on third day after vaccine. Went to walk in clinic and was sent an ambulance to hospital to do heart work ups. Acute Pericarditis was the diagnosis.

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1070726	3/3/2021	PA	28	M	1/18/2021	1/21/2021	Had severe chest pains and pain radiating down left arm three (3) days; Had severe chest pains and pain radiating down left arm three (3) days; I was diagnosed with myopericarditis (inflammation of both the lining of the heart and the heart muscle); This is a spontaneous report from a contactable consumer. This 28-year-old male consumer reported that: Report about Covid vaccine: Yes Reporting type: AE Reporter type: Patient Age group: Adult (18-64 Years) Current age: 28 Current age unit: Years Gender: Male Patient occupation: None of the above Covid vaccine details: (product=COVID 19, brand=Pfizer, lot number=EL3246, lot unknown= False, administration date=18Jan2021, administration time= 04:00 PM, vaccine location= Right arm, dose number= 2), (product= COVID 19, brand=Pfizer, lot number= EJ1685, lot unknown= False, administration date= 29Dec2020, administration time=11:00 AM, vaccine location= Right arm, dose number=1) Facility type vaccine: Hospital If other vaccine in fourweeks: No Other medications in twoweeks: No Adverse event: Had severe chest pains and pain radiating down left arm three (3) days (Thursday 21Jan2021) after receiving the second Pfizer COVID vaccine (lot:EL3246) on Monday 18Jan2021. I was admitted to the hospital the same day, and was discharged on Saturday 23Jan2021. I was diagnosed with myopericarditis (inflammation of both the lining of the heart and the heart muscle). I was given a 90 day prescription of colchicine 0.6mg and I am still currently taking the medication twice daily with 1g of Tylenol (acetaminophen) once daily. Adverse event start date: 21Jan2021 Adverse event start time: 03:00 AM AE resulted in: [Emergency room/department or urgent care, Hospitalization] No days hospitalization: 3 If patient recovered: Recovered If treatment AE: Yes AE treatment: Colchicine 0.6 mg tablet (twice daily) If Covid prior vaccination: No If Covid tested post vaccination: Yes Covid test post vaccination: (covid test type post vaccination=Nasal Swab, covid test date=21Jan2021, covid test result=Negative) Known allergies: Penicillin/Amoxicillin Other medical history: No

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1068300	3/3/2021	RI	74	F	2/17/2021	2/20/2021	Acute pericarditis; Atrial arrhythmia; This is a spontaneous report from a contactable consumer (patient). A 74-year-old female patient (not pregnant) received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1284), via an unspecified route of administration on left arm, on 17Feb2021 10:45 (at the age of 74-year-old, not pregnant), at single dose, for Covid 19 (COVID-19 immunization). Medical history included allergies to alpha antibiotics. No COVID prior vaccination. Concomitant medications included atorvastatin, and bupropion. No other vaccine in four weeks. The patient previously took codeine and experienced allergies. The patient experienced acute pericarditis and atrial arrhythmia, both on 20Feb2021 15:00. Events resulted in emergency room/department or urgent care, and hospitalization (for 1 day). The patient underwent lab tests included COVID test (Nasal Swab/COVID 19 PCR) post vaccination on 21Feb2021, result was negative. Therapeutic measures were taken as a result of events and included treatment with multiple. The outcome of the events was recovering.

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1065155	3/2/2021	IL	60	F	1/6/2021	1/7/2021	Heart attack; Myocarditis; Chills; didn't check her temperature but is sure she had one/She didn't check her temperature but she is sure she had a fever; was soaking wet when she woke up like her fever had broken and then she was fine/She woke up and was very sweaty; achy right side; Headache; This is a spontaneous report from a contactable consumer who reported for herself, a 60-year-old female patient who received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number: EL3246), via an unspecified route of administration in the right arm, on 06Jan2021 at 18:00 at the age of 60 years, at a single dose for Covid Prevention/COVID-19 immunization. The patient's medical history was not reported. There were no concomitant medications. The patient previously received the first dose of Covid-19 vaccine (Manufacturer: Pfizer, with Lot Number: EK5730) in the right arm, on 18Dec2020 at the age of 60 years for COVID-19 immunization. The patient reported that 13 days after the last dose of the vaccine, on 19Jan2021, she had a heart attack. She has no heart issues whatsoever. She had diagnostic testing such as a cardiac catheterization, echocardiogram, both on 19Jan2021; and a heart MRI with contrast on 20Jan2021. The test results indicated that she had myocarditis caused by a virus. The cardiac catheterization and echocardiogram also revealed heart attack because of myocarditis. She did not have any other issues with her heart. The patient asked if they would they let her know if anything comes up as far as information. The patient has recovered with lasting effects. She would be on medication for the next 3 years supposedly. The heart attack was caused by myocarditis which was caused by a virus. There were no other issues with her heart, arteries or anything. These events required a visit to the emergency room. She first went to a hospital in the city and was transferred via ambulance to another hospital in another city on the same day. Patient was hospitalized for the heart attack and myocarditis from 19Jan2021 to 22Jan2021. She had a lot of other symptoms the next day after receiving the vaccine on 07Jan2021. She also experienced chills. She didn't take her temperature but is sure she had one. She was achy on her whole right side and she had a headache. She started having chills at 1:30 PM (13:30) while at an eye doctors appointment. She laid down and

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							was soaking wet when she woke up like her fever had broken and then she was fine. She didn't check her temperature but she is sure she had a fever. She woke up and was very sweaty. The outcome of the events heart attack and myocarditis was recovered with sequelae on Jan2021. The outcome of the remaining events was recovered on 07Jan2021.
1066687	3/2/2021	MI	59	F	12/23/2020	1/11/2021	i woke up at 3am with chest pain on 01-11-2021. I went to the hospital and was diagnosed with pericarditis. At the hospital, an EKG, echocardiogram, US of the abdomen, MRI of the chest, lab work, cardiac marker series , CRP and a scheduled exercised test was done that picked up arrhythmia. I am now recovering and I am still taking Colchicine, a gout medication that treats inflammation and pericarditis. I am on this medication till mid April 2021 when I see my cardiologist for follow up.
1063124	3/1/2021	OH	36	M	1/27/2021	2/12/2021	Acute myocarditis after 2nd vaccine dose
1061358	2/28/2021	HI	74	M	1/25/2021	2/15/2021	Pericarditis with pericardial effusion.
1060751	2/28/2021	TN	40	M	2/5/2021	2/8/2021	Heart attack. Chest pain and numbness in both arms and back. The pain lasted from 3:00AM until 5:00AM at which time I as in the ER. Troponin levels were at 6.0 and I had a small abnormal finding on my EKG. The Cardiovascular physician on call said it could be something and they would do a cardiac cath to determine where a blockage may be. The angiogram cam back with no blockages. troponin levels reached a 10 by the end of the first day. The Echo the next day showed no issues in structure. The Cardiac MRI showed fluid and 4% of my heart had myocarditis from the issue. Troponin levels reduced to 7, then 6 by the end of the second day. On the third day I went home with new meds, an order for a follow up and cardiac rehab.
1060242	2/27/2021	NJ	78	F	1/12/2021	2/1/2021	The patient developed back pain one month after the first injection on February 24 she was diagnosed with pericardial effusion?s and 750 mL was drained from the pericardium. The work up is on going but it seems to be Pericarditis which occurred after the vaccination

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1059800	2/27/2021	TX	21	M	2/22/2021	2/25/2021	Patient developed typical fever, myalgias, body aches in the days after his vaccine. He would describe them as severe. This was followed by chest pains. These chest pains prompted him to seek care in the ER. Upon workup, I found the patient to have developed myocarditis with a significantly elevated troponin prompting hospitalization.
1057780	2/26/2021	PA	32	M	1/29/2021	2/21/2021	Acute myocarditis
1056448	2/26/2021	MD		M	1/20/2021	1/30/2021	myocarditis; pericarditis; Chest pain; rapid heartbeat; A spontaneous report was received from a 20-year- old male patient who experienced chest pain, myocarditis, pericarditis, inflammation of pericardium. The patient's medical history was not provided. Concomitant medications included phenylpropanolamine, diclofenac sodium, and colchicine. The patient received their first of two planned doses of mRNA-1273 (Batch number: unknown) on 20 Jan 2021 intramuscularly for the prophylaxis of COVID-19 infection. On 30 Jan 2021, the patient experienced chest pain, rapid heartbeat and went to emergency room (ER). He was hospitalized and was diagnosed with myocarditis, pericarditis, inflammation of pericardium. The patient was discharged on 31 Jan 2021. Treatment information was not provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome of the events, chest pain, myocarditis, pericarditis, inflammation of pericardium, was considered not resolved.; Reporter's Comments: Very limited information regarding this event has been provided at this time. Further information has been requested. The use of concomitant medication, Pnenylpropanolamine, which is a sympathomimetic agent, is a risk factor and confounding factor for causality.
1058476	2/26/2021	MA	21	F	2/7/2021	2/7/2021	Day of vaccine, 4hrs post vaccine: felt drunk/high/intoxicated (touch was intensified, numbing feeling) Day 2-3: exhausted and fever of 102F, body aches, chills, nausea Day 4: started feeling better, fever went down with Tylenol Day 5 3am: woke up with chest pain (3.5-4/10), went away with Tums; 0930pm chest pain 6/10 while sitting at desk, increased to 7/10, lasting 2 hours by the time I went to the ER

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1058830	2/26/2021	NJ	31	M	2/22/2021	2/25/2021	Could not breathe sharp pains in chest tingling in arms. Inflammation of heart muscle
1055368	2/25/2021		28	M	2/20/2021	2/21/2021	Patient presented with bilateral blurry peripheral vision that resolved over several days. He was found to have P1 PCA stenosis. Additional imaging showed this to be resolved and a normal variant. Additionally, patient diagnosed with myopericarditis. Found to have elevated troponin up to 6, diffuse ST segment elevation on EKG and chest pain. Started on ibuprofen and colchicine with relief. Discharged from the hospital on hospital day 2.
1051710	2/24/2021	MN	80	F	2/2/2021	2/14/2021	On 2/2 received 1 st dose of vaccine. On 2/14 developed nausea, vomiting and diarrhea. Admitted to hospital and found to have a troponin of 72 and coronary angiogram done. Endomyocardial biopsy revealed myocyte damage and mixed inflammatory infiltrate concerning for myocarditis. Patient ultimately has started to recover with treatment of methylpred 1 gram x 3 days.
1051653	2/24/2021	ME	77	M	1/28/2021	2/1/2021	Moderate pain in chest behind sternum when breathing. Admitted to Hospital on 1 February 2021. Diagnosed as pericarditis. Treatment: Ibuprofen 600 mg 3x/day for 2 weeks, and Colchicine 0.6 mg 2x/day for 3 months.

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1048204	2/23/2021	NC	53	F	1/22/2021	1/22/2021	Heart enzymes were elevated; Anaphylactic reaction; Blood pressure was 220/116/ her blood pressure was out of control; dizziness does not allow her to go to work; lingering dizziness; Get a tightening in her chest; Fatigue; Left side of temple toward the crown of head she has pressure on the left side of the body; Left side of temple toward the crown of head she has pressure on the left side of the body; lightheadedness; troponin kept increasing; Inflammation around heart; This is a spontaneous report from two contactable consumers or other non health professional (including patient self, a healthcare worker works with patients with lymphomas, a licensed massage/lymphatic therapist). This 53-years-old female received her 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EL1283, Expiry Date: 30Apr2021) at 0.3 ml single dose intramuscular injection in left arm on 22Jan2021 10:28 (also reported as 10:38) for Covid-19 vaccination. Medical history was none (also reported as no patient history). Concomitant drug was none (reported as no other products). Family Medical History Relevant to AE(s) was none. Historical vaccine included flu shot in Nov2020 for immunisation. History of all previous immunization with the Pfizer vaccine considered as suspect (or patient age at first and subsequent immunizations if dates of birth or immunizations are not available) was none. Additional Vaccines Administered on Same Date of the Pfizer Suspect was none. No other vaccines given the same day or 4 weeks prior. AE(s) following prior vaccinations was none. Patient never had a reaction to any vaccine or shot before. Patient experienced anaphylactic reaction on 22Jan2021, heart enzymes elevated on 22Jan2021, blood pressure was out of control on 22Jan2021, get a tightening in her chest on an unknown date, lingering dizziness on an unknown date, dizziness did not allow her to go to work on an unknown date, inflammation around heart on 22Jan2021, troponin kept increasing on 22Jan2021, fatigue on an unknown date, lightheadedness on an unknown date, left side of temple toward the crown of head she has pressure on the left side of the body on an unknown date. Seriousness for heart enzymes elevated and anaphylactic reaction was hospitalization from 22Jan2021 to 23Jan2021. The events anaphylactic reaction required a visit to Emergency Room, but not

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Physician Office. The event clinical course was as follows: patient received her 1st dose of the Pfizer vaccine she had an anaphylactic reaction. She was given 3-4 Epis on site (on 22Jan2021) before being transferred to the ER. In the ambulance, she was administered a 4th EpiPen (on 22Jan2021) before getting to the ER, and then admitted to the cardiac unit on 22Jan2021 for observation. Patient also reported Given 3-4 EpiPens on 22Jan2021 and EpiPen auto-injector was Lack of Effect. No Return Sample Received. When she first started having symptoms, her blood pressure was 128/73. When the symptoms got worse her blood pressure started increasing. Her blood pressure was 220/116, they had to admit her to the cardiac unit because her heart enzymes were elevated and her blood pressure was out of control. Her troponin kept increasing and had inflammation around her heart. Her symptoms of anaphylactic reaction went away that same day, 22Jan2021, at the vaccination from her anaphylactic reaction. Patient was discharged and released from the cardiac unit on that Saturday (23Jan2021) around 7:30pm. No one could tell her anything about this since she was still having lingering effects and was getting ready to locate a cardiologist and still has tightness in the chest. She mentioned the dizziness did not allow her to go to work. She experiences it on and off, not consistent but less severe than initially. She still had lingering dizziness and she had to drive for a majority of her day and that was concerning. She said that on the left side she will get a tightening in her chest. She said that no one knows what this means moving forward. Patient was concerned about the severity of the reaction and was still not back to normal. She had never had a reaction to any vaccine or shot before and has been in the military. She needed help, direction since she was still not at the full potential to work. She was still fatigued and has tightness of her chest and those are concerns for her. Patient mentioned a part of the symptoms she also had were lightheadedness and dizziness and that started after the vaccine and it's not as severe, but she still had it. On left side of her temple toward the crown of her head she had pressure on the left side of the body and that was the same side where she received the injection, on that left side. Outcome of anaphylactic reaction was resolved with sequel on 22Jan2021. Outcome of heart enzymes

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							elevated was resolved on 23Jan2021. Outcome of blood pressure was out of control was resolved with sequel on 23Jan2021. Outcome of lingering dizziness was resolving. Outcome of left side of temple toward the crown of head she had pressure on the left side of the body, lightheadedness was not resolved. Outcome of tightness in the chest and fatigue was not resolved. Outcome of inflammation around heart and troponin kept increasing was resolved with sequel on an unknown date. Outcome of the other event was unknown.
1046576	2/22/2021	OR	45	F	2/12/2021	2/16/2021	She developed pericarditis/myocarditis and was diagnosed 4 days after receiving second dose of Covid19 Moderna vaccine
1045176	2/22/2021		33	F	1/9/2021	1/17/2021	The patient is a 34yo female seen about 1 month ago for SOB - it developed 1 week after the COVID vaccine. She was sent to Cardiology and they diagnosed her with pericarditis and she was started on scheduled NSAIDS. - Cardiology recommended ESR, CRP and CBC and they were negative. - CXR was normal - Echocardiogram was suggestive of pericarditis. Cardiology told her to follow up in 1 month is symptoms did not improve and they have not. Also she stated she has developed mild, intermittent peripheral edema that resolves without intervention but this is new. I am also ordering the cardiac MRI which the cardiologist recommended if symptoms did not improve with NSAIDS.
1045178	2/22/2021		20	M	2/18/2021	2/19/2021	CHEST PAIN; SOB; ELEVATED INFLAMATORY MARKERS; ELEVATED TROPONIN; MYOCARDITIS
1046026	2/22/2021	FL	42	F	1/11/2021	2/14/2021	Developed acute pericarditis on 2/14/2021. Completely healthy 42 yr old with no recent illnesses other than the vaccine. Developed myalgia, severe headache, and slightly elevated blood pressures 24 hours post second vaccine. Then 4 weeks later acute pericarditis.

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1047627	2/22/2021		20	M	2/18/2021	2/18/2021	20 YOM with prior COVID vaccine Dec 2020 presents 4 days after COVID vaccination (First dose) with constant substernal chest pressure, ST early repol vs elevation in ST segment and troponins 11. Onset of chest pain occurred 3 hours after covid vaccine-- 5/10, constant, not positional. Transferred to cardiology inpatient for suspected myocarditis. No prior troponin obtained given prior covid illness.
1047631	2/22/2021	NE	42	F	1/11/2021	1/13/2021	Two days after the 2nd injection I started to have chest pain and not feel right. I went to the Station where I volunteer. I did and EKG which showed Anterior Infarct. I went to the ER. They gave me 4 baby aspirin to take and some blood work. I was told the blood work showed elevated levels consistent with a blood clot as well. I had a CT scan to rule out a clot in my heart or lungs. Which it was negative. I was released and told to see a cardiologist in the next few days. I saw the cardiologist two days later who said I ended up with Pericarditis and that it should resolve on its own. I was feeling better until two days ago when I developed chest pain again. I again went to my fire station I volunteer for and did an EKG which showed Anterior Infarct. I am currently waiting for treatment from my cardiologist.
1046636	2/22/2021	NH	22	F	2/12/2021	2/13/2021	12 hours after my second Moderna shot, had severe chest pain and shortness of breath. Admitted to emergency room later in the week for myocarditis as a result of the vaccine.
1044420	2/21/2021	TN	36	M	1/9/2021	1/31/2021	Please reference separately submitted MIS-A form. He had sore throat, high fever, diarrhea, deteriorating in to multisystem failure and apparent acute myocarditis, notably with relative initial sparing of the lungs. He suffered cardiac arrest in radiology after developing aphasia and was transferred to Hospital after cannulation for VA ECMO; he died there 2/8/21.

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1043948	2/21/2021	HI	23	M	2/18/2021	2/21/2021	PT EXPERIENCED NAUSEA, HA, FATIGUE 1 DAY POST VACCINE. REPORTS HE FELT BETTER 2 DAYS POST VACCINE AND WENT FOR A REGULAR WORK-OUT WITHOUT COMPLICATIONS. PT WOKE-UP 3 DAYS POST VACCINE WITH CHEST PX, SOB, FATIGUE. HE CALLED 911 AND WAS BROUGHT TO HOSPITAL VIA AMBULANCE. PT HAD UNREMARKABLE EKG INITIALLY, LABS DRAWN. INITIAL TROPONIN 4.7, EKG REPEATED WITH SOME MINIMAL ST ELEVATION, 324MG ASA GIVEN. COORDINATING TRANSPORT TO ANOTHER HOSPITAL WITH CARDIOLOGY SERVICES, TROPONIN REPEATED AND FOUND TO BE 10.8 WITH GLOBAL ST ELEVATIONS ON EKG. PT TRANSPORTED TO HOSPITAL FOR PRESUMED PERICARDITIS. AWAITING UPDATES ON PT CONDITION TOMORROW.
1041804	2/19/2021	DC	30	M	2/15/2021	2/17/2021	30 yo man with no significant past medical history presents to the ED for chest pressure and SOB that started this morning when he woke up. It was a constant 8/10 pressure squeezing at the sides of his sternum with the sensation of a plate pushing down on his sternum, that worsened by taking deep breaths. He had never experienced anything like it before. The pain was neither worsened with exertion nor relieved by rest. It did not change with position, and it did not radiate to his arm/neck. He denies any tenderness to palpation of his chest. Ibuprofen 400 mg did not provide any relief. At time of interview denies SOB and reports decrease in chest tightness to 2/10. CP was significantly relieved with a bolus of normal saline in the ED. Tylenol also effectively reduced his pain. Of note, the patient received the second Moderna COVID vaccine shot 3 days ago. For 2 days after receiving the second shot he experienced fevers, chills, nausea, and intermittent vomiting (10 bouts of non-bloody emesis).

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1040918	2/19/2021	FL		M	1/16/2021	1/23/2021	Acute pericarditis; Soreness on the left shoulder (injection site); A spontaneous report was received from a consumer who was also a 75-years-old, male patient, who received Moderna's COVID-19 Vaccine (mRNA-1273) and who experienced soreness on the left shoulder (injection site)/ injection site soreness and acute pericarditis/ pericarditis. The patient's medical history was not provided. Concomitant medications were not reported. On 16 Jan 2021, seven days prior to onset of the events, the patient received their first two planned doses of mRNA-1273 (Batch number: 039K20A) intramuscularly for the prophylaxis of COVID-19 infection. On 23 Jan 2021, the patient experienced soreness on the left shoulder (injection site), tiredness, headache, and chest pain. On 02 Feb 2021, he had difficulty breathing even with his continuous positive airway pressure (CPAP) machine and called 911. He was taken to emergency room (ER) and was diagnosed with acute pericarditis. Treatment included ibuprofen, pantoprazole, and colchicine. Action taken with mRNA-1273 in response to the events was not reported. The outcome of events, soreness on the left shoulder (injection site and acute pericarditis, was not reported.; Reporter's Comments: This case concerns a 75 year old male subject, who experienced a serious unexpected event of Pericarditis and a non-serious expected event of injection site pain after first dose of mRNA1273 (Lot# 039K20A). Very limited information has been provided regarding the event of pericarditis at this time. Further information has been requested.
1040340	2/18/2021	PA	66	F	2/11/2021	2/11/2021	Enlarged or inflamed heart, lungs full of fluid, myocarditis, vomiting, dehydration
1038358	2/18/2021	CA	84	M	1/30/2021	1/31/2021	Development of chest pain and dyspnea. Large pleural and pericardial effusions requiring drainage. No evidence of CHF by echo or BNP. Fluid was found to be exudative rather than transudative. No growth of infectious agents found to be causal. ESR and CPR extremely elevated. All self resolving after thoracentesis and pericardiocentesis.

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1032693	2/16/2021		26	M	2/3/2021	2/7/2021	26 yo Male developed a laboratory confirmed myocarditis on/about 7 February 2021 after receiving the 2nd dose of Moderna COVID19 Vaccine on 3 Feb 2021. His HS-Tropin peaked at 2179. He was admitted to the ICU for care. Discharged at 72 hour admission. Seen today (16 Feb 2021) for follow-up. Reports no sequela other than the development of dry skin that is pruritic. Multiple pending lab studies ordered/collected to identify other etiologies (Lyme, RPR, Coxsackie, parvo ...). Denies any vaping products.

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1032574	2/16/2021	TX		M	1/26/2021	1/29/2021	Flu-like symptoms; fever; chills; headaches; myocarditis; A spontaneous report was received from a physician concerning a middle-aged, male patient, who received Moderna's COVID-19 Vaccine, and who experienced myocarditis, flu-like symptoms, fever, chills and headache. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On 26 Jan 2021, approximately three days prior to the onset of the symptoms, the patient received their second of two planned doses of mRNA-1273 for prophylaxis of COVID-19 infection. On an unknown date, the patient experienced flu-like symptoms, fever, chills and headache. On 29 Jan 2021, the patient developed substernal chest pain and came to the ED for evaluation. His troponins were elevated, but his cardiac catheterization was negative for acute coronary occlusion. Cardiac MRI findings were consistent with myocarditis and evaluation for covid 19 disease by PCR and serology were negative. Additional workup for other causes of myocarditis is still pending. Treatment information was not provided. The patient received both scheduled doses of mRNA-1273 prior to the event; therefore, action taken with the drug in response to the event is not applicable. The outcome of the events myocarditis, flu-like symptoms, fever, chills and headache was not provided.; Reporter's Comments: This case concerns a male patient, with prior cardiac risk factors, who experienced a serious event of myocarditis along with other non-serious events after receiving second dose of mRNA-1273 (Lot# unknown). Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.
1032740	2/16/2021		20	M	1/20/2021	1/28/2021	Patient developed fever on day 8 post-vaccine followed by tachycardia, dyspnea and chest pain. Elevated troponin in the ER. ED echo confirmed pericarditis with likely myocarditis.

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1033091	2/16/2021	WI	58	F	1/4/2021	1/22/2021	approximately 2.5 wks after vaccination, development of severe increasing back pain and chest pain and shortness of breath Dx acute moderately severe pericarditis with pericardial effusion, pneumonitis with bilateral small pleural effusions, hepatitis with elevated alk phos and LFT, bone marrow reaction with elevated WBC, new anemia and elevated platelets, markedly elevated d dimer and CRP with normal troponin and negative imaging for PE.
1031582	2/15/2021	WI	35	F	1/13/2021	1/25/2021	35 yo woman with new onset pericarditis. Possibly related to the covid vaccine - had second dose 1/13/21. There are case reports of pericarditis with the covid virus, but none so far with covid vaccine. No known covid exposure recently. Covid test on 1/24/21 (date of admission) = not detected. Or more likely presentation could be related to Humira (started December 2020 for psoriatic arthritis and had 3 doses total). There have been case reports of pericarditis with Humira. Also, pt was on a medrol dose pack for radicular symptoms after injuring her neck, she finished the dose pack on 1/17/21. Since stopping solumedrol she has had increasing hip pain and also has costochondral pain. Per H&P, it is possible that weaning off of solumedrol dose pack caused a flare up in her psoriatic arthritis leading to increase hip pain, costochondritis and pleuritis and/or pericarditis. Pt was admitted for further treatment and monitoring.

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1030019	2/15/2021	PA	67	F	1/20/2021	1/25/2021	feeling much worse; Bloodwork with elevated parameters (troponins); Couldn't take food; Couldn't get up from bed; Fever (101°F); Atrial fibrillation; Pericarditis; A spontaneous report was received from a non-healthcare professional concerning a 67-year-old, female patient who developed a fever of 101 degrees Fahrenheit, feeling much worse, couldn't take food, couldn't get up from bed, bloodwork with elevated troponin, pericarditis, and atrial fibrillation. The patient's medical history was not provided. Concomitant products known to have been used by the patient, within two weeks prior to the event, included Pentasa, metformin, insulin, Zoloft and atorvastatin. The patient received their first of two planned doses of mRNA-1273 (lot number 028L20A) on 20 Jan 2021 in the right arm for prophylaxis of COVID-19 infection. The patient developed a fever on 25 Jan 2021, and it got up to 101 degrees Fahrenheit on 26 Jan 2021. On 26 Jan 2021 she felt must worse, couldn't take food, and couldn't get up from bed. On 27 Jan 2021, she was taken to the emergency room where her oxygen saturation was low, but the fever was gone. She was placed on oxygen, and blood work had elevated troponin. The patient was diagnosed with pericarditis and she was kept overnight. On 28 Jan 2021 she had atrial fibrillation and the medical team couldn't convert her chemically. She was stabilized on 30 Jan 2021 and she was feeling much better. Treatments of these events included oxygen and ibuprofen. The events, fever of 101 degrees Fahrenheit, feeling much worse, couldn't take food, couldn't get up from bed, bloodwork with elevated troponin, pericarditis, and atrial fibrillation were considered Recovering.; Reporter's Comments: This case concerns a 67 year old female who experienced serious unexpected events of feeling abnormal, decreased appetite, bedridden, elevated troponin, pericarditis, and atrial fibrillation, and a serious expected event of fever. The events began 6 days after first dose of mRNA-1273. Treatment with ibuprofen. Based on the current available information and temporal association between the use of mRNA-1273 and the start date of the events, a causal relationship cannot be excluded.

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1030018	2/15/2021	MA	20	M	12/29/2020	1/26/2021	Myocarditis; Acute onset of chest pain; Soreness of the arm; A spontaneous report was received from a physician concerning a 20-year-old, male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced soreness of the arm, acute onset of chest pain, and myocarditis. The patient's medical history, as provided by the reporter, included asthma, and allergy to egg, peanut and tree nuts. Concomitant medications reported included dupilumab, montelukast, budesonide / formoterol, cetirizine, albuterol and epinephrine. On 29 Dec 2020, the patient received their first of two planned doses of mRNA-1273 (Lot number: 025J20A) intramuscularly for prophylaxis of COVID-19 infection. On 26 Jan 2021, prior to the onset of events, the patient received their second of two planned doses of mRNA-1273 (Lot number: 028L20A) intramuscularly in the left deltoid for prophylaxis of COVID-19 infection. On 26 Jan 2021, after receiving the second dose of the vaccine, the patient reported soreness of the arm for 3 to 4 days. On 30 Jan 2021, the patient presented to the hospital with acute onset of left sided chest pain. The physician reported that the patient developed myocarditis. Consent for Safety to follow up was received. Treatment for the events, as reported, included patient's concomitant medications of dupilumab, montelukast, budesonide / formoterol, cetirizine and albuterol. No additional treatment information was provided. Action taken with mRNA-1273 in response to the events was not reported. The event, soreness of the arm, was resolved on unknown date. The event acute onset of chest pain and myocarditis was not resolved at the time of this report.; Reporter's Comments: This case concerns a 20 year old male with medical history of multiple allergies, who was hospitalized with serious unexpected events of chest pain and myocarditis and a non-serious unexpected event of pain in extremity. The chest pain and myocarditis occurred 33 days after first dose and 4 days after last dose of mRNA-1273. Based on the current available information and temporal association between the use of mRNA-1273 and the start date of the events, a causal relationship cannot be excluded.

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1032062	2/15/2021	ME	26	M	2/10/2021	2/11/2021	After receiving the Moderna vaccine on 2/10/2021, traditionally expected symptoms developed on 2/11/2021 and 2/12/2021 including fatigue, fever, headache, and general achiness. On 2/12/2021 and into the morning of 2/13/2021 I developed a persistent aching chest pain - Saturday morning (2/13/2021) I went to convenient urgent care in for a quick once-over including vitals and an EKG. The EKG showed ST elevations, and I was taken via ambulance to the hospital emergency room. With blood lab value analysis and an echocardiogram performed, the hospitalist and cardiologist determined the diagnosis to be peri myocarditis. I was admitted to the hospital for 24 hours of observation and was released on 2/14/2021.
1029788	2/14/2021	CA	72	F	2/5/2021	2/5/2021	Day 1: headache and chills, no fever. Day 2: fatigue and chills, no fever Day 3-4 : fatigue and chills, no fever Day 5: Strong heart palpitations, chills and fatigue . Day 6-7 Heart pain, palpitations, chills and fatigue/ Had to rest constantly. Began taking ibuprofen to calm the inflammation. Day 8: Heart pain, pressure & palpitations worsening, fatigue. Primary and Cardiologist recommended going to ER. Diagnosed with mild pericarditis. Day 9-10: Home on bedrest taking ibuprofen 3x day with continued heart palpitations, pain, chills and fatigue.
1027010	2/12/2021	SC	45	M	1/22/2021	1/30/2021	Pt received vaccine on 1/22/21. On 1/31/21 he presented to urgent care with fever and morbilliform rash. He tested negative for the flu and was given empiric oseltamivir. He had persistent fever and was given doxycycline and ceftriaxone by urgent care on 2/2. On 2/4 at urgent care he was noted to be hypotensive and referred to ER. He had findings of cardiogenic shock and intra-aortic balloon pump was placed. He was treated for acute heart failure with improvement in symptoms. He was also treated for pneumonia with piperacillin/tazobactam as well as amoxicillin / clavulanic acid. He was discharged with resolved fever, resolved rash, and improvement in EF based on cardiac MRI. Workup for other viral causes of myocarditis was negative.

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1025021	2/12/2021		37	F	1/22/2021	2/3/2021	Pt is a 37y F with previous history of pericarditis diagnosed after an initial COVID infection SEP20 with a second occurrence NOV20. Pt subsequently received her first COVID Vaccine shot on 22JAN21 and reported to medical on 3FEB21 with mild chest pain and an EKG with changes demonstrating pericarditis and a US demonstrating trace effusion. Pt was minimally symptomatic but given her previous episodes was sent to the Role 3 for further evaluation. Her work up on 10FEB21 demonstrated resolution of EKG changes and effusion with normal cardiopulmonary work up. Given her history it has been recommended that she does not receive the second dose of the vaccination.
1023685	2/11/2021		39	M	2/5/2021	2/5/2021	39 year old male no known past medical history received his second dose of the moderna vaccine on 2/5. That evening he developed headache, malaise, fatigue, fevers. The symptoms persisted on 2/6 and 2/7 with some improvement in his headache on 2/7. On the evening of 2/7 he developed high fevers to 103, rigors, "vivid dreams" woke up with night sweats. On 2/8 developed pleuritic chest pain and shortness of breath and went to the hospital.
1022440	2/11/2021	FL	69	M	1/23/2021	2/1/2021	The decedent experienced severe chest pain and dyspnea approximately nine days following the first series of the vaccine. He reported to family members that he was having a "severe reaction" to the vaccine and believed it was acute pericarditis due to the same symptoms he experienced prior. He reported that on 2/1/21 around 0300 hours, the symptoms were the most severe and he was going to seek medical attention, but did not. He waited till the convenient store opened and purchased OTC Tylenol for relief of symptoms. He continued to have dyspnea and chest pain up until 2/9/21, when he called 911 complaining of chest pain and was found to have a STEMI; subsequently died at Hospital in the ER.

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1022039	2/11/2021	FL	32	M	1/14/2021	1/16/2021	Pericarditis after admit and negative ECHO, and CTA; Chest discomfort; initially thought it was heart burn lasted over 15 overs decided to visit ER.; Had elevated troponins was diagnosed with Pericarditis after admit and negative ECHO, and CTA; This is a spontaneous report from a contactable nurse (patient) reported that a 32-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK9231), via an unspecified route of administration on the left arm on 14Jan2021 15:30 at a single dose for COVID-19 immunization. Medical history included high cholesterol from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient previously received influenza vaccine (FLU) on 10Dec2020 for immunization; and received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK9231) on 24Dec2020 15:30 for Covid-19 immunization. On 16Jan2021 15:30, the patient experienced chest discomfort, initially thought it was heart burn lasted over 15 "overs" decided to visit ER. The patient had elevated troponins, and was diagnosed with Pericarditis after admit and negative ECHO, and CTA. As treatment, patient received IV Toradol. The reported events resulted hospitalization for 1 day. The patient underwent lab tests and procedures which included angiogram (CTA): negative, echocardiogram (ECHO): negative, troponin: elevated; all on 16Jan2021. The outcome of the events was recovering.; Sender's Comments: Based on the vaccine's safety profile, the event pericarditis and the associated symptoms are more likely intercurrent condition, unrelated to suspect vaccine BNT162B2 administration. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

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1021922	2/11/2021	KY		M	12/29/2020	12/31/2020	Chest pain; Acute Myocarditis; Fever; A spontaneous report was received from a healthcare professional concerning a 35-year-old male patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and developed chest pain, myocarditis, and fever. The patient's medical history included COVID-19 in Oct of 2020. No relevant concomitant medications were reported. On 29 Dec 2020 the patient received their first of two planned doses of mRNA-1273 (lot number or batch number not provided) intramuscularly (in the left arm) for prophylaxis of COVID-19 infection. On an unknown date after receiving vaccine the patient developed a fever and chest pain. On 31 Dec 2020 the patient was admitted to the hospital where a heart catheterization was done-negative results. The patient was diagnosed with myocarditis. He was scheduled to receive his second dose of vaccine on 03 Feb 2021. No treatment information was provided. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the events chest pain, myocarditis, and fever were not reported.; Reporter's Comments: This case concerns a 35-year-old, male patient with a medical history of COVID-19, who experienced a serious unexpected event of chest pain, myocarditis and an expected event of pyrexia. The events of chest pain and pyrexia occurred on an unspecified date and the event of myocarditis occurred 3 days after the first dose of mRNA-1273. A heart catheterization was done-negative results.Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Additional information has been requested.
1021221	2/10/2021	PA	68	M	1/19/2021	1/20/2021	cardiac arrest. Heart stopped, I fell to the ground, and was administered CPR by Police. I was admitted to hospital unresponsive and induced in a coma for two days. MRI results indicated I had a virus in my heart which caused Myocarditis. On 1/25/2021 i Had a cadiac catharization that indicated no blockages, or scar tissue. A defibrillator was surgically implanted in my chest on 1/27/21. Admitted to hospital 1/20/2021. Released 1/28/2021.

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1019823	2/10/2021	IL	23	F	2/6/2021	2/7/2021	Woke up day after with a slight pain in chest. As day progressed pain became much worse and when tried to lay down to sleep could not. Breathing in caused pain as well. She went to ER and was diagnosed with Acute Pericarditis. Was in ER for 4 hours and sent home on oral Ibuprofen 600 mg.
1011883	2/8/2021	FL	34	M	1/21/2021	1/25/2021	I had a fever, headache for two days following the vaccine. Two days after I had chest pain and went to the emergency room. I was admitted with elevated troponin and diagnosed with myopericarditis.

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1010639	2/8/2021	MI	75	F	1/15/2021	1/1/2021	<p>accompanied with very severe chest pain; Pericarditis; woke up with a severe headache; severe pain; continues to have muscle pain; weakness; shortness of breath when she walks; This is a spontaneous report from a contactable consumer. A 75-year-old female patient received first dose of BNT162B2 (lot number and expiry date not provided), via an unspecified route of administration on 15Jan2021 10:30 at single dose for COVID-19 immunization. There were no medical history. The patient was not pregnant at the time of vaccination. The patient's concomitant medications were not reported. On 16Jan2021 04:00, she went to bed at night and woke up at 4 AM with a severe headache. She took Aleve and went back to bed. When she woke up at 8:30 AM her headache was very severe and was accompanied with very severe chest pain. She immediately took her to the ER. They did a very thorough work up to check on her heart and Aorta. They managed her severe pain with two doses of morphine followed by two days of Dilaudid. The imaging and symptoms left her with a newly discovered diagnosis of Pericarditis. The medical professions were sure this was a result of the COVID vaccine. They continued to treat her for a few days and sent her home with anti inflammatories to help. She continues to have muscle pain, weakness and shortness of breath when she walks. She is scheduled to take her 2nd dose on February 5th but we are very concerned and hesitant as we don't want to cause any more damage to her heart. The patient was hospitalized for events 'headache', 'chest pain;', 'pericarditis' and 'pain' for 4 days. The patient did not receive any other vaccines within four weeks prior to the vaccination and did not received any other medications within 2 weeks of vaccination. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. The patient underwent lab tests and procedures which included imaging: pericarditis on 16Jan2021 and Nasal Swab: negative on 16Jan2021. Therapeutic measures were taken as a result of all the events which included Colchicine and prednisone, morphine and dilaudid. The outcome of the events was recovering. The events "headache", "chest pain", "pericarditis"and "severe pain" were assessed as serious due to hospitalization and disability. The events "myalgia", "asthenia" and "dyspnea" were assessed as</p>

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							serious due to disability. The events ('headache', 'chest pain;', 'pericarditis' and 'pain') resulted in emergency room visit. Information on the lot/batch number has been requested.
1009827	2/7/2021	MI	28	M	2/4/2021	2/6/2021	Chest pain- pericarditis. Elevated troponin. Heart cath. PCU hospital admit. No previous heart hx. Ekg abnormal. Echo, mri.
1008473	2/6/2021	TX	37	M	2/2/2021	2/2/2021	Tuesday afternoon began with a headache. Chills followed in the late evening. Body aches by Wednesday morning with continued headache. Neck stiffness and soreness began Thursday evening. Severe chest pains early Saturday morning (3am). Taken to urgent care - EKG showed irregularity and high level of troponin. Transported from there to the hospital. They did angiogram, and diagnosed me with pericarditis. The on call physician believes this was most likely caused by the second dose of the vaccine.
1007452	2/6/2021		33	M	1/25/2021	1/25/2021	Reported moderate fever, chills, muscle aches, and fatigue for 2 days following dose 2 vaccination. Then, began complaining of chest pain. EKG abnormal and referred to Hospital for evaluation. Found to have elevated troponins and myocarditis. Then discharged home.
1012387	2/5/2021	PA		M	2/1/2021	2/5/2021	Severe chest pain with radiation to left chest and jaw 5 days after moderna covid vaccine. No heart attack but diagnosed with pericarditis. Will be in treatment for 3 months.

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1005747	2/5/2021	NJ	29	F	12/24/2020	1/15/2021	Starting last Thursday January 28th ,I started to experience shortness of breath at rest. Friday January 29th I was experiencing constant chest tightness/discomfort. Breath started to catch with speaking, fatigue. On Saturday January 30th at work in teh hospital I moved a heavy patient, became short of breath that the patient heard it and inquired about it, and my heart rate went up into the 120s. After a hot shower on January 31st, my heart rate went into the 110s, shortness of breath experienced. Vital signs have all been normal, no fever, normal blood pressure, normal oxygen saturation. My heart rate only increased on Saturday and Sunday and have been fine since. Negative fro Covid on January 29th and Negative for COVID, flu A and B and RSV on Monday February first. Saw to PCP on Wednesday February 3rd and with my symptoms states it is mild myocarditis from the vaccine, to rest and take an NSAID daily for two weeks.
1005180	2/5/2021	NY	33	F	1/25/2021	1/29/2021	Diagnosed with myocarditis 4 days after injection. Hospitalized for 1 day.
1000874	2/4/2021	OH	84	F	1/21/2021	1/24/2021	Pericarditis Tamponade. She went to the hospital with chest discomfort on the 25th and by the evening of the 26th had pericarditis to a degree that required a Pericardial Window emergency procedure. Prior to the vaccine, she was doing great with no issues. She was put on a ventilator and came through the procedure on the 27th. She was moved to rehab on February 1st, which is where she remains as of this submission.
1000418	2/4/2021	PR	47	M	12/15/2020	1/4/2021	Pleuritic chest pain. Admitted due to acute pericarditis. Course complicated with new onset atrial fibrillation.

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1001632	2/4/2021			U			Myocarditis; A spontaneous report was received from an healthcare professional, regarding a patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced Myocarditis. The patient's medical history was not provided. No relevant concomitant medications were reported. On an unknown date, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 intramuscularly for prophylaxis of COVID-19 infection. On Unknown date, after receiving the vaccine, the patient experienced Myocarditis. Treatment for the event was not provided. Action taken with the second dose of mRNA-1273 in response to the event was not reported. The outcome for the events, Myocarditis is Unknown.; Reporter's Comments: This case concerns a patient, who experienced a serious unexpected event of myocarditis. The event occurred on an unspecified date after first dose of mRNA-1273, lot # unknown. Treatment was not reported. Very limited information regarding this event has been provided at this time. Based on the current available information and temporal association between the use of the product and onset of the event a causal relationship cannot be excluded.
1003486	2/4/2021	MI	27	F	12/30/2020	1/27/2021	She presented to the hospital with acute typical angina approximately 72 hours after receiving her 2nd vaccine dose. The morning following her vaccine she developed fever, chills, generalized malaise, myalgias, and fatigue lasting about 48 hours. The following morning, she was awoken from sleep by a crushing substernal chest pain with associated typical anginal symptoms. Her initial troponin-I was elevated at 7.47 ng/mL and peaked at 19.19 ng/mL. An ECG demonstrated minimal ST elevations followed by an echocardiogram demonstrated preserved systolic function and an ejection fraction of 60-65%. Due to her elevation in cardiac enzymes and persistent angina, coronary angiography was performed revealing no obstructive coronary artery disease. She was diagnosed with suspected myocarditis and treated successfully with anti-inflammatory medication. In follow-up, she had an uncomplicated treatment course with complete resolution of anginal systems and improvement in troponin and inflammatory markers.

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1000146	2/4/2021	NY		M	1/7/2021	1/19/2021	pericarditis; This is a spontaneous from a contactable physician reporting for himself. A 68-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (lot number EK9231, expiry date unknown) via an unspecified route of administration on 07Jan2021 at single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. On 19Jan2021, the patient developed pericarditis. The physician considered it was possible complication from his first dose of the COVID-19 vaccine. The outcome of the event was not reported. His second dose was scheduled for 27Jan2021.; Sender's Comments: Based on the limited information available, causality between event pericarditis and BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) cannot be completely excluded. The case will be reevaluated should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
1017662	2/4/2021		35	M	1/19/2021	1/22/2021	Headache Pericarditis Narrative: Diagnosed as idiopathic pericarditis.
1002102	2/4/2021	FL	37	F	12/18/2020	1/2/2021	The first couple days just some arm discomfort. January 2 I woke up about 3:45AM with chest pain, I thought it was heart burn. It didn't improve so I ended up going to the Hospital, they did test to rule things out. I had a little bit elevated ESR,CRP and little high white count with a left shift. They did an echo and they found pericarditis. They started me on treatment and by the next day I was pain free.

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998532	2/3/2021	MD	40	F	1/21/2021	1/22/2021	The patient was admitted to the hospital on 24 January with chest pain, elevated troponin, and EKG changes in the setting of a couple days of chills, sweats and malaise after receiving the covid vaccine. Initially there was concern for acute MI and he was taken for a coronary angiogram. The angiogram was clean and showed no obstructive disease. He had a cardiac MRI which showed findings consistent with myocarditis. He was treated with supportive care and eventually was discharged. He was worked up for other causes of myocarditis with none to be found.
998291	2/3/2021	AZ	24	F	1/28/2021	1/30/2021	Pericarditis. Burning and stabbing pain in chest, pain shot down into left arm. Lasted days.
998774	2/3/2021	TX	68	M	1/15/2021	1/24/2021	Pericarditis with pericardial effusion. Treatment: Pericardiocentesis, Colchicine, Aspirin, Ibuprofen, Omeprazole Symptoms began (syncopal episode, retrosternal chest heaviness and aching worse with inspiration, fever, chills, lymphadenopathy for a for 9 days following vaccination) Outcome: Patient discharged home after 3 day hospitalization. Currently feeling better at 1 week follow up.
998995	2/3/2021	NE	35	M	1/20/2021	1/21/2021	Received the second dose in the series on Wednesday 1/20/21. The following day, he noticed some chest discomfort. He then performed some-what of a self physical and was suspicious of pericarditis. Had an EKG pointing to pericarditis. He then had an ECHO performed at the hospital that confirmed the diagnosis. Was then started on a course of colchicine to treat the pericarditis. It is important to know he contracted COVID earlier in the fall with a confirmed laboratory diagnosis on 11/13/20 which he was fully recovered from. He was never hospitalized for the infection.
993137	2/2/2021		21	M	1/29/2021	2/1/2021	pt presents with mid epigastric chest burning x1 hour after breakfast, 21 yo M w/ no known chronic medical conditions, presents w/ 2 hours MEG/central chest burning. Initial a/w mild SOB and LH; by time of my eval, LH/SOB had resolved and CP was 4/10. Pts sx completely resolved w/ GI cocktail. No exertional sx. No recent infectious sx. VS w/o acute abn. Well-appearing, NAD. Normal CV exam; no edema. LCTAB. PT transferred for troponemia.

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994756	2/2/2021	MI		F	1/15/2021	1/16/2021	My mom who is 75 had an adverse reaction on from the COVID vaccine she took on Jan 15, 2021. She went to bed at night and woke up at 4 AM with a severe headache. She took Aleve and went back to bed. When she woke up at 8:30 AM her headache was very severe and was accompanied with very severe chest pain. I immediately took her to the ER. They did a very thorough work up to check on her heart and Aorta. They managed her severe pain with two doses of morphine followed by two days of Dilaudid. The imaging and symptoms left her with a newly discovered diagnosis of Pericarditis. The medical professions were sure this was a result of the COVID vaccine. They continued to treat her for a few days and sent her home with anti inflammatories to help. She continues to have muscle pain, weakness and shortness of breath when she walks. She is scheduled to take her 2nd dose on February 5th but we are very concerned and hesitant as we don't want to cause any more damage to her heart. Please have somebody contact us and let us know how to proceed. Thanks.
992836	2/1/2021	WA	26	M	1/27/2021	1/30/2021	Presented about 60 hours after 2nd moderna vaccine with crushing chest pain and was found to have acute pericarditis and a troponin of 10.
992506	2/1/2021	TX	22	M	1/30/2021	1/30/2021	pt developed fever 102, chills and body aches evening of vaccine. Mon am (2/1/2021) awoke with chest pain. Came to ED for evaluation, diffuse ST elevation in all leads, troponin elevated 4.1, 2nd trop 33. echocardiogram with EF 50% pt currently being worked up for pericarditis, ACS with plans for heart cath in am
992123	2/1/2021	MA	20	M	1/26/2021	1/30/2021	Acute myocarditis with chest pain and elevated troponin with EKG ST segment changes, muscle aches
991213	2/1/2021	VA	32	M	1/19/2021	1/23/2021	Heart swelling (pericarditis) , abnormal EKG showing STEMI initially on Saturday approximately 3 days after 2nd vaccine dose administration.

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990198	2/1/2021		33	F	1/9/2021	1/14/2021	During cardiovascular exercise experienced SOB, Dyspnea, Chest pain, during and for 1-2hrs post cardio exercise. this continued for 2-3 days. with fatigue, sob,. Pt. had EKG performed which showed 1st degree AV block w RBBB. Pt. was then referred to cardiology where she was seen and diagnosed on 27Jan with pericarditis. Pt has since started NSAID therapy with mild symptoms persisting. Pt. will have Cardiology follow-up at 4weeks time.
989100	1/31/2021	CT	56	M	1/12/2021	1/28/2021	Severe chest pain, difficulty breathing Hospitalized for 24 hours EKG, troponin, ddimer, stress test, CT scan
989822	1/31/2021	TX	52	M	1/26/2021	1/29/2021	The patient had a very severe side effect profile from the second dose of vaccine: "worst I've ever felt" with myalgia, headache, fever and fatigue. This subsided and then on day 3 he developed severe substernal chest pain and came to ER where his hs-cTnI was > 2000 ng/L and peaked at 6700 ng/L. His ECG, echo and cardiac cath were normal but MRI showed evidence of myocarditis with mild left ventricular dysfunction. He is doing well clinically and we are managing expectantly. This appears to be immune mediated myocarditis from the Moderna vaccine
985024	1/29/2021	TX	31	M	1/23/2021	1/25/2021	13 hours after injection: Typical chills, body aches, cold sweats lasting 24 hours. Relief with Acetaminophen and Ibuprofen. On 1/25/21 around 4:00 PM: Following intercourse, shortness of breath and mild chest pain. Unable to go for walk with son and wife due to fatigue and mild chest pain. Discomfort ameliorated with rest. On 1/26/21 around 6:00 AM: Shortness of breath and chest pain in shower with minimal effort. Pulse around 140 BPM. Drove to ER for workup. Transferred to hospital for admission.
983362	1/28/2021	CA	25	F	1/8/2021	1/13/2021	7 Days after receiving the vaccine, patient developed generalized myalgia, fever, shortness of breath, and chest pain. Patient admitted to our hospital on 21JAN and diagnosed with myocarditis. Difficult to elucidate whether the myocarditis was secondary to Moderna vaccination or other viral etiologies.

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983111	1/28/2021	MN	36	F	1/25/2021	1/28/2021	Pericarditis :severe, pleuritic chest pain, with subtle T-wave inversions, mildly elevated troponin, elevated CRP and ESR-- developed symptoms approx 50-54 hours after immunization) Also had 36 total hours of severe arthralgias, myalgias, fatigue, fevers and chills.
980243	1/27/2021		39	F	12/30/2020	1/13/2021	Acute pericarditis, left pleural effusion.severe typical pericarditis and pleuritic Chest pain started 1/13 , got worse , went to Er on 1/15/2021 , was admitted to cardiology service and discharged 1/17/2021 and now on colchicine since admission.
977955	1/27/2021	KY	54	M	1/6/2021	1/19/2021	Pt seen in ED on 1/20 with increasing chest pain - pain in the mid chest, worse with breathing and limited ability to bend over and lay flat.. Troponin negative x2, ProBNP 42.4. Slightly elevated WBC at 11.96 and PTT at 36.7. PT/INR ok at 11 and 1. CT of the chest demonstrates no PE or pericardial effusion. ECG with no significant changes. Pt given ASA 324 mg and Norco 7.25/325 x1 in ED. D/C with Ibuprofen 800 mg TID for pericarditis. Covid test on 1/21 was negative. Pain improved as of 1/26. Per cardiologist review on 1/22 patient with elevated CRP (1.522) suggestive of pericarditis as cause.
977531	1/27/2021		25	M	1/22/2021	1/24/2021	25yo M with no sig PMHx or FMHx for ACS presents with 4 days of viral symptoms: f/s/c/myalgia/fatigue/HA that progressed to include CP for last 3 days. Classic positional CP, dull pressure, worse lying flat, better leaning forward, feels every heart contraction. Work up consistent with Acute Pericarditis and treated outpatient with Ibuprofen and Colchicine. symptoms worsened and he was evaluated and admitted overnight hospital for observation due to elevated troponin and STE on EKG. Pt stable and discharged next day.
977242	1/27/2021	OH	36	M	1/22/2021	1/26/2021	Patient developed myopericarditis requiring hospitalization four days after receiving second dose of moderna vaccine. He developed left arm pain and numbness as well as substernal chest pressure. He was admitted.

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971558	1/25/2021	KS		U			<p>Pericarditis; This is a spontaneous report from a contactable pharmacist. A patient of unspecified age and gender received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date at single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient previously took the first dose of BNT162B2 on an unspecified date for COVID-19 immunization. The pharmacist had an ICU patient that received the COVID vaccine dose 2. On day 3 after the vaccine, the patient was admitted to ICU with pericarditis. It was not a confirmed diagnosis. Outcome of the event was unknown. Information on Lot/Batch number has been requested.; Sender's Comments: The information provided is limited and doesnot allow a full medical assessment. Considering a temporal relationship, a possible contribution role of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) to the onset of pericarditis cannot be fully excluded. The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics committees and Investigators, as appropriate.</p>

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971536	1/25/2021	OH	31	F	12/28/2020	1/4/2021	7 days after the vaccine-developed onset of Pericarditis; This is a spontaneous report from a contactable Other HCP reporting for a patient. A 31-year-old female patient received the 1st dose of bnt162b2 (BNT162B2, Lot # EK9231) intramuscular at single dose at left arm on 28Dec2020 13:00 for Covid-19 immunisation, administered at Nursing Home/Senior Living Facility. Medical history included recurrent idiopathic pericarditis, hypertension, pre-eclampsia, Covid-19. No known allergies. Patient was not pregnant. The patient had experienced Covid-19 prior vaccination. The patient's concomitant medications were not reported. The patient had not received any other vaccines within 4 weeks prior to the BNT162B2 vaccine. The patient developed onset of pericarditis 7 days after the vaccine on 04Jan2021. AE resulted in doctor or other healthcare professional office/clinic visit. Patient received Colchicine and Ibuprofen as treatment. Post vaccination, the patient has not been tested for COVID-19. The outcome of event was not recovered.; Sender's Comments: Based on the temporal relationship, the association between the event pericarditis with BNT162b2 can not be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
970682	1/25/2021		68	M	1/7/2021	1/19/2021	01/19/2021 developed chest pain, shortness of breath and fever 100.8. Went to ER and was diagnosed with acute pericarditis
970198	1/25/2021	GA	21	M	1/12/2021	1/13/2021	First day I was lightheaded, dizzy, sore all over, weak and had the chills. The second day i had severe chest pain and trouble breathing, I went to the ER and was admitted into the hospital because of this. After an EKG it was found that I had Myocarditis. To treat it they gave me an IV for the pain, then I was prescribed ibuprofen and 2 other meds for the inflammation around my heart.

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969618	1/25/2021	IL		F	12/30/2020	1/4/2021	Pericarditis; Severe chest pain; A spontaneous report was received from a 56 year-old, female consumer, who was also the patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced pericarditis and severe chest pain. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On 30 Dec 2020, approximately five days prior to the onset of symptoms, the patient received their first of two planned doses of mRNA-1273 (Lot number: 0011JZ0A) intramuscularly for prophylaxis of COVID-19 infection. On 04 Jan 2021, the patient went to the emergency room due to severe chest pain. On 05 Jan 2021, the patient went to see the cardiologist and was diagnosed with pericarditis. Treatment information was not provided. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the events, pericarditis and severe chest pain, was unknown.; Reporter's Comments: This case concerns a 56 year old, female patient. The patient's medical history was not provided. The patient experienced a serious, unexpected event of pericarditis and severe chest pain. The event of severe chest pain occurred 5 days and the event of pericarditis occurred after 6 days after first dose of mRNA-1273 (Lot number: 0011JZ0A). Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the mRNA-1273 and the start date of the event, a causal relationship cannot be excluded.
968687	1/24/2021		23	M	1/20/2021	1/21/2021	Acute myopericarditis Chest pain developed 24 hours after vaccine administration. Presented to emergency department 48 hours after vaccine administration. Symptoms resolved after an additional 24 hours (72 hrs after vaccine) with administration of ibuprofen three times daily.
967286	1/23/2021	CA	44	M	1/13/2021	1/16/2021	s/p vaccination with 2nd Covid Vaccine dose, developed low grade viral type illness with fevers up to 102 with myalgias, fatigue. Began to recover, teh awoke in the morning of 1/16/20 with crushing, substernal chest pain. Presented to the emergency department. Was admitted to he hospital - diagnosed with myopericarditis. Stayed in the hospital one night, and discharged the next day.

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966243	1/22/2021		28	M	1/18/2021	1/21/2021	According to patient, he received the COVID vaccine on 1/18 and endorsed typical vaccine symptoms (myalgias, fatigue, lymphedema on right axillary, sweats and chills). He was taking ibuprofen for prophylactic symptom relief and was able to attend work the following day. The patient stated to still endorses symptoms of the vaccine days after but did not seek medical attention because he thought the symptoms would resolve. The morning of 1/21, patient sustained constant, nonradiating chest pain located along the sternal that was moderate to severe in nature and exacerbated with deep inspiration that lasted 2 hours. Lying on the side provided minimal relief but the pain was still moderate. Nausea also accompanied the pain but the patient denied any vomiting. Patient decided to go to the ED for work-up. Patient had two further episodes of chest pain and EKG revealed diffuse ST elevations. Troponin level peaked at 3.02. He was diagnosed with myopericarditis and started on colchicine, with improvement of chest pain.
965715	1/22/2021	FL	57	F	1/8/2021	1/8/2021	viral cardiomyopathy, myopericarditis, weakness, chest pains
966794	1/22/2021	CA	55	M	1/8/2021	1/19/2021	Severe stabbing chest and back pain radiating to the left axilla. Diagnosed with atypical pericarditis with diffuse ST elevation on EKG but no effusion or pericardial thickening on echo/MRI. Treated with ongoing Colchicine and complete resolution of pain. Spent the night under ER observation. Missed 4 days of work.
963213	1/21/2021	CA	30	M	1/18/2021	1/21/2021	Patient had 4 hours of chest pain 3 days after vaccine. EKG showed STEMI. Troponin elevated at 4.8. Patient sent for cardiac catheterization and results pending. At this time suspect myocarditis, but STEMI not yet excluded

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953557	1/18/2021	MN	18	M	12/30/2020	12/31/2020	Myocarditis; A spontaneous report was received from a physician, concerning a 18-year-old, male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced myocarditis. The patient's medical history was not provided. No relevant concomitant medications were reported. On 30 Dec 2020, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (lot number: 037K20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 31 Dec 2020, within 24 hours of vaccine administration, the patient develop symptoms of myocarditis and was admitted to the hospital. No treatment information was provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome for the event, myocarditis, was not reported.; Reporter's Comments: This case concerns an 18-year-old, male, who experienced a serious unexpected event of myocarditis. The event occurred approximately 2 days after first dose of mRNA-1273, Lot# 037K20A administration. No information available regarding medical history and concomitant medications. Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

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952497	1/18/2021	IL	40	M	12/19/2020	1/8/2021	<p>Patient with PMH of depression and GERD who presented 1/8 with constipation, abdominal discomfort and worsening dyspnea. Symptoms began around 12/29. COVID vaccine 12/19. Previously quite active, marathon runner, gained some weight over last couple years but was still in good enough shape to complete 10K in New Orleans in early February. In late February, had a flu-like illness, as did one of his friends from church. 2020 was hard on him - weight gain, decreased activity, stress, overall deconditioning. No issues apart from sore arm after COVID vaccine 12/19 but then starting getting abdominal fullness/discomfort around 12/29, which steadily worsened, also develop worsening dyspnea on slight exertion. No known sick contacts.. Work-up notable for pericardial effusion, pleural effusions. Echo with severe diffuse LV hypokinesis, concern raised for myocarditis. COVID PCR negative, serology negative. RVP negative. . Concern raised that COVID vaccine may have played a role in myocarditis. He was found to have the following conditions Acute heart failure with reduced EF NYHA FC II, non-ischemic cardiomyopathy. Myocarditis appears subacute per MRI hypertension obesity small pericardial effusion- asysmptomatic no pericarditis suspected obstructive sleep apnea. .Started on the following medications. Continue Carvedilol 12.5mg BID, Farxiga 5mg daily, Digoxin 0.125mg daily, Entresto 97-103mg BID, and Spironolactone 25mg daily. Per MD note. While it remains uncertain, team is doubtful COVID vaccine played a role in his cardiac issues. Given the MRI findings are not acute, more likely that the cardiac insult occurred weeks to months ago - potentially in the setting of the February 2020 illness. Perhaps his "deconditioning" in 2020 was related to worsening cardiac function. Nevertheless, will hold on 2nd COVID vaccine dose given absence of a clear explanation for his myocarditis. conversation with team will continue to determine if candidate for second covid vaccine. If consensus is that myocarditis pre-dated vaccine, might be able to proceed with dose 2 of vaccine.</p>

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944489	1/14/2021	VA	50	M	12/18/2020	12/28/2020	Feverish feeling and chills with myalgias and weakness at 4am on 12/18/2020. Took 800mg advil and 1000mg tylenol. Felt perfect by 7 am. Despite this, fearing covid, I did not go to work, was rapid tested covid negative that day and pcr tested that day returning negative 2 days later. Days later I began to have vague nagging chest pain with occasional sharp chest pain over my heart. I had what I would describe as chest tightness in addition in which it felt hard for me to expand my chest fully like pressure without being short of breath. This would last at most several minutes and perhaps occurred three or four times over a seven day period. Throughout this. I could exercise with no chest pain no increasing shortness of breath, including a PR on Peloton and two hours of tennis without cardiac symptoms. Yesterday, my smart internist heard a split S2 heart sound as I lay on my left side and held my breath; the EKG showed a depressed PR interval and some ST elevations consistent with pericarditis, which I am treating with motrin. I assume this is a viral pericarditis. I had two types of Covid tests during that time period. My second dose of the vaccine was January 8. The feverish feeling occurred before dose 2, as did some of the chest pains and tightness.
937932	1/12/2021	UT	28	M	1/7/2021	1/8/2021	Patient presented with myalgias, fevers, and chest pain on 1/10/21 and was found to have diffuse ST elevation and elevation troponin. He was evaluated by cardiology and diagnosed with acute myopericarditis. He was treated with NSAIDs and colchicine. He improved with this treatment and was discharged on 1/12/21 with ibuprofen and colchicine and outpatient cardiology follow up.
935452	1/11/2021	NM	44	F	1/6/2021	1/6/2021	1/6/21 8pm started with Nausea, vomiting, diarrhea and fever. 1/7/21 started having intermittent chest pain in the morning. Then in the evening it became constant. Went to ER that evening due to chest pain. EKG showed t wave abnormality. 1st Trop was negative went from 0.08 to 2.3 Had 2 Echo's done and they were normal. Platelets were 85. Was discharged without chest pain. Troponin on discharge was 0.67 and platelets 61. Was admitted due to Chest pain and troponin. Attending provider diagnosed as myocarditis and thrombocytopenia R/T vaccine.

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932325	1/10/2021	SC	39	F	1/5/2021	1/5/2021	1/5/21 started with fever (up to 101), severe body aches, shaking from being cold even bundled with electric blanket, nausea and vomiting. That lasted through 1/8. On 1/7 I started having trouble with taking a deep breath. Chest would get very tight and hurt when I would take a big breath, bend forward, or lay back. I went to express care and they could not rule out pericarditis. Told me to go to the Emergency Room for further work up to rule out spontaneous PE or pericarditis.
925542	1/7/2021	NY	30	M	12/28/2020	1/1/2021	On 1/1/21 (4 days post dose 1), patient developed sudden onset substernal chest pain that resolved and recurred the next day on 1/2/21. Patient was seen in the emergency department. VS were reported WNL, EKG with diffuse ST elevations and subtle PR depressions consistent with pericarditis. ECHO did not show evidence of effusion or tamponade. CXR and basic labs were unremarkable including troponin WNL. Patient sent home with colchicine and NSAIDS with plan for outpatient cardiology follow up. Of note, patient had COVID-19 in April 2020 with documented positive antibodies at that time.

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923354	1/6/2021			M	12/23/2020	12/24/2020	acute pericarditis; This is a spontaneous report from a contactable physician. A male patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot/batch number not reported), via an unspecified route of administration on 23Dec2020 at a single dose for covid-19 immunization. The patient medical history and concomitant medications were not reported. It was unknown if other vaccines were given in four weeks and unknown if patient had Covid prior vaccination. The patient experienced acute pericarditis on 24Dec2020. Clinical course as follows: Doctor colleagues at the institution admitted (at Emergency room/department or urgent care) and treated a patient with acute pericarditis who received his first dose of Pfizer SARS-CoV-2 EUA vaccine on 23Dec2020. The physician (reporter) considered the event as non-serious. The outcome of the event was recovering. Information about batch/lot number has been requested.; Sender's Comments: The causal relationship between BNT162B2 and the event acute pericarditis cannot be excluded as the information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.
919087	1/4/2021	CA	50	M	12/23/2020	12/27/2020	Acute Pericarditis. Patient was admitted from 12/27-12/28/2020 at hospital by cardiology team who strongly felt the acute pericarditis was due to the Pfizer Vaccine (Dr. was senior cardiologist).
919334	1/4/2021	NY	30	M	12/28/2020	1/1/2021	Acute pericarditis

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912891	12/29/2020	CA	40	M	12/19/2020	12/22/2020	Received the COVID-19 vaccine 12/19/2020 and felt great the next few days with zero symptoms. About 3-4 days later I felt some chest discomfort especially when taking a deep breath in. This occurred on both the front side and back side of chest. This continued for the next 5-7 days. Kept experiencing pain with deep breaths and my exercise tolerance was diminished. When I would hike up a small incline I felt I was not getting enough air and was a bit winded. Finally made an e-visit with my healthcare provider on 12/28/2020 after 5-7 days of symptoms. Knowing I work in healthcare my provider asked if my pain felt like, "pleuritic chest pain" and I think that is a spot on description of how it felt. Based on my symptoms he told me the most likely diagnosis is a mild case of pericarditis and prescribed me ibuprofen 400 mg by mouth 3 times daily for a few days. After ~36 hours of ibuprofen I'm feeling 80-90% better but still have some discomfort with deep breaths or exertion.