The Vaccine Adverse Event Reporting System (VAERS) Results

Data current as of 03/17/2023

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	0935452-1	40-49 years	1/6/21 8pm started with Nasuea, 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.
MYOCARDITIS	0937932-1	18-29 years	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.
MYOCARDITIS	0952497-1	40-49 years	"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."
MYOCARDITIS	0963213-1	30-39 years	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
MYOCARDITIS	0966243-1	18-29 years	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.
MYOCARDITIS	0967286-1	40-49 years	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 wtih 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.
MYOCARDITIS	0968687-1	18-29 years	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.
MYOCARDITIS	0970198-1	18-29 years	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.
MYOCARDITIS	0977242-1	30-39 years	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.
MYOCARDITIS	0983362-1	18-29 years	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.
MYOCARDITIS	0985024-1	30-39 years	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.
MYOCARDITIS	0992123-1	18-29 years	Acute myocarditis with chest pain and elevated troponin with EKG ST segment changes, muscle aches
MYOCARDITIS	0993137-1	18-29 years	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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MYOCARDITIS	0998532-1	40-49 years	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.
MYOCARDITIS	1003486-1	18-29 years	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.
MYOCARDITIS	1005180-1	30-39 years	Diagnosed with myocarditis 4 days after injection. Hospitalized for 1 day.
MYOCARDITIS	1005747-1	18-29 years	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.
MYOCARDITIS	1007452-1	30-39 years	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.
MYOCARDITIS	1011883-1	30-39 years	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.
MYOCARDITIS	1023685-1	30-39 years	"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."
MYOCARDITIS	1027010-1	40-49 years	Pt received vaccine on 1/22/21. On 1/31/21 he presented to urgent care with fever and morbiliform 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.
MYOCARDITIS	1030018-1	18-29 years	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.
MYOCARDITIS	1032062-1	18-29 years	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.
MYOCARDITIS	1032693-1	18-29 years	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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MYOCARDITIS	1041804-1	30-39 years	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).
MYOCARDITIS	1044420-1	30-39 years	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.
MYOCARDITIS	1045178-1	18-29 years	CHEST PAIN; SOB; ELEVATED INFLAMATORY MARKERS; ELEVATED TROPONIN; MYOCARDITIS
MYOCARDITIS	1046576-1	40-49 years	She developed pericarditis/myocarditis and was diagnosed 4 days after receiving second dose of Covid19 Moderna vaccine
MYOCARDITIS	1046636-1	18-29 years	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.
MYOCARDITIS	1055368-1	18-29 years	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.
MYOCARDITIS	1057780-1	30-39 years	Acute myocarditis
MYOCARDITIS	1058476-1	18-29 years	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
MYOCARDITIS	1059800-1	18-29 years	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.
MYOCARDITIS	1060751-1	40-49 years	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.
MYOCARDITIS	1076954-1	18-29 years	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
MYOCARDITIS	1077643-1	18-29 years	Originally seen for chest pain later learned it was a Heart attack and myopericarditis
MYOCARDITIS	1081208-1	18-29 years	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.
MYOCARDITIS	1086883-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1087143-1	30-39 years	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.
MYOCARDITIS	1088210-1	40-49 years	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.
MYOCARDITIS	1099357-1	30-39 years	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.
MYOCARDITIS	1102415-1	18-29 years	"""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."
MYOCARDITIS	1105807-1	18-29 years	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.
MYOCARDITIS	1109460-1	30-39 years	Headache Five days Elevated Troponin Myocarditis
MYOCARDITIS	1110935-1	40-49 years	Chest pain Myocarditis. Admitted to hospital. Diagnosis confirmed by cardiac mri.
MYOCARDITIS	1117071-1	18-29 years	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.
MYOCARDITIS	1126793-1	18-29 years	Chest Pressure developed 2 days post-vaccine. Admitted for elevated troponins, myopericarditis. Improved on NSAIDs, colchicine.
MYOCARDITIS	1128543-1	40-49 years	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 Tropnon 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 Tropnonin 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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1133032-1	18-29 years	"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."
MYOCARDITIS	1135371-1	30-39 years	Patient developed myalgias and chills the day after vaccination. Three days after vaccination, awoke from sleep wtih 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 catheterzation 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.
MYOCARDITIS	1138067-1	18-29 years	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.
MYOCARDITIS	1141993-1	18-29 years	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.
MYOCARDITIS	1147032-1	18-29 years	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.
MYOCARDITIS	1148316-1	18-29 years	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.
MYOCARDITIS	1154298-1	18-29 years	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.
MYOCARDITIS	1167252-1	18-29 years	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.
MYOCARDITIS	1167955-1	30-39 years	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).
MYOCARDITIS	1169419-1	18-29 years	Myocarditis 4 days after initial vaccination ; first 48 hours with body ache, chills, malaise
MYOCARDITIS	1172823-1	30-39 years	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.
MYOCARDITIS	1175421-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1191828-1	40-49 years	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.
MYOCARDITIS	1193195-1	30-39 years	Chest pain, highly elevated troponin, no ACS; likely Myocarditis
MYOCARDITIS	1202301-1	18-29 years	Fever, chill, nausea, vomiting, and myocarditis
MYOCARDITIS	1208348-1	40-49 years	mild myocarditis with fevers +constitutional symptoms, trop and BNP elevation (without other cause), ekg abnormalities, EF wl
MYOCARDITIS	1214410-1	18-29 years	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.
MYOCARDITIS	1217884-1	18-29 years	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
MYOCARDITIS	1219312-1	30-39 years	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.
MYOCARDITIS	1219721-1	40-49 years	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.
MYOCARDITIS	1221001-1	18-29 years	Myocarditis with a troponin level to 26.
MYOCARDITIS	1221058-1	30-39 years	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.
MYOCARDITIS	1221739-1	18-29 years	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.
MYOCARDITIS	1224211-1	18-29 years	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

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1224441-1	40-49 years	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.
MYOCARDITIS	1227333-1	18-29 years	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.
MYOCARDITIS	1227834-1	18-29 years	Chest pain, Elevated blood pressure, elevated cardiac enzymes, Acute myocarditis
MYOCARDITIS	1227947-1	18-29 years	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.
MYOCARDITIS	1229345-1	30-39 years	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
MYOCARDITIS	1229845-1	30-39 years	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.
MYOCARDITIS	1229935-1	18-29 years	. 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.
MYOCARDITIS	1230539-1	18-29 years	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

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1230956-1	40-49 years	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 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.
MYOCARDITIS	1232001-1	18-29 years	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.
MYOCARDITIS	1232535-1	18-29 years	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.
MYOCARDITIS	1233181-1	30-39 years	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.
MYOCARDITIS	1233262-1	18-29 years	Chest Pains that lead to hospitalization. Found an elevated troponin related to myocarditis. Ongoing evaluation
MYOCARDITIS	1235397-1	18-29 years	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.
MYOCARDITIS	1235437-1	18-29 years	Pt presented with chest pain, diagnosed with myocarditis with troponin peak of 5. Normal ECHO and EKG.
MYOCARDITIS	1235664-1	18-29 years	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.
MYOCARDITIS	1236711-1	18-29 years	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.
MYOCARDITIS	1237152-1	18-29 years	Myopericarditis
MYOCARDITIS	1238704-1	40-49 years	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.
MYOCARDITIS	1239131-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1239205-1	30-39 years	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 heat 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
MYOCARDITIS	1241920-1	18-29 years	NSTEMI likely caused by Myocarditis starting with intermittent chest pain on 3/6/21 that was treated with aspirin and carvedilol QD.
MYOCARDITIS	1242167-1	18-29 years	Shortly after second dose, patient experienced myalgias, fatigue, but 3 days later, developed chest pain with troponin elevations and was found on MRI to have myopericarditis. He is otherwise stable, He is being treated with antiinflammatories with good response
MYOCARDITIS	1242378-1	18-29 years	chest pain, elevated troponin, suspected myocarditis
MYOCARDITIS	1242420-1	30-39 years	Patient with cardiogenic shock due to severe myo-pericarditis, severe inflammatory response with high fever up to 104. Cardiogenic shock requiring placement of Impella support.
MYOCARDITIS	1242672-1	18-29 years	Myopericarditis, chest pain, elevated troponin
MYOCARDITIS	1244282-1	30-39 years	chest pain, myocarditis
MYOCARDITIS	1247390-1	18-29 years	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.
MYOCARDITIS	1247978-1	18-29 years	"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.""""
MYOCARDITIS	1248105-1	18-29 years	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.
MYOCARDITIS	1248500-1	18-29 years	Acute myocarditis
MYOCARDITIS	1251643-1	18-29 years	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.
MYOCARDITIS	1252127-1	18-29 years	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.
MYOCARDITIS	1255183-1	40-49 years	"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, Colchicizine, 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."
MYOCARDITIS	1256852-1	18-29 years	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.
MYOCARDITIS	1257176-1	40-49 years	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 the had myocarditis, inflammation of his heart. However, he had not been sick or battling any illness.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1257886-1	30-39 years	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.
MYOCARDITIS	1258085-1	18-29 years	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.
MYOCARDITIS	1259621-1	30-39 years	Patient developed myopericarditis 3 days after vaccination.
MYOCARDITIS	1260787-1	18-29 years	Severe Myocarditis, radiating chest pain, difficulty breathing, dizziness
MYOCARDITIS	1260989-1	18-29 years	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.
MYOCARDITIS	1261543-1	18-29 years	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.
MYOCARDITIS	1262527-1	40-49 years	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 recolectiom 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
MYOCARDITIS	1262834-1	18-29 years	myocarditis requiring hospitalization, drug therapy, fluids
MYOCARDITIS	1262893-1	18-29 years	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.
MYOCARDITIS	1263271-1	18-29 years	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.
MYOCARDITIS	1263276-1	18-29 years	pt admitted as inpatient with congestive heart failure, myocarditis and non sustained ventricular tachycardia
MYOCARDITIS	1263582-1	18-29 years	Myopericarditis
MYOCARDITIS	1263815-1	18-29 years	Patient developed significant myopericarditis requiring hospitalization
MYOCARDITIS	1265584-1	30-39 years	"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 crest 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"
MYOCARDITIS	1266273-1	30-39 years	Patient devloped myopericarditis confirmed by MRI 2 days following 2nd dose of vaccination, COVID negative, Respiratory panel negative
MYOCARDITIS	1267547-1	18-29 years	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.
MYOCARDITIS	1267971-1	18-29 years	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.
MYOCARDITIS	1268870-1	18-29 years	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 cariology 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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1272975-1	30-39 years	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.
MYOCARDITIS	1273145-1	18-29 years	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 fiancT 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.
MYOCARDITIS	1273447-1	18-29 years	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.
MYOCARDITIS	1274031-1	18-29 years	Developed chest pain. Found to have myocarditis. Receiving NSAID for treatment.
MYOCARDITIS	1274364-1	18-29 years	Pt experienced malaise, sibjective 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 ealuation of possible myocarditis.
MYOCARDITIS	1274386-1	18-29 years	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.
MYOCARDITIS	1274613-1	30-39 years	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.
MYOCARDITIS	1274640-1	30-39 years	Heart attack symptoms resulting from cardiac event, leading to hospitalization for 4 days. Diagnosed with Myocarditis.
MYOCARDITIS	1275852-1	30-39 years	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.
MYOCARDITIS	1279292-1	18-29 years	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.
MYOCARDITIS	1280371-1	18-29 years	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.
MYOCARDITIS	1281675-1	18-29 years	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.
MYOCARDITIS	1282301-1	18-29 years	Mycrocarditis, truponin levels were at 20, Diahreah , chest pain, back pain -1 werk
MYOCARDITIS	1282354-1	18-29 years	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.
MYOCARDITIS	1282356-1	18-29 years	Shortly after receiving his 2nd dose, he developed the expected fever, chills, and myalgias. However, he also developed substernal chest pain that was persistent.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1282491-1	40-49 years	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.
MYOCARDITIS	1282821-1	18-29 years	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
MYOCARDITIS	1282926-1	18-29 years	chest pain diagnosed with myocarditis relating to vaccine administration
MYOCARDITIS	1282991-1	18-29 years	Fever, vomiting, diarrhea, headaches, body aches, myocarditis, hypotension
MYOCARDITIS	1284862-1	40-49 years	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.
MYOCARDITIS	1285276-1	18-29 years	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 admininstered 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
MYOCARDITIS	1285538-1	40-49 years	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.
MYOCARDITIS	1285887-1	18-29 years	Chest pain, inpatient therapy 4-17-2021 to 4-19-2021. Discharge diagnosis of myo -pericarditis
MYOCARDITIS	1285944-1	18-29 years	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
MYOCARDITIS	1286393-1	40-49 years	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.
MYOCARDITIS	1286471-1	30-39 years	Myocarditis, elevated troponin
MYOCARDITIS	1286674-1	18-29 years	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.
MYOCARDITIS	1289041-1	18-29 years	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 cardiatric 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 cardiatric 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.
MYOCARDITIS	1289071-1	40-49 years	Myocarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1289438-1	18-29 years	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 Hematoligist 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.
MYOCARDITIS	1289546-1	18-29 years	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.
MYOCARDITIS	1290102-1	30-39 years	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.
MYOCARDITIS	1291851-1	18-29 years	pt developed chest pain the day after the vaccine that worsened over days- presented to hospital on 5-2-21
MYOCARDITIS	1291951-1	18-29 years	vaccine 4/29/21, developed chest pain 5/3/21, cardiac MRI consistent with myopericarditis, peak 5th generation troponin T 1360
MYOCARDITIS	1292638-1	18-29 years	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.
MYOCARDITIS	1292903-1	30-39 years	Symptoms set in approximately at 0400. Numbness in hands/feet, pain on arms, pain in chest, shortness of breath, dizzyness, confusion. Symptoms began subsiding around 0700, and disappeared around 0900-1000, with only a slight tightness in chest remaining. Prescribed ibuprofen, metoprolol, and aspirin.
MYOCARDITIS	1292988-1	18-29 years	Patient developed fast heart rate, chest pain - seen by PMD who admitted patient to hospital cardiac scan showed Myocarditis. Symptoms started 5/1/21
MYOCARDITIS	1293316-1	18-29 years	Myopericarditis
MYOCARDITIS	1294704-1	18-29 years	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 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.
MYOCARDITIS	1295221-1	18-29 years	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.
MYOCARDITIS	1295323-1	18-29 years	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.
MYOCARDITIS	1295341-1	40-49 years	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
MYOCARDITIS	1295940-1	40-49 years	Myopericarditis with fatigue, myalgias, joint pains, and dispnea on exertion since his second COVID 19 shot. Pt also found to have a DVT.
MYOCARDITIS	1296591-1	40-49 years	Dull chest pain which increased with deep breath or bending over. Blood tests revealed extremely elevated Tropinin-i and CRP levels. Required hospital stay, for 2 days
MYOCARDITIS	1299825-1	18-29 years	myopericarditis, chest pain, elevated troponin, EKG changes, moderately decreased LV function (started 3 days after vaccine administration). treated with NSAIDs

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1299978-1	40-49 years	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.
MYOCARDITIS	1300044-1	18-29 years	Myocarditis. Developed severe headache (3 days) with chest pain (for 1 days). Noted to have high sensitivty troponin 6000 > 6000 > 8000. ECHO WNL. CTA heart, WNL.
MYOCARDITIS	1301113-1	18-29 years	Myopericarditis. Chest pain that has now resolved, but continued troponin leak and EKG changes
MYOCARDITIS	1301219-1	18-29 years	Found to have myocarditis with troponin of 8 after presenting with three days of chest discomfort following the vaccine. Normal echocardiogram.
MYOCARDITIS	1301379-1	18-29 years	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.
MYOCARDITIS	1301548-1	18-29 years	Pt developed chest pain , shortness of breath 2 days after initial COVID-19 vaccination he was admitted to Hospital with myopericarditis
MYOCARDITIS	1302279-1	30-39 years	Myocarditis, pericarditis, symptoms of chest pain and abnormal EKG/Troponin. Treated with NSAIDS
MYOCARDITIS	1302423-1	30-39 years	Shortness of breath, swelling, diaphoresis. Diagnosed with myocarditis and acute heart failure which led to cardiogenic shock.
MYOCARDITIS	1302473-1	30-39 years	Acute myopericarditis 24h after 2nd dose
MYOCARDITIS	1302521-1	40-49 years	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 periocarditis 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, irregulary heart beats and am unable to do any physical activity.
MYOCARDITIS	1303262-1	40-49 years	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.
MYOCARDITIS	1303631-1	18-29 years	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.
MYOCARDITIS	1306335-1	18-29 years	Myopericarditis requiring hospital admission. Elevated trop and decreased EF on ECHO.
MYOCARDITIS	1306957-1	30-39 years	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 colchacine anti-inflammatory medication for 3 months and have one follow-up with the cardiologist to come.
MYOCARDITIS	1307084-1	18-29 years	Chest pain, myocarditis, elevated troponin levels.
MYOCARDITIS	1307122-1	18-29 years	myopericarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1307502-1	18-29 years	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 treatment. He is advised to take Tylenol as needed in addition to the above-mentioned medicines should he have any recurrent chest pain.
MYOCARDITIS	1307797-1	18-29 years	Diagnosed myocarditis, ICU x 2 days
MYOCARDITIS	1307848-1	18-29 years	Myopericarditis requiring hospitalization and cardiac MRI. Patient experienced chest pain. Patient treated with Ibuprofen 600mg TID and Colchicine 0.6mg BID.
MYOCARDITIS	1308223-1	18-29 years	Presented with chest pain. Evaluation revealed perimyocarditis
MYOCARDITIS	1309631-1	18-29 years	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.
MYOCARDITIS	1310189-1	18-29 years	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, shortnes of breath, and emesis x1. He was ultimately found to have myopericaridits after being transferred to our facility for cardiac MRI. His troponin peaked at 5.71, had no pericardial effuison, 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.
MYOCARDITIS	1310285-1	18-29 years	Chest pain, elevated troponin. Acute myocarditis confirmed by cardiac MRI
MYOCARDITIS	1310448-1	18-29 years	This is a very pleasant and healthy 21-year-old with history of migraines with aura who presents to the ER 2 days after receiving his second Materna vaccine with complaint of chest pain, myalgias and fatigue. Patient reports normal postvaccination myalgias and fatigue for the last 2 days but had onset of left-sided chest pain that radiates to his upper back and is worse with deep inspiration, some positions and movement of his left upper extremity. He denies cough, shortness of breath or rash. He is low risk for pulmonary embolism with PERC score negative for PE. Screening EKG showed a sinus rhythm with elevated J point in anterior-lateral leads, ? ST elevation in 1 and AVL w questionable reciprocal changes in leads 3 and AVF. Patient went to CXR. Clinically very low risk patient for STEMI from CAD. ? Myocarditis or pericarditis? No hx of stimulant use or early CAD in family. Upon reevaluating the patient, clinically he seems to have musculoskeletal chest discomfort, worse with palpation and movement of LUE. Repeated EKG - showed more definative ST elevation through anterior and lateral leads with reciprocal changes in 2, 3, AVF. Slight ST elevation in AVL. ? Pericarditis vs myocarditis. Will call cardiac alert. Evolving EKG changes. Discussed with ED physician and Interventional Cardiology, we agreed, patient likely has acute myocarditis clinically. Very low risk for CAD. Gave aspirin and heparin. They will evaluate him. Labs coming back... wbc 17.4, normal chemistry. Sending off CRP, ESR. Troponin pending. Patient and family appreciative and understanding. 1710 - Follow up call from cardiology. Stat echo normal wall motion. With elevated CRP and mild trop 1.6, patient has myocarditis with pericarditis. Dr very appreciative for the detailed history and physical. CP free. Holding off on cath lab.
MYOCARDITIS	1310544-1	18-29 years	myocarditis
MYOCARDITIS	1310730-1	18-29 years	myocarditis
MYOCARDITIS	1310821-1	18-29 years	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.
MYOCARDITIS	1311229-1	18-29 years	Myopericarditis, troponin 7.4. Pt admitted to hospital 4/30/2021-5/3/2021. Slightly reduced EF initially, started on heparin drop for c/f LV thrombus. EF normal, c/f LV thrombus resolved at time of discharge. Pt discharged on cochicine x 3 months, to f/u with cardiology.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1311758-1	18-29 years	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.
MYOCARDITIS	1312045-1	18-29 years	Patient admitted to my hospital 4 days after second dose of Pfizer vaccine for Covid with imaging confirmed myopericarditis
MYOCARDITIS	1312600-1	40-49 years	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.
MYOCARDITIS	1314450-1	18-29 years	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.
MYOCARDITIS	1316203-1	18-29 years	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 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 felling 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.
MYOCARDITIS	1316299-1	30-39 years	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.
MYOCARDITIS	1316735-1	18-29 years	Post Vaccine Myocarditis
MYOCARDITIS	1316761-1	18-29 years	Post Vaccine Myocarditis
MYOCARDITIS	1317630-1	18-29 years	Myocarditis
MYOCARDITIS	1317664-1	40-49 years	Myopericarditis.
MYOCARDITIS	1317677-1	18-29 years	Chest pain started 2 days after the second dose of Pfizer vaccine. Found to have myocarditis requiring admission. Full recovery is expected.
MYOCARDITIS	1318207-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1320294-1	30-39 years	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.
MYOCARDITIS	1320301-1	18-29 years	"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 though 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 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"
MYOCARDITIS	1320967-1	18-29 years	Myopericarditis developed significant chest pain, sob on 5/6/2021. hospitalized 5/7/2021.
MYOCARDITIS	1321373-1	40-49 years	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.
MYOCARDITIS	1321408-1	18-29 years	patient had chest pain and SOB Day 2 after vaccine and in ER has signs of myocarditis requiring hospitalization
MYOCARDITIS	1322232-1	18-29 years	Presented with chest pain and dyspnea. Admitted to the hospital. Initially, the diagnosis was NSTEMI. Further testing showed myocarditis.
MYOCARDITIS	1322953-1	18-29 years	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.
MYOCARDITIS	1323080-1	18-29 years	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
MYOCARDITIS	1323865-1	18-29 years	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
MYOCARDITIS	1324462-1	18-29 years	Patient admitted to hospital 3 days later with chest pain, ECG changes, and troponin elevation and was ultimately diagnosed with myocarditis.
MYOCARDITIS	1327018-1	18-29 years	Acute chest pain diagnosed as Myocarditis, 24 hours after the second dose of the vaccine.
MYOCARDITIS	1327087-1	18-29 years	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.
MYOCARDITIS	1327111-1	18-29 years	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 arrhthmia/cardiac function. Troponin peaked at 10.8 on 5/15.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1327242-1	30-39 years	Myocarditis with chest pain, resolved after 48 hours.
MYOCARDITIS	1327392-1	18-29 years	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.
MYOCARDITIS	1327441-1	18-29 years	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.
MYOCARDITIS	1327805-1	18-29 years	Myocarditis with elevated Troponin and chest pain the day after vaccination
MYOCARDITIS	1328759-1	18-29 years	Myopericarditis as demonstrated on cardiac MRI.
MYOCARDITIS	1329571-1	30-39 years	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 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.
MYOCARDITIS	1329937-1	18-29 years	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.
MYOCARDITIS	1330176-1	30-39 years	Severe myocarditis, cardiogenic shock, multiorgan system failure
MYOCARDITIS	1330221-1	18-29 years	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.
MYOCARDITIS	1330340-1	18-29 years	Chest pain, elevated troponin, myocarditis with mild pericarditis
MYOCARDITIS	1330664-1	30-39 years	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
MYOCARDITIS	1330847-1	40-49 years	COVID dose 1: Moderna, Lot# 042B212A, 4/17/21 @ 3:45pm, R arm COVID dose 1: Moderna, Lot# 022C21A, 5/15/21 @ 3:00 pm, R arm Sat 5/15/21 @ 1500: 2nd dose administered. 5/15/21 @ Evening: pt states light fever, took OTC Aleve, fever decreased (symptomatic, temp not measured) Sun 5/16/21 @ 5am: intense chills. Daytime: fevers, pt took Aleve, temp of 102.1 F. Evening time: pt reports having flu-like symptoms, head fog, slept most of day. Mon 5/17/21: felt fine, took morning off from work. Tues 5/18/21 0630am: woke up with chest tightness/pressure, diaphoresis. Pt presented to BI-Milton Hosptial ED, found to have an elevated troponin to 0.35. Cardiac workup for myocarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1330987-1	18-29 years	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.
MYOCARDITIS	1333178-1	18-29 years	After having the shot, hedeveloped 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.
MYOCARDITIS	1333892-1	18-29 years	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
MYOCARDITIS	1333926-1	18-29 years	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 tall 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. 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.
MYOCARDITIS	1334367-1	18-29 years	Myocarditis - Inflammation of heart muscles. (Symptoms: Chest tightness & pain)
MYOCARDITIS	1336470-1	40-49 years	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.
MYOCARDITIS	1336619-1	18-29 years	Myopericarditis
MYOCARDITIS	1336767-1	18-29 years	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.
MYOCARDITIS	1336939-1	30-39 years	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 myocardiatis. 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.
MYOCARDITIS	1337028-1	18-29 years	The patient presented to the emergency department with chest pain. Admitted the hospital and diagnosed with myopericarditis.
MYOCARDITIS	1337030-1	40-49 years	The patient presented to the emergency department with chest and back pain. Admitted the hospital and diagnosed with myopericarditis.
MYOCARDITIS	1337526-1	30-39 years	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.
MYOCARDITIS	1337559-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1337583-1	30-39 years	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.
MYOCARDITIS	1337615-1	18-29 years	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.
MYOCARDITIS	1337663-1	18-29 years	patient diagnosed with MRI confirmed myocarditis following 2nd dose of Pfizer COVID vaccination
MYOCARDITIS	1337709-1	18-29 years	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.
MYOCARDITIS	1338347-1	30-39 years	myocarditis
MYOCARDITIS	1338355-1	18-29 years	myocarditis
MYOCARDITIS	1338373-1	18-29 years	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.
MYOCARDITIS	1340677-1	18-29 years	Acute myocarditis
MYOCARDITIS	1340857-1	18-29 years	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.
MYOCARDITIS	1340895-1	18-29 years	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
MYOCARDITIS	1340977-1	18-29 years	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
MYOCARDITIS	1341001-1	30-39 years	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.
MYOCARDITIS	1341024-1	40-49 years	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 reveled 95% ostial stenosis not consistent with ECG changes. Treated for myopericarditis with NSAIDs and steroids with resolution of chest pain.
MYOCARDITIS	1341167-1	18-29 years	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, Tropnins uptrending from 8, EKG with diffuse ST segment elevation and PR interval depression, clear CXR.
MYOCARDITIS	1341479-1	18-29 years	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.
MYOCARDITIS	1341717-1	18-29 years	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 myopercarditis. Full workup still pending
MYOCARDITIS	1341730-1	18-29 years	Chest pain episodes 1-3 days after vaccine, Cardiac MRI shows small area of acute myocarditis
MYOCARDITIS	1341769-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1341778-1	18-29 years	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.
MYOCARDITIS	1342165-1	40-49 years	NSTEMI and myocarditis
MYOCARDITIS	1342235-1	40-49 years	- 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 catheridisation and MRI, which found that I had inflammation of my heart muscles - treated symptoms with medication and was discharged after an overnight stay
MYOCARDITIS	1342245-1	18-29 years	myopericarditis
MYOCARDITIS	1342312-1	18-29 years	Myopericarditis with chest pain onset 3 days after vaccine dose #2. 1 day after dose #2, patient experienced fevers and chills.
MYOCARDITIS	1342411-1	30-39 years	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.
MYOCARDITIS	1343278-1	18-29 years	Myocarditis, Pericarditis
MYOCARDITIS	1343404-1	40-49 years	Acute coronary syndrome with normal coronary arteries on coronary angiogram. Clinical presentation suggestive of myocarditis.
MYOCARDITIS	1343535-1	30-39 years	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
MYOCARDITIS	1343602-1	18-29 years	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
MYOCARDITIS	1343698-1	30-39 years	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.
MYOCARDITIS	1343845-1	18-29 years	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 aprox. 100 hours after vaccination. Continued use of ibuprofen and colchicine in weeks following as pain slowly resolves.
MYOCARDITIS	1343980-1	18-29 years	Myocarditis with elevated cardiac biomarkers and decreased EF. Patient had chest pain on admission along with nausea, vomiting and diarrhea.
MYOCARDITIS	1344267-1	18-29 years	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.
MYOCARDITIS	1344350-1	18-29 years	Chest pain,
MYOCARDITIS	1344578-1	30-39 years	Diagnosed Myocarditis.
MYOCARDITIS	1344610-1	18-29 years	2 days after 2nd Moderna vaccine, patient felt heaviness in chest, went to hospital, diagnosed with myopericarditis
MYOCARDITIS	1345020-1	40-49 years	Myocarditis, inflammation, heart failure
MYOCARDITIS	1345034-1	18-29 years	Chest pain/pressure Hypertension
MYOCARDITIS	1345257-1	18-29 years	Focal Myocarditis, verified on MRI and Cardiac FDG PET Mild symptoms on presentation to hospital, asymptomatic after discharge. Hemodynamically stable
MYOCARDITIS	1345997-1	18-29 years	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
MYOCARDITIS	1346481-1	18-29 years	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.
MYOCARDITIS	1346483-1	18-29 years	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.
MYOCARDITIS	1346582-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1346797-1	40-49 years	Hospitalized with myocarditis after the second shot
MYOCARDITIS	1346832-1	18-29 years	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.
MYOCARDITIS	1346837-1	18-29 years	Developed severe chest pain, admitted and found to have myocarditis, troponin 8, cardiac cath negative
MYOCARDITIS	1347236-1	18-29 years	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.
MYOCARDITIS	1347238-1	18-29 years	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.
MYOCARDITIS	1347264-1	30-39 years	Acute Myocarditis requiring hospitalization. Treated with supportive care. Symptoms slowly resolving, will follow up with cardiology
MYOCARDITIS	1347321-1	18-29 years	Acute Myocarditis requiring hospitalization
MYOCARDITIS	1347427-1	40-49 years	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 hypokinesis anterolateral wall. Echocardiogram - normal. Diagnosis - Myocarditis
MYOCARDITIS	1347442-1	18-29 years	pt developed myo-pericarditis, admitted to Sunnyside medical center on 3/27/21 overnight. Treated with Ibuprofen and colchicine.
MYOCARDITIS	1347563-1	30-39 years	Suspected myocarditis. Requiring admission for work up, oxygen supplementation, and diuresis
MYOCARDITIS	1347674-1	30-39 years	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.
MYOCARDITIS	1347752-1	18-29 years	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 .
MYOCARDITIS	1347787-1	18-29 years	Myocarditis 5/24/21
MYOCARDITIS	1347844-1	40-49 years	Myopericarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1347853-1	18-29 years	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. 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.
MYOCARDITIS	1348866-1	18-29 years	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.
MYOCARDITIS	1349573-1	18-29 years	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.
MYOCARDITIS	1349586-1	40-49 years	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 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.
MYOCARDITIS	1350338-1	18-29 years	Shortness of breath, myocarditis, fatigue
MYOCARDITIS	1350339-1	40-49 years	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
MYOCARDITIS	1350424-1	18-29 years	Patient presented with a myopericarditis with elevated troponin, normal LV function, normal coronary arteries.
MYOCARDITIS	1350508-1	18-29 years	Per the nursing supervisor and medical records, this patient developed chest pressure, dizziness and shortness of breath 3 days after his second moderna vaccination.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1350570-1	40-49 years	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 TnI 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.
MYOCARDITIS	1350646-1	30-39 years	Jannsen covid-19 vaccine EUA Shortness of breath. Leg swelling. Myocarditis, fluid retention, fatigue, weakness. Heart failure symptoms
MYOCARDITIS	1350827-1	30-39 years	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.
MYOCARDITIS	1350881-1	18-29 years	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.
MYOCARDITIS	1350898-1	18-29 years	Chest pain with EKG changes and elevated troponin - final diagnosis - myocarditis
MYOCARDITIS	1350946-1	18-29 years	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.
MYOCARDITIS	1351044-1	18-29 years	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.
MYOCARDITIS	1351124-1	30-39 years	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
MYOCARDITIS	1351243-1	18-29 years	Myocarditis
MYOCARDITIS	1351319-1	18-29 years	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 second shot. Will be following up with my primary care doctor as soon as possible. Haven?t had time.
MYOCARDITIS	1351476-1	18-29 years	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.
MYOCARDITIS	1351943-1	30-39 years	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.
MYOCARDITIS	1352783-1	30-39 years	Heart beat racing . Severe palpitations. Mri done after several visits to be told i had Myocardiatis.
MYOCARDITIS	1354142-1	18-29 years	Myocarditis requiring transfer to higher level of care and hospitalization x 24 hours, continued mild chest pain.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1354158-1	18-29 years	For the next few days after I received the second dose of the vaccine, I experienced muscle and body aces, 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 foinf 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 frok now. It was also found out through testing that I may have Wolf Parkinson's white syndrome.
MYOCARDITIS	1354208-1	18-29 years	1 day after vaccination developed new HA and nausea 2 days after vaccination developed new SOB, pleuritic chest pain
MYOCARDITIS	1354399-1	18-29 years	"""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 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"
MYOCARDITIS	1354460-1	18-29 years	Chest pain, palpitations. Diagnosed with myocarditis at hospital. (admitted 5/14/21-5/16/21).
MYOCARDITIS	1354522-1	30-39 years	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.
MYOCARDITIS	1354537-1	18-29 years	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 cardiolgist 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 prefer discharge.
MYOCARDITIS	1354571-1	18-29 years	myocarditid
MYOCARDITIS	1354602-1	18-29 years	myopericarditis, HFrEF. medication therapy ongoing
MYOCARDITIS	1355012-1	40-49 years	Generalized fatigue requiring work up with rheumatology. Palpitation, which prompted visit with me. Findings indicative of myocarditis.
MYOCARDITIS	1355197-1	18-29 years	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

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1355261-1	18-29 years	Myocarditis
MYOCARDITIS	1355532-1	40-49 years	"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 (Metopolol Succinate 25MG QID) and anti-inflamatory (indomethacin 25MG TID) with direction to avoid exercise. Light yardwork on 5/22 resulted in patient feeling ""racing heart""."
MYOCARDITIS	1355762-1	40-49 years	SOB, Fever, fatigue, cough Hypoxia, tachycardia, HTN Admitted 5 days after the 2nd dose of vaccination Dx: Myocarditis and Pneumonitis RX: steroid, Diuretic
MYOCARDITIS	1356079-1	18-29 years	Presenting symptom palpitations. Elevated troponin, diagnosed with myocarditis
MYOCARDITIS	1356323-1	18-29 years	Pericarditis and subsequent myopericarditis. Intense chest pain that worsened upon lying down and a low grade fever.
MYOCARDITIS	1357694-1	30-39 years	Chest pain with Myocarditis/pericarditis onset 3 days after vaccine administration
MYOCARDITIS	1357812-1	18-29 years	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 2018He 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 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.
MYOCARDITIS	1358018-1	18-29 years	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.
MYOCARDITIS	1358062-1	18-29 years	ACUTE MYOCARDITIS ABOUT 3 DAYS FOLLOWING 2ND DOSE OF 5 0 COVID-19 VACCINATION. TREATED WITH ANTI-INFLAMMATORY.
MYOCARDITIS	1358097-1	18-29 years	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 Catherization (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 hypokinesis 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.
MYOCARDITIS	1358297-1	30-39 years	-NSTEMI (non-ST elevated myocardial infarction)
MYOCARDITIS	1358379-1	30-39 years	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 waas subsequently transferred to Hospital. After 2 days of testing in cardiac unit final diagnosis was mycarditis with no determined cause.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1358475-1	40-49 years	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 thev accine. 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 heaving 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 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.
MYOCARDITIS	1358576-1	18-29 years	Myocarditis
MYOCARDITIS	1358593-1	30-39 years	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.
MYOCARDITIS	1359015-1	18-29 years	Myocarditis Pericarditis
MYOCARDITIS	1359528-1	30-39 years	Monomorphic Ventricular tachycardia Reduced LV systolic dysfunction Myocarditis
MYOCARDITIS	1359866-1	18-29 years	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
MYOCARDITIS	1359882-1	18-29 years	Acute myopericarditis
MYOCARDITIS	1359899-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1360445-1	18-29 years	"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 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."
MYOCARDITIS	1360693-1	18-29 years	Mayocarditis; 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.
MYOCARDITIS	1360725-1	18-29 years	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.
MYOCARDITIS	1360730-1	18-29 years	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.
MYOCARDITIS	1360931-1	18-29 years	Myocarditis; chest pain, troponin leak, peaked at 0.12. Improved w/ Maalox and Famotidine, essentially self-limited.
MYOCARDITIS	1361223-1	40-49 years	Pericarditis or pleurisy. Was better after three days. Had myocarditits in 2019 and the infection timeline was identical. That one took 6 days to heal.
MYOCARDITIS	1361265-1	18-29 years	Myopericarditis, 3 Days after Vaccination, elevated troponin/NSTEMI, chest pain Treated with high dose ASA/Colchicine per cardiology
MYOCARDITIS	1361342-1	18-29 years	Myocarditis - admission and treatment in Hospital - discharge with treatment ongoing for myocarditis
MYOCARDITIS	1362473-1	18-29 years	"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. """
MYOCARDITIS	1362502-1	18-29 years	-- Myocarditis, i.e. inflammation of the heart myuscle 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.
MYOCARDITIS	1362636-1	30-39 years	Myocarditis.
MYOCARDITIS	1364510-1	18-29 years	started developing chest pressure - admitted in the hospital for myopericarditis
MYOCARDITIS	1364641-1	40-49 years	Chest pain, high blood pressure, troponin elevation with negative coronary angiogram consistent with myocarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1364688-1	18-29 years	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 reloief, 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.
MYOCARDITIS	1365214-1	18-29 years	Severe chest pain requiring a visit to the ER. Patient was admitted into the hospitaland 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.
MYOCARDITIS	1367545-1	18-29 years	Myocarditis
MYOCARDITIS	1367747-1	40-49 years	Myocarditis
MYOCARDITIS	1367760-1	40-49 years	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
MYOCARDITIS	1368155-1	30-39 years	Pericarditis; myocarditis, cardiogenic shock. Supported via ECMO and heart pumps for 1.5 weeks
MYOCARDITIS	1368345-1	18-29 years	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.
MYOCARDITIS	1368362-1	30-39 years	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.
MYOCARDITIS	1368434-1	18-29 years	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.
MYOCARDITIS	1368468-1	18-29 years	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.
MYOCARDITIS	1368539-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1368614-1	18-29 years	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
MYOCARDITIS	1368680-1	30-39 years	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.
MYOCARDITIS	1368816-1	40-49 years	Myocarditis with histiocytic involvment 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.
MYOCARDITIS	1369308-1	18-29 years	acute myocarditis
MYOCARDITIS	1369318-1	30-39 years	acute myopericarditis
MYOCARDITIS	1369323-1	18-29 years	acute myopericarditis
MYOCARDITIS	1369330-1	18-29 years	Acute myopericarditis.
MYOCARDITIS	1369782-1	18-29 years	myocarditis
MYOCARDITIS	1369788-1	18-29 years	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.
MYOCARDITIS	1369804-1	40-49 years	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 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

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1370557-1	18-29 years	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.
MYOCARDITIS	1370570-1	18-29 years	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
MYOCARDITIS	1371082-1	30-39 years	mild myocarditis (tight hear muscle) in day time tightness gets stronger usually at night, causes discomfort in sleeping
MYOCARDITIS	1371251-1	18-29 years	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
MYOCARDITIS	1371355-1	30-39 years	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.
MYOCARDITIS	1371494-1	18-29 years	pericarditis/myocarditis
MYOCARDITIS	1371608-1	18-29 years	The day after (5/14) of receiving the second Pfizer dose, I developed muscle aches, fatigue, and swinging fevers. These symptoms were resolved the next day (5/15), but that night I had an intense episode of chest pain that lasted 5-7 hours. These symptoms went away and then returned again for a second time (5/17) around 4am for around 3-4 hours, while flying back. I went to the hospital and had concerns from doctors over my ECG and raised troponin levels. I spent 2 nights in the hospital and was diagnosed with Myocarditis. This was then validated through an MRI the following day. I am now resting at home for 3 months and taking ibuprofen.
MYOCARDITIS	1371625-1	40-49 years	"Per Client received COVID 19 in right arm on 5/24/2021, soreness at injection site on same day of vaccine. On 5/25/2021 around 4 am, started having chills and headache. On 5/26-5/27/2021 headache worsened and by Friday on 5/28/2021, along with headache, left sided pain in chest and arm. Per patient was taken to ER by wife and admitted to hospital on 5/28/2021. Per Client, was told first by hospital that he was having a heart attack. Client reported having labs collected, EKG, Catheterization and Ultra Sound. Per Client, later diagnosed with ""myocarditis"" and is now taking multiple mediations. Per Client was discharged from hospital on 5/29/2021, that evening. Will be following up with PCP in one week."
MYOCARDITIS	1371649-1	30-39 years	Left ventricle failure, lymphocytic myocarditis Lung bleeding pneumonia
MYOCARDITIS	1371702-1	30-39 years	myocarditis admission to the hospital. tropoinin I peak at 8.9 Normal LVEF and normal coronary CTA admission 5/16-5/18/2021
MYOCARDITIS	1371762-1	18-29 years	18 yo male with no significant PMH presented to the hospital on 6/2/2021 with c/o chest pain and SOB. Per patient and his mother at bedside, he received the second dose of Pfizer vaccine on Sunday. Day after had mild headache, aches, arm pain and abdominal pain. Last night woke up with chest pain and SOB. They called his pediatrician who recommended they come to the ER for evaluation. In ED was found to have elevated troponin and EKG changes. CTA negative for PE. EKG showed ST elevations/ PR depressions inferior/ lateral leads concerning for pericarditis. Patient was seen by cardiology and diagnosis of myo/pericarditis was made. Patient was prescribed Aspirin 325 mg TID and Protonix 40 mg QD for GI prophylaxis. Patient will follow up with the cardiologist 1 week after discharge for further management and medication adjustments.
MYOCARDITIS	1371913-1	18-29 years	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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1372003-1	18-29 years	Patient admitted to hospital on 5/14, found to have acute myocarditis. For viral cause, but given this occurred after vaccination, want to report.
MYOCARDITIS	1372062-1	18-29 years	Mycocarditis. The patient was hospitalized for severe chest pain on the evening of May 26. His chest pain resolved in 12 hours without specific treatment and he was discharged on May 27th. Follow up (by phone) 1 week later (June 3), he reports doing well with no residual symptoms. He is back at work.
MYOCARDITIS	1372114-1	18-29 years	MYOCARDITIS,FATIGUE,JOINT PAIN,PALPITATION AND CHEST PAIN
MYOCARDITIS	1372116-1	18-29 years	She presented with symptoms of palpitations and was diagnosed with myocarditis. She was hospitalized 5/27-5/28/21 and discharged in stable condition.
MYOCARDITIS	1372901-1	18-29 years	Patient appears to have myocarditis/ viral pneumonia, hypoxia on 6/3/21 positive Sars-CoV-2 on viral panel in ED today.
MYOCARDITIS	1374008-1	18-29 years	"ON 3 JUNE 2021 @ 1453, ""25-year-old female who presents to the emergency department with 2 days of worsening left-sided chest pain associated with some myalgias shortness of breath she received her second covid vaccination on the first of June. she also has some bilateral anterior shin pain soreness into her arms as well. Denied any fever and a productive cough any nausea or diarrhea"". Patient was admitted to ICU on 3 June for NSTEMI in setting of chest pain/SOB with elevated TnT. Significant elevation of TnT >3K with unremarkable ECG. TIMI score 1, grace 52. Given her age etiology concerning for possible Myocarditis but will start appropriate tx for NSTEMI and order formal TTE.....Patient has been diagnosed with Myopericarditis. The patient didn't have any significant changes on her EKG, however, she did have elevated troponins up to 3134 ng/L which trended down to 2455 ng/L on recheck. Given the pleuritic nature of her chest discomfort, MD suspected Acute Myopericarditis. She is still symptomatic and thus, MD recommended she take high-dose NSAIDs. MD would not too keen on starting her on steroids and/or colchicine unless she doesn't get better on follow up evaluation. Echocardiogram showed intact ejection fraction. MD have sent off additional labs to look for other causes of myopericarditis. The patient should also be on a low-dose of beta blocker and ACE inhibitor. She'll follow with her primary care provider and cardiology."
MYOCARDITIS	1374497-1	30-39 years	Myocarditis, ST elevation on ECG and elevated troponin, CRP
MYOCARDITIS	1374632-1	30-39 years	Myocarditis. Irregular heartbeat.
MYOCARDITIS	1374713-1	18-29 years	chest pain and developed myocarditis starting 2 days after receiving 2nd covid vaccine
MYOCARDITIS	1374769-1	30-39 years	Myocarditis requiring hospitalization and medication treatment
MYOCARDITIS	1375371-1	18-29 years	The second dose of vaccine was taken on 05/21 Friday at 8:30am. By that evening, I felt the usual symptoms of fever, body ache and chills, which continued for the next 48 hours. By Sunday, 05/23, I was feeling back to normal and in good health. The next morning, Monday, 05/24, I woke up with chest pain, a crushing pain by my heart and I went to the ER. An EKG was taken, and the cardiologist mentioned that it was abnormal and that a catheter angiogram needed to be done to check the arteries. That was followed by and ECG and a MRI and a stay at the hospital overnight. Next morning, the cardiologist told me that I have myocarditis caused by the vaccine and the inflammation is at the tip of the heart. I am currently on medication over the course of the next month, till my follow up visit with the cardiologist.
MYOCARDITIS	1375378-1	18-29 years	Myocarditis
MYOCARDITIS	1376707-1	18-29 years	Symptoms started out with rigors and a fever. This progressed to a diffuse maculopapular rash that resolved within 24 hours. Following day, he was tachycardic and tachypneic when he presented to the emergency department. Ultimately he was found to be in septic shock with myopericarditis. He required pressors. He is currently still in the hospital
MYOCARDITIS	1376899-1	18-29 years	Myopericarditis - chest pain with diffuse STE on ECG and a troponin of >20k
MYOCARDITIS	1376930-1	18-29 years	Few hours after vaccine developed fevers for 2 days which resolved. Then 6/2/21 developed fevers, rash, chest pain, admitted to hospital 6/4/21 with fevers, rash, pancytopenia, pericarditis, myocarditis
MYOCARDITIS	1377360-1	18-29 years	myopericarditis chest pain, persistent tachycardia with ECG changes, elevated troponin
MYOCARDITIS	1377962-1	18-29 years	Pleuritic chest pain, shortness of breath, subjective fever, and malaise within 24 hours. Symptoms and signs consistent with myopericarditis.
MYOCARDITIS	1378135-1	18-29 years	11:05- lightheaded, nausea, chills. Laid on the ground for probably an hour recovering. Once home, I noticed my chest feel a deep sore, achey. I chalked it up to the side effects, until i went mountain biking and had to turn around after there was so much resistance and pressure in my chest. I'm glad I turned around when I did. It continued to be a deep constant pressure for over a week after the shot. Eventually the pressure subsided but I also didn't do any physical activities after the mountain biking experience. As i tld the Dr.s this same story they told me I should have gone to the emergency room... Of course I didn't know, so I went about my life just reducing physical activity. I went in for my second shot today and was informed of the new possible linkage between myocarditis and vaccines. What the Dr.'s described (I had two in the room this time because of the way I reacted to the first shot) was exactly what I felt after the first shot. If I was having the same symptoms, as recently discovered, but only after the first one, I wasn't going to try and find out if I would die from this second one or how much worse the inflammation would be. I will disclose, pertinent or not, that I am a small individual at 5'7, 120.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1378243-1	18-29 years	Patient is a 22 y.o. male with PMH of obesity who presented to ED on 5/22 with c/o chest pain 3 days after receiving his second dose of Pfizer COVID-19 vaccine. Trop elevated to 12.7 and ECG with diffuse ST segment elevation consistent with pericarditis. He had an episode of NSVT. Trop peak 29. Patient was started on ASA + colchicine and metoprolol. TTE revealed LVEF 49% with multiple segmental abnormalities. Due to concern for worsening arrhythmia and possible need for myocardial biopsy patient was transferred to BMMC on 5/23. Cardiology was consulted and cardiac MRI was performed. No further arrhythmias noted on telemetry monitoring. Cardiac MRI revealed LVEF 57% RVEF 53%, no vasodilator induced perfusion defect, delayed enhancement MRI is abnormal, epicardial enhancement of distal anterior and anterolateral walls with small pericardial effusion, consistent with perimyocarditis. Patient chest pain resolved and he denied other associated symptoms.Ttroponin level down to 5, VSS. Medically stable for discharge with no strenuous activities until inflammatory biomarkers normalize and close f/u with cardiology in 1 week. New medications: - ASA 650mg TID for 7 days followed by ASA 325mg daily - Colchicine 0.6mg BID for at least 3 months - Metoprolol succinate 25mg daily Follow up with cardiology clinic in 1 week with CRP, ESR, and troponin
MYOCARDITIS	1378258-1	18-29 years	Patient with no past medical history here with acute myopericarditis post 2nd dose of Pfizer COVID-19 vaccine.
MYOCARDITIS	1378317-1	30-39 years	Chest pain, elevated troponin, suspected myocarditis
MYOCARDITIS	1378388-1	40-49 years	myocarditis, pericarditis
MYOCARDITIS	1378439-1	18-29 years	myopericarditis. chest pain,transferred to hospital.
MYOCARDITIS	1378494-1	18-29 years	Myocarditis/Pericarditis Strong chest pain High fever 24 Hours Strong body aches and headaches Tiredness
MYOCARDITIS	1378993-1	18-29 years	Patient developed chest discomfort on 4/1/21. Troponin peak was 3.030 and EKG showed sinus bradycardia, ST elevation, consider early repolarization. Pt underwent coronary angiogram which showed angiographically normal coronaries. Patient had echocardiogram which showed normal LV and RV systolic function, no pericardial effusion. Patient underwent cardiac MRI which showed LVEF 61%, RVEF 53%, and subepicardial delayed hyperenhancement in the basal and mid infero-lateral walls of LV. This finding was consistent with acute myocarditis. Patient was discharged home with a cardiac event monitor. No medications were prescribed.
MYOCARDITIS	1381102-1	18-29 years	Myocarditis/pericarditis; Myocarditis/pericarditis; This is a spontaneous report from a contactable physician. A 18-year-old male patient received bnt162b2 (BNT162B2 PFIZER-BIONTECH COVID-19 VACCINE), dose 2 intramuscular, administered in Arm Left on 18May2021 (at the age of 18-year-old) as 2nd dose, single for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) intramuscular, administered in Arm Left on an unspecified date for COVID-19 Immunization. The patient experienced myocarditis/pericarditis on 21May2021 17:30. The adverse event result in emergency room/department or urgent care. The patient received treatment for the adverse event included anti-inflammatory medication. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The outcome of the events was unknown. No follow up attempts are possible; Information about lot/batch number cannot be obtained.; Sender's Comments: Based on available information, a possible contributory role of BNT162B2 vaccine can not be excluded for the reported events of myocarditis/pericarditis due to temporal relationship. Case will be re-assessed upon the additional information provided. 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.
MYOCARDITIS	1381670-1	18-29 years	patient received 2nd dose of Pfizer vaccine on 6/5/21. On the evening of 6/7/21 patient developed chest pain. When she woke up at 0530 on 6/8/21 her chest pain was still there. At this time patient developed nausea and was brought to the emergency room. In the emergency room she was found to have a troponin of 1155. She was started on indomethacin and colchicine for myocarditis.
MYOCARDITIS	1381854-1	30-39 years	Chest pain, SOB, DOE Pt presented to hospital - transferred to university hospital - underwent LHC which was clean - Troponin rose to 2.23 - ESR, CRP elevated - active chest pain, EKG w/ diffuse ST elevation - myopericarditis - Cardiac MRI - colchicine/ibuprophen - developed NSVT, required beta blockade
MYOCARDITIS	1381862-1	18-29 years	Acute myopericarditis
MYOCARDITIS	1382002-1	18-29 years	Patient presented to urgent care and then doctor with chest pain that awoke him rom sleep. ECG showed signs of pericarditis. Bloodwork showed very elevated troponin (up to 17.5 ng/ml).
MYOCARDITIS	1382039-1	18-29 years	Acute myopericarditis: chest pain, presenting w/ EKG findings of pericarditis and elevated troponins; improved w/ pain medications and supportive care; no significant complications at time of report (patient remains admitted for care coordination)
MYOCARDITIS	1382121-1	18-29 years	Patient presented with chest pain .troponin peaked at 7.5. Patient discharged hospital with diagnosis of ?myocarditis secondary to moderna vaccination?.
MYOCARDITIS	1382139-1	18-29 years	Patient developed chest pain 5 says after his second Pfizer vaccination. He was admitted to Hospital and diagnosed with myopericarditis. Has ongoing shortness of breath and chest pain currently. He was put on Colchicine, Ibuprofen, and Pepcid and advised to begin light walking daily.
MYOCARDITIS	1382281-1	18-29 years	24 yo G2P1001 at 34w5/7 with EDD 7/9/21 received TDAP vaccination and Janssen COVID vaccination on 6/2/21. Presented to hospital 6/4/21 complaining of squeezing chest pain. Elevation of troponins. CT chest negative for pulmonary embolism or other pathology. Maternal echocardiogram negative for cardiomyopathy or structural heart disease. Leading diagnosis myocarditis with patient treated with IV steroids and hospital observation. Discharged home safely 24 hours following admission.
MYOCARDITIS	1382313-1	18-29 years	myocarditis: presented with 1 day chest pain.
MYOCARDITIS	1382379-1	18-29 years	The patient developed myocarditis several days after receiving the vaccine. He was admitted to hospital and observed for several days before discharge in stable condition.
MYOCARDITIS	1382398-1	18-29 years	Vaccinated 5/20/21. Onset of chest pain 5/26/21. Admitted to hospital 5/28/21. Dx of myopericarditis. Treated with bedrest, analgesia, and telemetry monitoring to r/o ventricular arrhythmias. Patient was recovered 5/30/21 and discharged.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1382459-1	40-49 years	Myocarditis, presented with chest pain ,troponin peaked at 19, had left heart cath that showed normal coronaries
MYOCARDITIS	1382487-1	40-49 years	Pfizer-BioNTech COVID-19 Vaccine EUA: Myocarditis, STEMI Patient received Pfizer COVID vaccines on 4/15/21 and 5/6/21. Patient presented to ED on 5/9/21 with complaints of acute onset substernal chest pain that woke him from sleep. Patient also endorses left arm pain, diaphoresis and nausea. No significant past medical history or family history of heart disease. ECG demonstrated inferior ST elevations. Patient was taken to cath lab and found to have no angiographic evidence of CAD. Patient discharged on aspirin 81 mg QD, Clopidogrel 75 mg QD, Metoprolol 12.5 mg BID, Rosuvastatin 5 mg QD.
MYOCARDITIS	1382523-1	18-29 years	Patient presented with severe crushing chest pain and was found to have elevated troponin levels. He was diagnosed with myocarditis. Echo showed normal heart function. Cardiac MRI was also done and showed normal heart function with a faint scar suggestive of myocarditis. Overall, findings suggested post vaccine related myocarditis.
MYOCARDITIS	1382688-1	30-39 years	"Cardiology Consult: Patient ID: (Name) Date of birth: (Date) Primary Care Provider: (Name), MD Admitting Provider: (Name), MD Admitted: 5/22/2021 Reason for Admission: Chest pain SUMMARIZED H&P: Patient is a 36 year old male with no significant past medical history, healthy gentleman, that presents post covid vaccine with chest pain. He got his second dose of Moderna vaccine on Wednesday and then later that evening developed fevers, chills, body aches and flu likely symptoms. They continued through Thursday evening. He was taking ibuprofen but was having a hard time swallowing it. He started developing neck and chest discomfort and initially thought it was due to difficulty with pills. Symptoms continued through Friday despite the flu like symptoms improving. They talked to a family member that recommended they present for presentation. On presentation EKG showed diffuse ST elevation with PR depression. PR elevation in V4. Troponin peaked at 16.57 and is now 6.59. Echo with normal EF and no effusion. He was started on colchicine yesterday. Tele without any arrhythmias. He reports that symptoms were worse when laying down or taking deep breaths. Has not had any symptoms today. No history of heart disease, exertional symptoms or family history of early CAD Patient Active Problem List: Skin lesion of left leg Anisometropic amblyopia of right eye Myopia of both eyes with astigmatism NSTEMI (non-ST elevated myocardial infarction) PMH: has no past medical history on file. PSH: has a past surgical history that includes pr create eardrum opening,gen anesth (11/06). FH: family history is not on file. SH: reports that he has never smoked. He has never used smokeless tobacco. Social History Occupational History ? Not on file Tobacco Use ? Smoking status: Never Smoker ? Smokeless tobacco: Never Used Substance and Sexual Activity ? Alcohol use: Not on file ? Drug use: Not on file ? Sexual activity: Not on file Allergies: has No Known Allergies. Medications: Prior to Admission medications Medication Sig Start Date End Date Taking? Authorizing Provider fexofenadine (ALLEGRA) 180 MG tablet Take 180 mg by mouth once daily as needed Yes Provider, Historical, MD FIBER PO Take 1 tablet by mouth once daily Yes Provider, Historical, MD ibuprofen (MOTRIN) 200 MG tablet Take 200-600 mg by mouth every 6 hours as needed for Pain Yes Provider, Historical, MD Review of Systems: A 10 point ROS was obtained and was otherwise negative except for chest pressure Physical Exam: GENERAL: thin, well-appearing individual in no apparent distress. Vital Signs:*BP 98/70 Pulse 79 Temp 96.3 ¦F (35.7 ¦C) (Oral) Resp 18 Ht 5' 11"" (1.803 m) Wt 156 lb 6.4 oz (70.9 kg) SpO2 98% BMI 21.81 kg/m2Body mass index is 21.81 kg/m¦. EYES: EOM intact bilaterally. EARS: hearing is grossly intact. NOSE: patent and moist. OROPHARYNX: moist and pink. NECK: supple, no masses, no adenopathy, no thyromegaly, no JVD, no carotid bruits. LUNGS: Clear to auscultation bilaterally. No rhonchi, rales or wheezes. HEART: Regular rate and rhythm, normal S1 and S2, no murmur(s). No rubs or gallops. ABDOMEN: Soft, nondistended. Nontender to deep palpation. No palpable masses, or organomegaly. Positive bowel sounds. EXTREMITIES: No clubbing,cyanosis. no pedal edema. CIRCULATION: 2+ pedal pulses bilaterally. SKIN: No rashes or open lesions. NEURO/PYSCH: No gross focal deficits. Alert and oriented x 3. Appropriate affect and mood. Most recent diagnostics and Labs: Recent Labs Component Name 05/23/21 0808 CHOLESTEROL 142 TRIGLYCERIDE 60 HDL 44 LDL 86 NONHDL 98 Recent Labs Component Name 05/23/21 0808 05/22/21 1415 WBC 6.0 9.1 Recent Labs Component Name 05/23/21 0808 05/22/21 1415 SODIUM 141 140 POTASSIUM 3.8 4.0 CHLORIDE 104 102 CO2 32* 27* BUN 11 8 CREATININE 0.90 0.9 CALCIUM 9.4 9.2 GFR >90 >90 No results for input(s): APT, INR in the last 87600 hours. Echo: ? Ejection fraction is 5560%. Question extremely mild area of inferoapical hypokinesis. ? There is no clinically significant regurgitation or stenosis. ? Pulmonary arterial systolic pressure is within the normal range. ? No significant pericardial effusion. IMPRESSION: Myopericarditis 2/2 covid vaccine - EKG changes and positive troponin - No evidence of effusion - troponin trending down and symptoms are improving PLAN: I reviewed findings with patient and his fiancT. We discussed pathophysiology and treatment. Since he had a difficult time with ibuprofen, we will treat with colchicine for 6 weeks at 0.6mg BID. Discussed side effect of diarrhea. I reviewed recommendations for avoiding strenuous activity and contact sports for 1 month due to cardiac inflammation. I reviewed risk of cardiac arrhythmias with myopericarditis and do recommend continuing with metoprolol on discharge. Recommend follow up with general cardiology in 4-6 weeks for follow up Thank you, (Name), DO Cardiac Electrophysiology"

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1384752-1	18-29 years	chest pain; Caller stated the patient had an EKG showing irregular heartbeat.; diarrhea; Myocarditis; fever; didn't feel well; warm; This is a spontaneous report from a contactable consumer (Patient's Parent). A 19-year-old male patient received bnt162b2 (BNT162B2, Formulation: Solution for injection, Lot number: EW0187, NDC number and Expiration date are Unknown), via an unspecified route of administration, administered in Left arm on 22May2021 11:30 (at the age of 19-years-old) as 2ND DOSE, SINGLE for covid-19 immunisation. The Patient's medical history (including any illness at time of vaccination) was none and concomitant medications were not reported. The patient previously took first dose of historical vaccine, bnt162b2 (BNT162B2, Formulation: Solution for injection, Lot number: EW0176, NDC number and Expiration date are Unknown) via an unspecified route of administration, administered in Left arm on 01May2021 10:30 (at the age of 19-years-old) as single dose for covid-19 immunisation. Additional vaccines administered on same date of the pfizer suspect were none. The patient did not receive any other vaccinations within four weeks prior to the first administration date of the suspect vaccine. Adverse events following prior vaccinations were none. Family medical history relevant to adverse events was none. Relevant tests were unknown. It was reported that her 19-year-old son got the 2nd dose of the vaccine on 22May2021 and 2 days later on 24May2021, he wound up with chest pain and the caller took him to emergency room and the patient was diagnosed with myocarditis and admitted to the hospital. The Reporter clarified the patient's chest pain started when he woke up around 08:30-09:00. On an unspecified date in May2021 at 23:30, the patient had a fever starting about 12 hours from receiving the second dose and it lasted for 24 hours, and the patient didn't feel well on an unspecified date in May2021. At one point he didn't want to wake his parents up around 11:30 p.m. but he was warm on an unspecified date in May2021. At 0600am the next day, the caller took the patient's temperature, and his fever was 100.9 Fahrenheit. The caller carried the patient to the emergency room on 24May2021 due to his chest pain. It was reported that patient's EKG was extremely irregular and caller stated that if it was her or her husband's EKG, they would have been having an MI, but since the patient was only 19, the doctors didn't think MI was possible. The patient was then diagnosed with myocarditis. It was reported that the patient experienced diarrhea on 24May2021. Chest Pain required a visit to Emergency Room on 24May2021 and the patient was hospitalized from 24May2021 to 26May2021. It was reported that, the patient received treatment with Colchicine 0.6 mg (NDC number and Lot number: unknown, Expiration Date: 26may2022) one tablet by mouth twice a day. The patient came home from the hospital with this prescription on 26May2021 and he is still taking this medication. Prescribed to take it twice daily for a month. Famotidine, it is like a Pepcid. 20 mg (NDC number and Lot number: unknown, Expiration Date: 26Mayy2021) one tablet by mouth twice a day for 6 days, because of the heavy dose of ibuprofen and diarrhea. The patient had completed this medication. Ibuprofen 600 mg (NDC number, Lot number: unknown and Expiration Date: unknown) 1 tablet by mouth three times a day for six days and this has script had ended. Caller stated that her son was recovered but that he was still taking the treatment medications at this time. Caller stated that her son's symptoms are improved, he was not complaining of chest pain anymore, she assumes his myocarditis was improved because he was not complaining of the chest pain. The patient underwent lab tests and procedures which included body temperature: 100.9 Fahrenheit on an unspecified date in May2021, EKG (electrocardiogram): extremely irregular on 24May2021, PCR COVID test (sars-cov-2 test): negative on an unspecified date in May2021 while in the hospital. Caller stated the patient had an EKG showing irregular heartbeat.It was reported that the patient had tests but she didn't have results available and the patient had a PCR COVID test in the ER. Caller stated that all of this was related to the vaccine. Caller also stated that she is wondering if her son would have reacted differently if he had gotten the Moderna, but caller and her husband had gotten Pfizer and didn't have any problems. Reporter seriousness for Myocarditis, diarrhea and fever was unspecified. The outcome of the events, Myocarditis, chest pain, diarrhea and irregular heartbeat was recovering and for fever was recovered on an unspecified date in May2021 and for other events was recovered on an unspecified date in 2021. Additional information requested.
MYOCARDITIS	1384941-1	18-29 years	Acute myocarditis, pluritic chest pain, elevated troponins. normal echo
MYOCARDITIS	1385089-1	30-39 years	3 Days after shot tightness in chest occurred, on the 4th morning patient went to Hospital and was admitted with myocarditis and pericarditis following x-rays, ekg, and bloodtests showing elevated troponin and white blood cell count. Next 24hrs patient was monitored, given Indomethacin, and lovenox. Patient responded well with no continued chest tightness and was discharged 5 days after initial vaccine.
MYOCARDITIS	1385217-1	18-29 years	Myocarditis requiring hospitalization
MYOCARDITIS	1385868-1	30-39 years	Pt w/smoking hx and strong family hx of premature CAD p/w worsening severe, dull ache pain radiating in left arm that's been intermittent over past week and associated w/tightness in neck/chest & diaphoresis/SOB. Did receive 2nd Moderna vaccine prior week (5/7 & 6/4) and described feeling poorly x24hr, then started feeling above symptoms. EKGs showed sinus rhythm w/ST elevations (V3-V6), II, & aVF w/troponin 8.32 and 3-hr troponin 13.58. Was admitted & started on hep & nitro gtt, ASA, beta-blocker/ACE-I. CRP=6.1, ESR= 17. CXR was clear. MRI confirmed myocarditis & heart cath revealed no obstructive CAD. Pt improved & was ultimately discharged w/weekly CRP & clinic f/u in 1 mos.
MYOCARDITIS	1387196-1	18-29 years	Symptoms were undiagnosed but correlated to minor myocarditis which included shortness of breath due to chest pain in the heart area, lasted for about 12 hours and treated with 600 MG of ibuprofen, stopped shortly after treatment.
MYOCARDITIS	1387731-1	30-39 years	Heart inflammation; Dry mouth; Sore throat; Chills; Nausea; Fatigue; Cramped legs; Sore arm; Joint pain; Muscle pain; Extreme anxiety; This is a spontaneous report from a contactable consumer (patient). A 35-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Left on 21Apr2021 10:30 at 35-years-old (Batch/Lot Number: ER8729) as 1st dose, single for COVID-19 immunization. There was no medical history. Patient was not pregnant. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. Concomitant medication included paracetamol (TYLENOL). The patient had dry mouth, sore throat, chills, nausea, fatigue, cramped legs, sore arm, joint pain, muscle pain, extreme anxiety, chronic chest pain lasted for 5 days constantly and ER visit Dr. says it was due to the vaccine: heart inflammation. Happened to 50% of chest pain ER visitors due to vaccine 3-4 days after vaccine dose. And should only last 6 days. Heart inflammation should be added to info packet and more studies should be done asap. All events started on 22Apr2021 03:30. No treatment given. Outcome of events was recovered in 2021.
MYOCARDITIS	1388162-1	18-29 years	myocarditis. elevated troponin, ECG changes, good function on echo. treated with NSAIDs
MYOCARDITIS	1388483-1	18-29 years	patient admitted to hospital on 6/8 with myocarditis. He had vaccine on 6/4. He began having fevers 6/5. Also discovered a tic on his feet on 6/5, treated with doxycycline.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1388608-1	18-29 years	Approximately 3 days after receiving the 2nd dose of the Moderna COVID-19 vaccine, this patient developed chest pain. He presented to the hospital where subsequent testing revealed pericarditis and myocarditis. Workup included EKG, labs, CTA of coronaries. His symptoms improved by time of discharge. He followed up as an outpatient and underwent cardiac MRI which confirmed diagnosis of myocarditis.
MYOCARDITIS	1388977-1	40-49 years	Ventricular tachycardia and presumed myocarditis. Was feeling well until 4 days after vaccine developed palpitations found to have monomorphic VT followed by cardiac arrest.
MYOCARDITIS	1389001-1	30-39 years	Myocarditis. Pain in chest, left arm and both sides of jaw. Lasted for about 10 minutes.
MYOCARDITIS	1389233-1	30-39 years	about 2 days of flu-like symptoms beginning at about 8 hours after receiving the second dose of vaccine. symptoms included fever, chills, body aches, mild headache, tiredness, and light shortness of breath, all of which began tapering off going into day 3. chest pain and intense shortness of breath began at approximately 72 hours after receiving the second dose. went to hospital and was treated for possible heart attack until diagnosed with myocarditis.
MYOCARDITIS	1389329-1	18-29 years	Myocarditis developed 2 days after second dose of Moderna Covid19 vaccination. Patient presented with bilateral arm pain, left shoulder pain, and left chest pain that had started at 2300 the night before.
MYOCARDITIS	1390045-1	18-29 years	Pericarditis, myocarditis Extreme chest pain, abnormal EKG, critically high troponin level, echocardiogram, angiogram via right wrist, three day hospitalization. Morphine, toradol, tramadol, aspirin, colchicine, linsopril
MYOCARDITIS	1390954-1	18-29 years	Myocarditis; abnormal heartbeat; intense chest pain; Shortness of breath; The pain in my chest felt like intense bruising. I still feel a sharp bruising pain when I lift something too heavy or turn quickly.; This is a spontaneous report from a contactable consumer (patient). A 22-year-old non-pregnant female patient received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration, administered in Arm Left on 22Feb2021 16:30 (Batch/Lot Number: EL9266) as single dose for covid-19 immunisation at the age of 22-year-old. Medical history included covid-19 prior to the vaccination. No known allergies. Concomitant medications included levothyroxine sodium (SYNTHROID) and levonorgestrel (KYLEENA) (reported as Kyleena IUD). No other vaccine received in four weeks. It was reported that I woke up with intense chest pain two days after the first dose. Thought I was having a heart attack. Now realizing it was Myocarditis. Intense pain when moving and lifting heavy objects. Apple watch detected an abnormal heartbeat which fixed itself later on in the day. I experienced shortness of breath. The pain in my chest felt like intense bruising. I still feel a sharp bruising pain when I lift something too heavy or turn quickly. The events stated on 24Feb2021 08:00. No treatment received, and outcome of events was recovered with sequelae on unspecified date in 2021. The patient hasn't been tested post vaccination.
MYOCARDITIS	1391617-1	18-29 years	Patient hospitalized from 6/10-6/11 for chest pain that started on 6/9/21. Diagnosed with perimyocarditis, elevated troponin peaking at 0.570. EKG and transthoracic echocardiogram done. Will be discharged on ibuprofen and colchicine.
MYOCARDITIS	1391620-1	30-39 years	Myocarditis
MYOCARDITIS	1391922-1	18-29 years	Myocarditis
MYOCARDITIS	1392038-1	18-29 years	Basic symptoms two days after second dose. On the third day (May 3rd) was experiencing chest pain. Hospitalized for two nights. Had echocardiogram and MRI imaging done. Diagnosed with myocarditis.
MYOCARDITIS	1392103-1	18-29 years	Severe chest pain started Thursday evening, May 27th. Chest pain lasted throughout the night but went away. Friday, May 28th chest pain came back at 10:00am and progressively got worse. Chest pain was localized in the mid- sternum region.
MYOCARDITIS	1392682-1	30-39 years	Diagnosed with myocarditis 3 months after receiving the 2nd COVID vaccine. Symptoms included chest pain x 2 overnight. Had upper respiratory infection 6 weeks prior to myocarditis. 2nd COVID vaccine: 1/8/21 Respiratory infection: 2/19/21 Myocarditis 4/7/21
MYOCARDITIS	1392777-1	18-29 years	Myocarditis with troponin I HS 31,561, wall motion abnormalities, LV dysfunction, Improved with high dose IV steroid.
MYOCARDITIS	1392856-1	18-29 years	myocarditis. chest pain, elevated troponin
MYOCARDITIS	1392899-1	18-29 years	Acute myocarditis. Presented with palpitations. He had wide complex tachycardia (diagnosed as fasicular ventricular tachycardia). Required cardioversion. Started on metoprolol. Hospitalized two days. Send home with LifeVest.
MYOCARDITIS	1392900-1	18-29 years	3 days after vaccination had acute onset of burning chest pain, worse with lying down and deep inspiration. Initial EKG was normal but then developed ST changes. Presented to ED where troponin was elevated to 6259, peaked at 7595. MRI in hospital was consistent with myopericarditis. Discharged 6/11/21 on cochicine.
MYOCARDITIS	1394450-1	40-49 years	I started to feel that my heart was gradually becoming achy. Once the chest pain started, my pain was a 3 on scale of 0-10. Over the course of the day, my chest pain increased to a 10. I was feeling as if an elephant was sitting on my chest. I was feeling like I couldn't catch my breath and was only able to sit tripod position. I tried to lay down, the pain became unbearable. I was unable to climb a flight of stairs and decided to go to the Emergency Room. They did bloodwork, a chest X-ray, and an EKG. They said that the bloodwork/enzymes and EKG were incongruent with having a heart attack and a pulmonary embolis. They said that my chest x-ray showed an inflamed chest wall- myocarditis
MYOCARDITIS	1394568-1	18-29 years	Myocarditis
MYOCARDITIS	1394749-1	18-29 years	myocarditis, positive trop
MYOCARDITIS	1394770-1	18-29 years	Myocarditis
MYOCARDITIS	1394857-1	40-49 years	Myocarditis, Pericarditis, passing out, vomiting
MYOCARDITIS	1395022-1	30-39 years	24 hours: Acute Myopericarditis, Difficulty breathing, Heavy chest Within hours: Fever, Severe Chills, extreme fatigue
MYOCARDITIS	1395086-1	30-39 years	Myocardis, chest pain, palpitations, shortness of breath

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1395092-1	18-29 years	2 DAYS AFTER VACCINE PATIENT WAS AT WORK AND STARTED TO GET CHEST PAIN, SHORTNESS OF BREATH, FELT LIKE AN ELEPHANT ON CHEST, LEFT WORK AND WENT TO AREA ER HOSPITAL IN . THEY GAVE HER A CHEST X RAY, EKG AND WAS TOLD WAS POSSIBLE MYOCARDITIS AND WAS GIVEN A STEROID AND TO FOLLOW UP WITH DR. WAS TOLD NOT TO GET THE SECOND DOSE OF THE PFIZER COVID 19 VACCINE. PATIENT DID NOT PRESENT ANY PAPER WORK OR HAVE THE NAME OF THE ER PHYSICIAN. PATIENT REPORTED THIS INFORMATION TO PHARMACY 6/13/21 AT 3: 33PM . PATIENT STATES SHE STILL FEELS LIKE SHE HAS BRONCHITIS. NO REPORTS FROM A FAMILY PHYSICIAN GIVEN. PATIENT WAS ASKED WHEN HER NEXT APPOINTMENT WAS AND IF A FOLLOW UP EKG OR CHEST XRAY AND TO BE DONE, SHE WAS NOT SURE.
MYOCARDITIS	1395199-1	30-39 years	Patient presented with substernal chest pain and was found to have an elevated troponin. He was taken for coronary angiography which showed no obstructive CAD. A subsequent cardiac MRI was consistent with subacute/resolving myocarditis.
MYOCARDITIS	1395661-1	40-49 years	myocarditis
MYOCARDITIS	1395830-1	18-29 years	Recipient presented at hospital with chest pain, shortness of breath and fever. Diagnostic workup showed elevated troponin levels and sinus bradycardia with myocarditis.
MYOCARDITIS	1395838-1	18-29 years	The evening after receiving the vaccine, pt began having headache, lightheadedness, shortness of breath, nausea, loss of appetite. Th next day (6/10) she notedmyalgias in lower back and hips with shooting pains in her knees and vomiting. She also noted mild fever and chills, nasal congestion and discharge with mild sore throat, and substernal chest discomfort. She described it as tightness with radiation to her throat and jaw, and right arm, witout radiation to her back, not associated with nausea, but is associated with shortness of breath and diaphoresis. Chest discomfort worse with lying down. Rapid COVID test negative. Upon arrival to ED on 6/11, her troponin was mildly elevated (0.039ug/L), D-dimer elevated at 348ng/mL, CRP also elevated at 5.96 mg/dL. ED physician diagnoses acute myopericarditis and patient was admitted to Critical Care Unit. On 6/13/2021 patient was discharged stable (limited bedside echo showed small pericardial effusion). Pt denies pleuritic chest pain on day of discharge.
MYOCARDITIS	1395886-1	18-29 years	Myocarditis Chest pain Brain fog memory Veins High blood pressure
MYOCARDITIS	1395914-1	18-29 years	Vomiting and chest pains. Went to the ER on 6/8/2021 was admitted and diagnosed with myocarditis.
MYOCARDITIS	1395941-1	18-29 years	Chest pain and clinical signs and symptoms consistent with myocarditis/pericarditis
MYOCARDITIS	1395950-1	18-29 years	Fainted (05/31/21), pallpitations, heart skipping beats. Went to ER, high troponin levels. Tests done, blood work, chest x-ray, echocardiogram, ct scan, cardiac catheritization, cardiac MRI. Was admitted for two nights at the hospital. Released on 06/02/21
MYOCARDITIS	1396013-1	18-29 years	22M hx asthma recieved Moderna dose #2 on 6/10. Within 12 hrs developed shortness of breath, and chest pain. Presented to this hospital's ED in this setting. On arrival he was not exhibiting symptoms of asthma exacerbation. The chest pain improved with sitting up and leaning forward.
MYOCARDITIS	1396017-1	18-29 years	Myopericarditis
MYOCARDITIS	1396040-1	40-49 years	Patient woke up on 5/26/2021 at 8:00AM feeling extremely tired and fatigued. She was not able to get out of bed for three days. She still felt bad on 5/29, but was able to get out of bed. On 5/30/2021 she felt a lot better and was able to do her normal daily activities. On 6/2/2021 she woke up and had slurred speech and was really tired and fatigued again. She went to bed hours earlier than normal. Her husband four her unresponsive by her bed later that night. The patient could not move her lower extremities and could not open up her hands or even talk. She had to be helped back onto her bed. They called 911 and when the ambulance arrived the patient's husband said the patient had a blood pressure of 70/??. They brought her to the hospital where he said they diagnosed her with pneumonia and myocarditis. She was in the hospital from 6/3/2021 at 2:00 am until 6/13/2021 12:00PM. She still has a lot of weakness and cannot walk far without being out of breath and exhausted.
MYOCARDITIS	1396277-1	18-29 years	Patient developed myopericarditis 2 days after the second COVID-19 vaccine dose.
MYOCARDITIS	1396288-1	18-29 years	Patient developed myopericarditis two days following second dose administration. Patient had two days of chest pressure in the substernal chest
MYOCARDITIS	1396321-1	18-29 years	Acute Myocarditis, pericarditis. Admitted to hospital
MYOCARDITIS	1396812-1	18-29 years	I suspect I had a mild case of myocarditis - the morning after my second COVID shot, I woke up with a heart rate over 100bpm (according to my Apple Watch). My normal resting rate is about 60bpm, so this was a huge jump. Even though I spent most of the day in bed, my heart rate continued to be over 100bpm. In addition, I had chest pain in my heart area (it hurt every time I breathed deeply), along with a 100 degree Fahrenheit fever, chills, and aches. Most symptoms went away after a day of first appearing, however my chest pain persisted for another 3-4 days. The first day I worked out after my second shot (~9 days after), I also had heart pain that I had never experienced before. I did not go to the doctor as I thought it would go away on its own, which it eventually did after about 12 days after my second shot.
MYOCARDITIS	1397015-1	30-39 years	Myocarditis-Severe fatigue and chest pain amd shortness of breath for 7 days beginning 3 hours after injection and occurred after any small physical exertion like taking out the trash or walking 2 blocks (lingering moderate fatigue and some chest soreness still remains today), migraine for 3 days beginning 2 days after injection, left upper arm pain (sore) for 3 days beginning 12 hours after injection, sporadic mild running nerve pain for 7 days beginning 2 min after injection (no pain during injection itself), cold chills for 3 days beginning 24 hours after injection.
MYOCARDITIS	1397513-1	30-39 years	chest pain, started 2 days after 2nd pfizer vaccine, went to primary care doctor who did an ECG, show sT wave changes, they sent to ER immediately. Was sent to Cardiac care unit, had echocardiogram and cardiac cath showing pericardidtis and myocarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1398487-1	30-39 years	Myocarditis; This spontaneous case was reported by an other health care professional and describes the occurrence of MYOCARDITIS (Myocarditis) in a 30-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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 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. In February 2021, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized on sometime in February 2021 due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant medications were not provided by the reporter. Treatment information was not provided. Based on the current available information and temporal association between the use of the product and the start date of this event, 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 this event, a causal relationship cannot be excluded.
MYOCARDITIS	1398688-1	18-29 years	myocarditis - chest pain, elevated troponin to 0.09. Normal EKG.
MYOCARDITIS	1398813-1	18-29 years	PATIENT HAD EPISODES OF ANGINAL CHEST PAIN BEGINNING AFTER 2ND COVID VACCINE, EVENTUALLY PRESENTED TO ER + DAYS AFTER VACCINATION. ECG WITH SR. < 1 MIN ST ELEVATION INFERIORLY. ECHO W/ MILD INFEROBASIC HYPOKINESIS BUT NORMAL LVEF SSY.. LHC SHOWED NORMAL CORONARY ARTERIES. TROPONIN 5.19 -> 13.5 -> 4.07 (ALL ABNORMAL) DX WITH MYOCARDITIS/PERICARDITIS. RECOVERED WELL WITHOUT COMPLICATIONS. TX INCLUDED NSAIDS, COLCHICINE.
MYOCARDITIS	1399142-1	30-39 years	I am a nurse practitioner who admitted a male in his late 30s to the hospital about 4 to 6 months ago. Two weeks after receiving the second Modern vaccine he developed chest pain with significantly elevated cardiac markers/troponin. Angiogram at the time was unremarkable. Symptoms were attributed to myocarditis at the time. I don?t have the patients name but could find it if needed. At the time this was not a common adverse reaction seen after Covid vaccine. Now that there?s been an increase in cases of myocarditis following the Covid vaccine I feel I should report it.
MYOCARDITIS	1399189-1	30-39 years	On 6/11/2021, patient presented to the Emergency Department complaining of chest pain that started initially in the evening of 6/10, which had initially self-resolved, but has since recurred, now also with shortness of breath. Troponin was significantly elevated on presentation at 16.3, and 12-lead EKG showed an abnormal rhythm concerning for STEMI vs perimyocarditis. After negative cardiac/embolic work-up in cath lab & CT imaging, myocarditis was felt to be the most likely cause of this patient's symptoms. On the following day, patient was noted to have brief bursts of Vtach, for which metoprolol was initiated. The patient was subsequently discharged home in stable condition on 6/13/2021.
MYOCARDITIS	1399453-1	18-29 years	Vaccinated on Friday AM. Typical fever chills of vaccine about 10 hours later. Pt was taking NSAIDS, and symptoms continued Sat and Sun getting worse Sunday Night. Woke up Monday AM with severe CP 8/10. Came to ER. Found to have Trop HS of 222, EKG changes with diffuse ST elevation, and preserved EF. diagnosis of perimyocarditis and actively recovering. Treated with anti inflammatory medications.
MYOCARDITIS	1399455-1	18-29 years	Early the next morning after the vaccine I woke up feeling like my chest was caving in. Felt as if I had 30 bricks on my chest causing SOB. 6/10 I was transported to the ER where an EKG was performed resulting in having a combination of Peri and Myocarditis. Various test and CBC was perfomed resulting in my troponin levels being very elevated and never went down so I was admitted and more test were performed. My BP was low during the entire stay but there wasnt much treatment d/t me being pregnant so I was monitored to ensure the symptoms didnt worsen and was released after 2 days. EDD-1/27/2022
MYOCARDITIS	1399968-1	18-29 years	The adverse side effects were myocarditis. I went to the hospital and they ran many tests to confirm this was the outcome due to the vaccine
MYOCARDITIS	1400416-1	18-29 years	On Friday, May 14, 2021 started to have aches and flu-like symptoms. Then on Saturday, May 15, 2021. developed a migraine-like headache and chest pain along with worsening flu-like symptoms. By midnight Sunday, May 16, 2021 awoke with 8-9 out of 10 chest pain, with copious amounts of vomiting, a 9 out of 10 headache, abdominal pain with a feeling of hot than freezing, shivering, unable to keep clear liquids down. No loose stools, reported having a normal bowel movement. reported that since the vomiting started overnight the chest pain got no better but felt worse like an elephant was sitting on his chest. was taken to Hospital emergency department where he was originally treated, Tests performed were bloodwork including Troponin levels, EKG, Chest X-Rays, and CT scan. Per the Physician Assistant who initially saw stated that his EKG was abnormal than his Troponin level was elevated. Due to concerns withs history of Marfan Syndrome and the possibility of a torn aorta, increased Troponin, abnormal EKG the ED doctor wanted him helicoptered to Hospital's Cardiac Cath Lab to rule out a torn aorta. was helicoptered to Hospital taken to the Cardiac Cath Lab ruling out a torn aorta. After IV fluid hydration and other treatment, was diagnosed with myocarditis. Upon discharge, was placed on medication and to follow up with his PCP and cardiologist on 6/25/21.
MYOCARDITIS	1402420-1	40-49 years	Myocarditis and Pericarditis
MYOCARDITIS	1402643-1	18-29 years	Patient had and uneventful COVID 19 infection in Dec 2019. Recovered quickly and completely. Had Moderna Vaccine April 29, 2021 with only a temporary low grade fever as the side effect. Underwent his second Monderna vaccine June 6, 2021 and 2 days later developed a high grade fever and severe chest pain. Admitted to the hospital and had a positive troponin I to 18. Also COVID SARS 19 PCR positive on admission. Cardiac Cath showed normal coronaries with non thrombosis. Cardiologist confirmed acute myocarditis due to troponins, chest pain, and segmental wall motion abnormalities by Cath and echocardiogram. ID has been consulted and confirmed diagnosis as well.
MYOCARDITIS	1402900-1	18-29 years	A patient with no past medical history presenting with Myocarditis following Pfizer-BioNTech COVID-19 vaccination. The patient received Colchicine 0.6 mg daily with subsequent resolution of symptoms.
MYOCARDITIS	1403282-1	18-29 years	A patient with no past medical history presenting with chest pain and troponin leak 2 days following Pfizer COVID-19 vaccination. LHC was negative. Work up and imaging was consistent with Myocarditis. Echocardiogram was consistent with mildly reduced systolic function. The patient was discharged with pain and anti-inflammatory medications. Additionally, the patient had several runs of non-sustained Ventricular tachycardia and was tachycardic for which Beta-blocker was started.
MYOCARDITIS	1403370-1	18-29 years	Admitted to Hospital on 6/11/21 with 2 day history of chest pain. Treated with Ibuprofen, Aspirin, Colchicine. Discharged home on 6/16/21
MYOCARDITIS	1403397-1	18-29 years	Myocarditis. Chest pain, shortness of breath, pain when leaning over or increasing heart rate, referred pain in left shoulder

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1403594-1	40-49 years	Myocarditis, heart working at 20% function
MYOCARDITIS	1403701-1	18-29 years	The patient presented 3 days after receiving the 2nd dose of Moderna vaccine with chest pain. Initially, the patient was started on Heparin drip, a beta-blocker, high-intensity statin, and aspirin. Cardiac MRI showed evidence of myocarditis with normal biventricular systolic functions. An echocardiogram showed a normal Ejection fraction with apical hypokinesis. The patient was discharged on aspirin only. In the last follow-up visit, the patient denies any recurrence of chest pain.
MYOCARDITIS	1403703-1	40-49 years	Elevated heart rate, led to arrhythmias on Sunday 5/16 - 48 hours after my 2nd dose. Apple Watch indicated AFib several times that day. Went to sleep and heart arrhythmia woke me out of my sleep at 4am on Monday 5/17/21, so I went to the ER to get checked out. In the hospital, I was diagnosed with myocarditis, was held there for 4 nights for monitoring and am still taking medication to keep it under control.
MYOCARDITIS	1403746-1	18-29 years	The patient presented 2 days after receiving the 2nd Moderna Vaccine with worsening acute onset right-sided lower chest pain and right upper quadrant abdominal pain associated with shortness of breath. CT pulmonary embolus protocol showed subsegmental pulmonary embolus with evidence of pulmonary infarcts for which the patient was started on an anticoagulant. An echocardiogram showed a mild to moderate decrease in LV systolic function with global hypokinesis. Cardiac MRI findings were consistent with acute myopericarditis with underlying non-ischemic cardiomyopathy disproportionate to the degree of myocarditis. The patient was discharged on a beta-blocker.
MYOCARDITIS	1403790-1	18-29 years	myocarditis - admitted to the hospital 6/14 with chest pain.
MYOCARDITIS	1404010-1	18-29 years	Chest and neck pain, shortness of breath, slight nausea, hot flashes Chest pain was from myopericarditis- inflammation of heart
MYOCARDITIS	1406814-1	18-29 years	diagnosis and hospitalized with myocarditis
MYOCARDITIS	1407172-1	18-29 years	chest- elevated troponin Myocarditis
MYOCARDITIS	1407651-1	18-29 years	Second dose of Pfizer Covid19 vaccine on 07June2021. Onset of pleuritic chest pain on 10June2021 with elevated troponin. Cardiac MRI with epicardial and sub-epicardial enhancement consistent with myocarditis. Also meeting diagnostic criteria for pericarditis. Evaluation for other potential causes negative. Currently undergoing treatment for myopericarditis.
MYOCARDITIS	1407871-1	18-29 years	started on 6/16, 36 hours ago, chest pain, chest pressure, myocarditis, elevated troponin
MYOCARDITIS	1408027-1	30-39 years	Per family, patient reported to have been experiencing fatigue for several days after receiving Covid vaccine. On 6/15/21, patient's significant other discovered patient in bed, not breathing, with ashen appearance, uncertain how long it had been since patient was last breathing. EMS was contacted, CPR was given and patient was transferred to Emergency Department at the hospital. Diagnosis of Cardiologist is cardiac arrest, NSTEMI (suspects type 2). Per cardiologist, patient appears to exhibit cardiomyopathy, etiology difficult to ascertain (patient's family/acquaintances have endorsed periodic use by patient of anabolic steroids in the past, making it more difficult to rule out source of cardiomyopathy.). Physicians involved are reporting this case in the event that this may be a case of vaccine-induced myocarditis, although no diagnosis as such has been made.
MYOCARDITIS	1410135-1	30-39 years	Myocarditis
MYOCARDITIS	1411295-1	18-29 years	Myopericarditis. Symptom onset 45 hours after dose was given.
MYOCARDITIS	1411526-1	18-29 years	Myocarditis/Pericarditis. Prior to hospitalization for Myocarditis/Pericarditis the patient had severe headache, fever/chills, temperature ranging from 100.8 to 104 degrees, right side mid back pain, brief moments of random intense pain in other parts of the body, lack of appetite and excessive fatigue.
MYOCARDITIS	1412460-1	18-29 years	Woken up by a sharp pain in my chest; Myocarditis; This is a spontaneous report reported by a contactable consumer. A 23 years old male consumer (patient) reported for himself that he received the second dose of (Pfizer-BioNTech COVID-19 Vaccine, Batch/lot number ER8727) at single dose for COVID-19 immunisation on 19Apr2021 at 01:00 PM. Relevant history included Anxiety, Depression and Other mental health related illnesses. The medications that patient received within 2 weeks of vaccination included: fluoxetine hydrochloride (PROZAC), bupropion, nortriptyline. The patient previously received the first dose of Batch/lot number: ER8727, for COVID-19 immunisation on 29Mar2021 at 01:00 PM. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Several days after receiving the second dose, the patient was woken up by a sharp pain in chest on 28Apr2021. After two days in the hospital he was told he had Myocarditis and was prescribed Colcrys and a large dose of Ibuprofen. The patient was still being seen for follow ups in regards to this. Outcome of event was unknown. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient had Nasal Swab (COVID-19) test on 28Apr2021 and 12May2021, both negative result.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1412462-1	40-49 years	"Angina like symptoms/Pressure and sharp pain around heart; may be she had got myocarditis or something; lightheaded/dizzy; Pressure and sharp pain around heart; Inflammatory markers higher than normal; chest pain just solely around heart; This is a spontaneous report from a contactable consumer(patient, not pregnant). This 43-year-old female patient received 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EW0158) at single dose via an unknown route in left arm on 07Apr2021 10:00 AM at 43-year-old for Covid-19 immunization. Medical history included known allergies with penicillin, dust, cats, dogs, horses. Patient weight was 203 (pounds). Prior to vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine, no any other medications the patient received within 2 weeks of vaccination. About 30 minutes after being vaccinated patient was very lightheaded/dizzy. The vaccination site was less than 7 minutes from home but she had to pull over and ask her husband to stay on phone with her. Angina like symptoms developed within an hour. Pressure and sharp pain around heart (only.) Advice nurse was called. Patient saw primary care facility, EKG was done. Patient was referred to Cardiologist, had two tests and ECHO done. Both test showed inflammatory markers higher than normal. It was further reported that what happened was right after she had the vaccination, she felt this sort of pressure in chest and it was only, they thought that may be she had got myocarditis or something. And it was like it lasted about 4 to 5 weeks and it was actually to the point where the doctor, cardiologist wasn't sure if he wanted to take the second vaccine. He wanted to wait until the results of echo came back and even though there was slight, patient did not know what they would call it vibration or abnormality very small. He notice, he thought she would be okay. She had ad chest pain just solely around heart, it wasn't anywhere else and just kind of this heavy sort of like pain, but it wasn't heart attack and she did not have any underlying health conditions over all, she was pretty healthy. Event onset date was 07Apr2021, the day that she took the shot. Pain around heart had dissipated. Outcome of ""may be she had got myocarditis or something"" was unknown. Outcome of the other events was resolving. Reporter seriousness for the report was unspecified. The adverse event result in Doctor or other healthcare professional office/clinic visit. Since the vaccination, the patient had not been tested for COVID-19. Patient had both of vaccinations as of 05Jun2021 but she believed was an adverse reaction to the first."
MYOCARDITIS	1412624-1	18-29 years	6/15 Headache, swelling L axilla, by 6/18 - chest pain, pressure. ED visit: testing revealed increased troponin and pos D Dimer. Cardiologist consulted, hospitalized on telemetry while waiting for transfer. Diagnosis myocarditis. Medicated with toradol, ativan initially with good response. Later dexamethasone for myocarditis and metoprolol for tachycardia. Hospitalized, still awaiting transfer at the time of this report.
MYOCARDITIS	1412862-1	18-29 years	The patient received his 2nd Pfizer COVID vaccine Tuesday 6/15/2021. Friday morning 6/18/2021 he started having tight chest pain 9/10. He came to the hospital and was found to have myocarditis. He was treated with NSAIDs and colchicine to good effect. His chest pain resolved after a couple days.
MYOCARDITIS	1412898-1	18-29 years	I felt the typical symptoms after dose #2 the following day (Saturday, April 3rd, 2021) These symptoms included fever, feeling weak and having chills at night. However, those symptoms subsided by Sunday, April 4th, 2021. Instead, I began to have very odd chest pains that I have never had before. I went to the ER and they believed it was due to me taking too much ibuprofen for my fever symptoms which would give me heart burn and said it could be a symptom from the vaccine. The night thereafter I woke up due to an earthquake and felt the chest pain only much worse. I immediately went to the ER again.
MYOCARDITIS	1413200-1	18-29 years	myocarditis/pericarditis
MYOCARDITIS	1413201-1	30-39 years	Chest and left arm pain occurred the night of 6/18/21 with NSTEMI noted (elevated troponin with no acute ischemia on EKG). Thought to be from myocarditis. Patient started on aspirin and metoprolol as per Cardiology consult.
MYOCARDITIS	1413405-1	30-39 years	On 6/19/21, while in ED noted to be diaphoretic with crushing substernal chest pain. Noted to have ST elevations on anterolateral leads and trop elevation that peaked at 9.35. Patient taken to cath lab without evidence of coronary artery disease. ECHO with global hypokinesis with estimated EF 40-45%. Our top differentials at this time being myocarditis vs. spasm. He is going for cardiac mri 6/21.
MYOCARDITIS	1413599-1	30-39 years	He had fever and muscle aches 1-2 days post vaccine but on day 3 post vaccine he got chest pain and was found to have elevated troponin c/w myocarditis. cardiac MRI pending.
MYOCARDITIS	1413886-1	18-29 years	Myo-pericarditis, diffuse ST elevations and elevated troponins. Left heart cath showed no evident coronary disease.
MYOCARDITIS	1414350-1	18-29 years	First dose of Pfizer - 03/06/2021 at a Coliseum. Second dose of Pfizer - 04/03/2021 at pharmacy. Presented to the ED at on 5/9/21 with fever to 39.6C, HR 120s, throat pain, myalgias, headache, improved with IVF, tylenol, ibuprofen. Re-presented to ED on 5/13/21 with fever 39.5C, HR 120s, chest pain, dyspnea on exertion limiting her ability to walk >2 blocks as well as the remainer of her prior symptoms, with troponin 1.95 and TTE with new pericardial effusion. No sick contacts. Admitted at hospital 5/13 - 5/16 for myopericarditis, improved with colchicine, ibuprofen, and fluids. Sx persistent at post-discharge clinic visit.
MYOCARDITIS	1414589-1	18-29 years	Chest pain, shortness of breath, high body temperature, feeling tired - hospitalised and diagnosed with acute myocarditis of medium severity, should do no phisycal activity for 6 months
MYOCARDITIS	1415054-1	18-29 years	Myocarditis: presenting with body ache, left sided chest discomfort. Moderna vaccine #2 6/4/21.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1415081-1	30-39 years	Four days after my first dose of the vaccine, I developed constant heart palpitations like I had never experienced before. I went to the ER on the 5th day after the dose, was monitored, and found to have frequent PVCs. I followed up with my PCP and a cardiologist, who had me try Atenolol, which did not improve the palpitations, and which I could not tolerate, and then Diltiazem which also did not improve the palpitations and which made me very sleepy and unable to go to work. My original bout of palpitations occurred for 5 days straight, 24hrs/day. On the 6th day after the first dose, they felt mostly gone. Even though I was very afraid to get the second dose because of my reaction from the first dose, I was advised by the cardiologist to go ahead and get the second dose. I did not have palpitations from the 6th day after my first dose until my second dose on 2/19/21. But they started again, just as frequent and constant as before, on the 7th day post my second dose (2/26/21). From that time until now, I have been experiencing very frequent bouts of the constant PVC palpitations. They used to last about 5 days at a time and give me a break for about 5 days without them, but over the last few months they have become more frequent, lasting 14 days at a time with only a day or two without them. Now I am at the point where they never seem to go away. My symptoms have progressed over the last few months including extreme fatigue, lightheadedness, dizziness, impaired activity tolerance, and fleeting chest discomfort and pain. Due to my frustration of having worsening symptoms and progressing to the point where I was struggling to get through my work day and had very limited ability to do any daily activities outside of work, I sought a second opinion from a different cardiologist (the one listed above). He ordered and echocardiogram and determined that I have myopericarditis. I am now taking Colchisine to try to decrease inflammation, but this treatment only started about 1 week ago.
MYOCARDITIS	1415115-1	18-29 years	21-year-old male with no significant past medical history who received his second vaccine of the Pfizer COVID series on Wednesday, 16JUN21. Afterwards, he developed myalgia and chest pain that began on 17JUN21, which worsened prompting his arrival to ED. His troponin was found to be elevated and there were non-specific ST elevations on his electrocardiogram so he was admitted for observation while starting colchicine for myocarditis. His chest pain resolved in the emergency department prior to admission and did not return during his stay. His troponin peaked and down-trended. The findings on his electrocardiogram resolved. A formal echocardiogram was performed on 21JUN21 with no significant findings. He is to continue on colchicine 0.6mg PO BID for 3 months (END 8/11/21) and then follow up with cardiology for possible further workup if needed.
MYOCARDITIS	1415248-1	30-39 years	3 weeks after first shot had first case of tachycardia, then two weeks after second shot started having shortness of breath with exertion more frequently. Tachycardia episodes then became more frequent with exertion. May 27th ended up admitted to the hospital, with any exertion heart rate was over 140-150. Chest pain, dizziness, SOB, extreme exhaustion. Diagnosed with myocarditis at urgent care. Echo shows LV hypertrophy, trace leaking of all four heart valves, possible SVT.
MYOCARDITIS	1415514-1	30-39 years	Myocarditis, trouble breathing; 2 days ago I had headache, I sneezed a lot, short sneezes, and my eyes were crying unitentionally.
MYOCARDITIS	1416192-1	30-39 years	Chest pain. Urgent care doctor took ECG & advised patient to go to ER. Blood work, xray, ECG within normal range so Dr. prescribed pain meds and sent patient home 3:00 pm on 4/28. After midnight 29th, pain worse & nauseous so went back to ER where ECS, blood work, xray taken. New results had ST elevation inferiorly & anterolaterally and Troponin was 6.3. ER physician called code acute MI and patient taken to Cath Lab where he was found to have angiographically normal coronary arteries & normal left venticular function on LV gram. Diagnosis was acute myopericarditis.
MYOCARDITIS	1416499-1	18-29 years	Myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Myocarditis) in a 28-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 037C21A and 006C21A) for COVID-19 vaccination. No Medical History information was reported. On 20-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 18-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 18-May-2021, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. Relevant concomitant medications were not reported. The treatment information was not provided. The action taken with mRNA-1273 in response to event was not applicable. 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.
MYOCARDITIS	1417010-1	18-29 years	Pt received the 2nd Moderna vaccine in the series in outside location. we do not have the Lot number for this vaccine as it was not given by our facility. He began having chest pain that day after receiving the vaccine and came to the hospital on day 3 of chestpain. No prior similar events, no cardiovascular risk factors. Pt is better with sitting up and leaning forward. pt was admitted to the hsoptal and started on Ibuprofen and Colchicine Pt was discharged after 3 days with significant improvement in his status. On discharge pain was 0 out of 10. To continue Ibuprofen x 1 week and colchicine for 6 weeks. Cardiology cleared pt for discharge
MYOCARDITIS	1417065-1	18-29 years	Patient presented to hospital on 6/20/21 with complaints of substernal chest pain, nausea and vomiting 6 days after his second dose of Moderna Vaccine. His symptoms had started on the day of his second vaccine dose (6/14/21). He had initially presented to another hospital on the day his symptoms began and was discharged home after observation overnight. He presented to healthcare facility on 6/20 because his symptoms of chest pain, nausea and vomiting had not resolved. On presentation, his HR was 39. EKG showed sinus bradycardia, Left axis deviation and T wave inversions in II, III and aVF. His COVID and Flu RT PCR was negative. HS Troponin was elevated to 168 and peaked at 283. There were no previous values to compare with from his prior admission. Cardiac MRI was done but did not show LGE. He was diagnosed with clinical myocarditis after Moderna vaccine administration.
MYOCARDITIS	1417090-1	18-29 years	Myopericarditis treated with NSAIDS with quick resolution of pain
MYOCARDITIS	1417211-1	18-29 years	reported COVID negative 4/14 where he was admitted for myocarditis 3 weeks after COVID-19 vaccine. F/U with cardiologist on 4/28 with diagnosis of myopericarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1417243-1	18-29 years	"Please see attached file. Physician Addendum, Specialty: Internal Medicine Cardiovascular Disease, Date of Service: 5/4/2021 10:08 AM, INPATIENT DISCHARGE SUMMARY, Admission Date: 5/3/2021, Discharge Date: 5/4/2021, HOSPITAL SUMMARY, Discharge Diagnosis, Principal Problem: Other acute myocarditis, Active Problems: Chest pain, Tobacco use, Resolved Problems: * No resolved hospital problems. * Reason for Hospitalization, Acute myocarditis after COVID vaccination, Hospital Course - Patient is a very pleasant 20-year-old man without prior medical history who was transferred here from emergency department for further management of chest pain. Patient received his second COVID-19 vaccination on Friday, April 30, 2021 (Pfizer). Later in the evening on Friday, he developed constitutional symptoms, including fever/chills/sweats as well as severe back pain. These symptoms subsided by the following morning but later in the day on May 1, 2021, he developed significant substernal chest pain. The chest pain persisted throughout the weekend. It was worse when he took a deep breath in and also had a positional component. He identified no other aggravating or alleviating factors. When his pain had not resolved, he presented to the emergency department early in the morning on May 3, 2021. On arrival to the outside hospital emergency department, his electrocardiogram was unremarkable, aside from early repolarization abnormality. His troponin was significantly elevated to 7.3. His COVID test was negative. All other lab work was unremarkable, including an undetectable D-dimer. He was transferred here for further management of chest pain and troponin elevation. On arrival here, we completed a CT coronary angiogram, which showed no evidence for coronary stenosis and normal origin of the coronary arteries from the aortic root. An echocardiogram showed preserved left ventricular systolic function and no valvular heart disease. It was, overall, an unremarkable echocardiogram. His troponin was trended and peaked at 7.3. A follow-up troponin after that was 6.4. His presentation is presumed to be related to acute myocarditis secondary to the COVID vaccination. We are obtaining a cardiac MRI as an outpatient on May 4, 2021 (the day after discharge). He will be provided with a one-month supply of colchicine, which he will take daily. We attempted to start him on both Toprol XL and losartan, but we had to discontinue the Toprol XL due to bradycardia (heart rates in the 40-to-50 beats per minute range, increasing only up to 60 beats per minute with activity). He will, therefore, be discharged only on losartan. We will plan to obtain a repeat cardiac MRI in 3-6 months. If that study is favorable, the losartan could be discontinued. Finally, patient had a trip planned with his family to celebrate his 21st birthday in the near future. This trip would obviously involve heavy alcohol consumption. Because alcohol is a cardiotoxin, I advised against such a trip until he has more time to recover from his myocarditis (I also reminded him that heavy alcohol consumption in general is not advised). I provided him a letter that they can use as they cancel their travel plans and seek reimbursement. DISCHARGE EXAM - Admission Weight: Weight: 66.8 kg (147 lb 3.2 oz), Discharge Weight: Weight: 66 kg (145 lb 9.6 oz); Physical Exam: BP 102/65 (BP position: Lying) | Pulse (!) 47 | Temp 98.7 degrees F (37.1 degrees C) | Resp 16 | Ht 175.3 cm (69"") | Wt 66 kg (145 lb 9.6 oz) | SpO2 99% | BMI 21.50 kg/m2; GENERAL: well developed, well nourished, in no apparent distress, appears stated age; CHEST: breath sounds are symmetric & normal, no rales or rhonchi; CARDIOVASCULAR: normal rate and rhythm with S1 and S2, there is no S3 or S4 noted, no murmurs or gallops; HEAD: normocephalic, atraumatic; EYES: EOMI, conjunctivae pink, scleral nonicteric; NECK: veins are flat, no bruits, no thyromegaly; LYMPH: no cervical adenopathy; ABDOMEN: no tenderness, masses or hepatosplenomegaly; EXTREMITIES: no edema, cyanosis or clubbing, good distal pulses upper & lower extremities bilaterally; MUSCULOSKELETAL: joints and gait normal; SKIN: warm and dry, normal color, no rashes or lesions; NEURO: awake, alert & oriented; PSYCH: mood pleasant, affect appropriate; Physical Condition at Discharge - Patient's condition is good . Patient was seen by me on the day of discharge. Consultants - None; Procedures performed - See Hospital Course. Pertinent imaging - See hospital course. Test Results Pending at Discharge - Unresulted Labs, No orders found from 4/20/2021 to 5/5/2021. Unresulted Pathology, No orders found from 4/20/2021 to 5/5/2021. Unresulted Imaging, No orders found from 4/20/2021 to 5/5/2021."
MYOCARDITIS	1417287-1	18-29 years	Initial chest pain 1 day after vaccine described as substernal, intermittent. Chest pain waxed and waned, pain free at ED (day 2 of chest pain). No nausea, pleuritic pain, shortness of breath, or diaphoresis. Mild RV delay, tiny inferior Q waves, non-specific ST abnormalities with less than 1mm elevation in V4 through V6. Otherwise healthy male with chest pain for several days. Went to an clinic with Troponin of 14 (per admit note) referred to previous ED. Chart consistent with myocarditis
MYOCARDITIS	1417609-1	18-29 years	Presented to ER with pleuritic chest pain and acute dyspnea. Her labs on admission were notable for WBC 23.5 with AEC 12.0 and IgE elevated at 1058 LV EF of 25%, Medium sized pericardial effusion with intermediate density concerning for pericarditis. Troponin 5000. Echocardiogram: small pericardial effusion and biventricular dysfunction with LV EF 25%, likely myopericarditis. CMR rest w/wo gadolinium showed global LV dysfunction and no evidence of T2 or LGE scar Patient started on 0.6 colchicine BID for treatment of suspected pericarditis given reports of periodic chest pains. CT chest w contrast: Dense consolidation in the RUL, RML with GGO throughout And patchy consolidation in the LLL with some microdularity with GGO. Significant mediastinal, subcarinal and hilar LN. Treatment with ceftriaxone and azithromycin
MYOCARDITIS	1417744-1	18-29 years	CHEST PAINS WAS ADMITTED TO HOSPITAL. DIAGNOSED WITH MYO CARDITIS. MEDICATION GIVEN METOPROLOL (TOPROL-XL)
MYOCARDITIS	1417885-1	40-49 years	A week after the COVID vaccine, I experienced muffled ear pain and ringing in my ears. Then a week later I felt chest pain, heart rate at rest was 130's-140's. Went to the ER and Troponin levels were elevated. I was diagnosed with Myocarditis, of unknown cause since all my respiratory panels were negative, all my labs do not point to any cause except that I received the COVID vaccine.
MYOCARDITIS	1418120-1	18-29 years	27 year old male with medical history notable for exercise induced asthma who developed fevers, chills, myalgias, and chest pain shorter after second dose of Pfizer. Presented to ED and found to have elevated troponin, initially normal ECG. Admitted to hospital, experienced recurrent chest pain, rising troponin to 23750, and STE on ECG, and was taken to cath lab, with normal left heart cath. Then transferred to heart medical center for further eval and cardiac MRI. Felt by cardiology there to have myopericarditis potentially related to Pfizer vaccine. Cardiology also wondering if possible inflammatory bowel disease might increase his risk of myocarditis, though no established diagnosis (outpatient gastroenterology workup planned).
MYOCARDITIS	1418167-1	18-29 years	Passed out, vision blacked out, severe chest pains, inflammation around heart
MYOCARDITIS	1418386-1	18-29 years	19-year-old male no past medical history brought in by father with complaint of shortness of breath, chest discomfort, palpitations, tachycardia x2 days. Symptoms began 1 day after vaccination. EKG revealed diffuse ST elevations, machine read as *ACUTE MI*. Patient was given 325 mg ASA, placed on O2, and transferred to ER via 911. Patient was hospitalized overnight for observation. Troponins were elevated at 13. Patient had full cardiology work-up and cath lab that did not reveal any arthrosclerosis or underlying heart disease. Diagnosed with myocarditis, discharged on metoprolol and aspirin. Has pending follow-up with cardiology, currently still with mild symptoms.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1419023-1	40-49 years	Chest pain/ shortness of breath caused patient to go to the ER and was admitted with elevated troponin levels, had cardiac cath that was normal, diagnosis was myocarditis. Started on metoprolol and full aspirin with cardiology follow up. Colchicine added and symptoms resolved but then he developed drug reaction rash and it has to be stopped
MYOCARDITIS	1420715-1	30-39 years	Fluid accumulation in lungs, shortness of breath, pressure on chest, weight gain, fever, body aches, chills, lymphs had inflammation, markings on lungs, increase in myocarditis.
MYOCARDITIS	1421099-1	18-29 years	Patient present to ER on 6/19/2020 with 2 day history of fever to 103, bilateral pleuritic chest pain, back pain and fatigue.
MYOCARDITIS	1421206-1	40-49 years	I experienced chest and arm pain and pressure, irregular heart beats, and myocarditis. I had the Pfizer dose.
MYOCARDITIS	1421322-1	30-39 years	Myocarditis reported by physician
MYOCARDITIS	1421581-1	18-29 years	Myocarditis The right side of my chest began feeling sore with sharp burning pain 2-3 hours after getting home and resting at my kitchen table. I was out of breath and would feel excruciating pain whenever I would move around. I thought I was dying or going to die because of the pain I felt and spent the next 3 days resting in bed.
MYOCARDITIS	1421774-1	18-29 years	Heart inflammation (diagnosis myocarditis from one hospital & pericarditis by the other) Chest pains, trouble breathing, cannot move easily without pain., heart palpitations (those ended). Started off being told to take Advil every 6 hours. That didn?t help, went to a new ER, they gave me colchicine. It?s helping but I still am pretty much bedridden.
MYOCARDITIS	1422533-1	30-39 years	Myocarditis Triponen levels over 9.0
MYOCARDITIS	1423059-1	30-39 years	myocarditis; shortness of breath; chest pain; fever; chills; myalgia; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (myocarditis), DYSPNOEA (shortness of breath) and CHEST PAIN (chest pain) in a 31-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (myocarditis) (seriousness criteria hospitalization prolonged and medically significant), DYSPNOEA (shortness of breath) (seriousness criterion hospitalization prolonged), CHEST PAIN (chest pain) (seriousness criterion hospitalization prolonged), PYREXIA (fever), CHILLS (chills) and MYALGIA (myalgia). The patient was hospitalized from sometime in 2021 to sometime in 2021 due to CHEST PAIN, DYSPNOEA and MYOCARDITIS. The patient was treated with ACETAMINOPHEN for Adverse event, at a dose of UNK dosage form. At the time of the report, MYOCARDITIS (myocarditis) was resolving and DYSPNOEA (shortness of breath), CHEST PAIN (chest pain), PYREXIA (fever), CHILLS (chills) and MYALGIA (myalgia) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, C-reactive protein: high (High) 14 (Values are expressed as the multiple of the upper limit of normal for each laboratory's reference range). On an unknown date, Ejection fraction: abnormal (abnormal) 34%, generalized hypokinesis. On an unknown date, Electrocardiogram: normal (normal) normal left ventricular function. On an unknown date, Magnetic resonance imaging: abnormal (abnormal) Patchy subepicardial and midmyocardial delayed enhancement. On an unknown date, SARS-CoV-2 test: negative (Negative) negative. On an unknown date, Troponin: high (High) Baseline 39.5 (Values are expressed as the multiple of the upper limit of normal for each laboratory's reference range) and high (High) peak 46 (Values are expressed as the multiple of the upper limit of normal for each laboratory's reference range). For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Patient was hemodynamically stable, no clinical heart failure. Concomitant medication not provided. Company Comment Based on current available information and the temporal association between product use and the start date of the events a causal relationship cannot be excluded.; 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 be excluded.
MYOCARDITIS	1423060-1	18-29 years	myocarditis; NSVT episodes; chest pain; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (myocarditis), VENTRICULAR TACHYCARDIA (NSVT episodes) and CHEST PAIN (chest pain) 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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (myocarditis) (seriousness criteria hospitalization prolonged and medically significant), VENTRICULAR TACHYCARDIA (NSVT episodes) (seriousness criteria hospitalization prolonged and medically significant) and CHEST PAIN (chest pain) (seriousness criterion hospitalization prolonged). The patient was hospitalized from sometime in 2021 to sometime in 2021 due to CHEST PAIN, MYOCARDITIS and VENTRICULAR TACHYCARDIA. At the time of the report, MYOCARDITIS (myocarditis) and VENTRICULAR TACHYCARDIA (NSVT episodes) was resolving and CHEST PAIN (chest pain) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, C-reactive protein: high (High) 4 (Values are expressed as the multiple of the upper limit of normal for each laboratory's reference range).. In 2021, Ejection fraction: abnormal (abnormal) 53%, inferolateral hypokinesis. In 2021, Electrocardiogram: abnormal (abnormal) Inferior, anterolateral STelevation. In 2021, imaging: abnormal (abnormal) Edema, delayed enhancement. In 2021, SARS-CoV-2 test: negative (Negative) negative. In 2021, Troponin: high (High) baseline-1327 (Values are expressed as the multiple of the upper limit of normal for each laboratory's reference range). and high (High) Peak-1433 (Values are expressed as the multiple of the upper limit of normal for each laboratory's reference range).. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDITIS (myocarditis), VENTRICULAR TACHYCARDIA (NSVT episodes) and CHEST PAIN (chest pain) to be possibly related. Discharged in stable condition. Treatment information not provided. Company Comment : Based on current available information and the temporal association between product sue and the start date of the events a causal relationship cannot be excluded.; Sender's Comments: Based on current available information and the temporal association between product sue and the start date of the events a causal relationship cannot be excluded.
MYOCARDITIS	1423336-1	40-49 years	Myocarditis or pericarditis according to ED Doc.
MYOCARDITIS	1423412-1	18-29 years	About 4 days post 2nd Moderna vaccine, patient started to develop shortness of breath, chest pain, and night sweats.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1423514-1	40-49 years	Fever, severe chest pain/throbbing of the chest area, heart arrhythmia. Fever began Thursday 5/13, with the chest pain, throbbing and arrhythmia following early morning on Friday 5/14. 911 was called Saturday afternoon, 5/15. Was taken by ambulance to hospital, after which several tests were administered including a chest X-ray, blood tests, heart stress test, as well as an ultrasound of the heart/chest area. Stayed in hospital for from Saturday 5/15 to Monday, 5/17. Was released 5/17 at approximately 6:00 pm. Further treatments included prescriptions of Amoxicillin, Atenolol, and Ibuprofen.
MYOCARDITIS	1424114-1	18-29 years	5 days in the hospital with Myocarditis and enlarged kidneys, lungs Admitted 4/30/2021 out on 5/4/2021 admitted on 5/7/2021 out on May 10, 2021 - had major headache rule out stroke and rule out venous thrombus
MYOCARDITIS	1424180-1	40-49 years	"Within hour of first injection, Myocarditis reaction, diarhea for days, EXTREME headaches and vagus nerve pain and feeling like I was having an allergic reaction that would not clear up. Still ongoing; brain fog, general malaise, chronic fatigue, vagus nerve issues, gut issues, still feel flu like and it has been months since i had both vaccine shots. I feel like I'm having an extreme auto immune inflammatory response that no one can help me with. Prior to this we could not pinpoint my exact auto immune disease (except lyme and co infections) but I had gotten it into a ""remission like state."" Prior to the vaccine I was symptom free. Everything has gotten worse again since the vaccine. Difficult to work, do daily functions etc. Also a large lymph node on back right of neck that has not bothered me since childhood was enlarged for weeks but that has gotten better."
MYOCARDITIS	1424291-1	30-39 years	pt said he had myocarditis a day after shot and severe chest pain. he told me the doctor wanted him to get second shot but when i asked him to call dr he said he doesn't have one and just wanted second shot for travel to mexico. I told him i would like to get more information and my manager said to see if he could get the shot at a hospital setting. He didn't want to wait for me to call for more info.
MYOCARDITIS	1424332-1	40-49 years	Within 15 minutes of 2nd shot had significant pins and needles (and some numbness) in right leg most significantly below knee in calf to foot area - this persisted for approximately 24 hours. Typical flu like symptoms (aches)/fever along with slight cough with phlegm occurred from 18-48 hours as these resolved patient was left with significant and persistent pain in chest on day 3 post vaccination. This pain persisted and spread to neck, back, jaw. Ultimately due to persistent pain patient went to a hospital emergency room for evaluation. Nuclear stress came back abnormal and patient was admitted for further evaluation but eventually released to follow up with cardiologist. Patient currently following up with medical professionals for continuing care for suspected myocarditis.
MYOCARDITIS	1424375-1	18-29 years	Left sided chest pain, shortness of breath, exertional tachycardia, radiating chest pain to the back x 7 days. Treated with rest, Medrol Dose pack and improved over 3 days. Diagnosis from cardiolgist - myocarditis
MYOCARDITIS	1424380-1	18-29 years	Fever the morning following vaccine then development of chest pain. Found to have elevated Trop levels and ST elevation on EKG. Elevated CRP, Sed Rate and Cardiac MRI consistent with Myocarditis.
MYOCARDITIS	1424620-1	30-39 years	Myocarditis, cardiomegaly and covid pneumonia
MYOCARDITIS	1425280-1	30-39 years	1. Chest pain 2. Elevated troponin 3. Myocarditis Went to hospital first than transported to another facility, then transported to another facility.
MYOCARDITIS	1425429-1	18-29 years	Myocarditis
MYOCARDITIS	1426505-1	18-29 years	chest pain developed 6/21, admitted to the hospital with diagnosis of myocarditis 6/22
MYOCARDITIS	1428273-1	18-29 years	Patient developed pleuritic chest pain on 6/17/21 and was admitted to the hospital. He was subsequently diagnosed with myocarditis.
MYOCARDITIS	1428441-1	18-29 years	Diagnosed with Myocarditis - was hospitalized for 3 days. Now taking one colchocine everyday for the next 3 months and taking 2 tablets of 325mg aspirin 3 times a day.
MYOCARDITIS	1428671-1	18-29 years	Pt experienced chest pain days 2 and 3 after receiving the second dose of the Pfizer COVID vaccine. He had tombstone ST segment elevation on his EKG and subsequently had a peak troponin of 35. Heart cath revealed normal coronaries. His ejection fraction measured initially by echo at 60% decreased by echo to 35-40%. Cardiac MR was consistent with myocarditis with a partially recovered EF measured at 51%.
MYOCARDITIS	1429239-1	18-29 years	Myocarditis; Heart rate increased; Chest pain; Inflammation; This case was received via VAERS on 15-Jun-2021 and was forwarded to Moderna on 15-Jun-2021. This regulatory authority case was reported by an other health care professional and describes the occurrence of MYOCARDITIS (Myocarditis), HEART RATE INCREASED (Heart rate increased), CHEST PAIN (Chest pain) and INFLAMMATION (Inflammation) 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 23-Feb-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 26-Feb-2021, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant), CHEST PAIN (Chest pain) (seriousness criterion hospitalization) and INFLAMMATION (Inflammation) (seriousness criterion hospitalization). 26-Feb-2021, the patient experienced HEART RATE INCREASED (Heart rate increased) (seriousness criterion hospitalization). The patient was treated with COLCHICINE for Inflammation, at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Myocarditis), HEART RATE INCREASED (Heart rate increased), CHEST PAIN (Chest pain) and INFLAMMATION (Inflammation) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 26-Feb-2021, Angiogram: not provided (Inconclusive) Not provided. On 26-Feb-2021, Chest X-ray: not provided (Inconclusive) Not provided. On 26-Feb-2021, Echocardiogram: not provided (Inconclusive) Not provided. On 26-Feb-2021, Heart rate: increased (Inconclusive) Increased. On 26-Feb-2021, Lipids: not provided (Inconclusive) Not provided. On 26-Feb-2021, Metabolic function test: not provided (Inconclusive) Not provided. On 26-Feb-2021, Troponin: not provided (Inconclusive) Not provided. On 26-Feb-2021, Urine analysis: not provided (Inconclusive) Not provided. On 27-Feb-2021, Full blood count: not provided (Inconclusive) Not provided. On 27-Feb-2021, Metabolic function test: not provided (Inconclusive) Not provided. On 27-Feb-2021, Troponin: not provided (Inconclusive) Not provided. On 01-Mar-2021, Echocardiogram: not provided (Inconclusive) Not provided. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant medications were not provided. Patient received treatment to Lower Heart rate and Inflammation. 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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1429595-1	18-29 years	Chest pain started 1-2 days after vaccine dose, rated a 9/10 in intensity. Clinical diagnosis - Acute myopericarditis Treated with ibuprofen 800mg q8h with resolution of symptoms shortly after 1-2 doses.
MYOCARDITIS	1430006-1	40-49 years	Myocarditis and associated disrupted sleep (9 hours), heart fatigue and ache (2.5 days following)
MYOCARDITIS	1430429-1	40-49 years	MYOCARDITIS shortness of breath, brain Fog, chest Pain pain left shoulder and Arm i gave blood and alot of chest pain has decreased.
MYOCARDITIS	1430542-1	18-29 years	Atypical chest pain, elevated troponin, suspected myocarditis. Inpatient observation for 24 hours; serial troponins, EKG, Echo, pain control (toradol/Naprosyn).
MYOCARDITIS	1430581-1	30-39 years	Initially on the first couple of days (Tues & Wed) I was experiencing the usual symptoms that were being reported. Localized Soreness at vaccination site, extreme fatigue, fever, and chills. Then on Thursday morning, I had chest pain that i've never experienced in my life. I went to a clinic where they ran an EKG report. There were off-signs that concluded I need to be sent to the hospital. An ambulance came and took me to hospital. I was met with a team of close to 12 doctors as they all checked for signs of heart attack. I stayed a total of 2 nights and 3 days in which several tests were conducted. EKG, Echogram, Angiogram, and an MRI. I was diagnosed with Myocarditis and Pericarditis. I have no history of smoking and I do not drink alcohol.
MYOCARDITIS	1430624-1	30-39 years	Fluid around heart, symptoms of myocarditis, ventricle wall thickening, large trivial pericardial fusion, mitrial valve has trivial regurgitation, tricuspid valve moderate regurgitation, aortic valve leaflet is leaking, runs of svt's and pvc's
MYOCARDITIS	1431024-1	18-29 years	Myocarditis, Chest pain
MYOCARDITIS	1431106-1	18-29 years	Pt had second dose Pfizer COVID-19 vaccination 06/01/2021. Then developed central chest pressure. Treated at Hospital. Found to have abnormal ECG and positive troponin. Cardiac MRI confirmed myocarditis. He improved and was discharged. Now feels fine. Remains on Metoprolol and losartan, with plan to discontinue in time.
MYOCARDITIS	1431126-1	18-29 years	Developed myocarditis/pericarditis with EKG changes and high troponins
MYOCARDITIS	1431370-1	18-29 years	Chest pain developed later on the same day as his 2nd Moderna COVID-19 vaccine dose. He presented to the emergency department on 6/27/21. Other symptoms, including body aches, headaches, and fatigue resolved prior to presentation. The chest pain resolved completely by 6/28/21, the day after presentation. He was given ibuprofen for pain management. He was monitored on telemetry without significant events as of the time of this report. He was being treated for a presumed diagnosis of myocarditis secondary to the Moderna COVID-19 vaccine.
MYOCARDITIS	1431426-1	30-39 years	Myopericarditis. Treated with NSAIDs and colchicine.
MYOCARDITIS	1431483-1	30-39 years	"Received 2 doses of COVID19 (Moderna) vaccine - 1st dose: 5/6/2021; 2nd dose: 6/3/2021. Presented to hospital Emergency Dept on 6/22 with complaint of substernal non-radiating chest pain of 1 day duration. Patient reported she was asleep when chest pain began and severity wok her up. Reports the pain ""pressure-like"" in quality. Associated symptoms include nausea, vomiting, and palpitations. Laboratory tests were performed, including the following: Troponin-I - 6/22/21 09:05 = 1.05; 6/22/21 10:11 = 3.00; 6/22/21 14:09 = 8.00; 6/24/21 12:17 = 8.10; 6/25 06:39 = 7.90 (note: elevated) Coronavirus NAA - 6/22/21 12:15 = not detected Diagnostics tests performed during hospitalization: EKG - 6/22/21 08:59 = sinus bradycardia Echocardiogram - 6/22 11:23 = normal left ventricular systolic dysfunction, LVEF 55-60%; valves normal Pt underwent cardiac catheterization for NSTEMI. No lesions noted. Right coronary artery small and normal; left coronary artery dominant and normal. Pt diagnosed with myocarditis and discharged on 6/25 (3 day hospitalization) with MYOCARDITIS and NSTEMI."
MYOCARDITIS	1431992-1	18-29 years	"Discharge Summary Risk of unplanned readmission within next 30 days: N/A (0-12 low risk, 12-21 moderate risk, 22-28 high risk, 29+ extreme risk) Reason for Admission: Present on Admission: ? Acute chest pain Final Diagnosis: Acute chest pain Myopericarditis Hospital Course: Patient is a 21 y.o. Caucasian male who presents with acute onset of fever, headaches, chest/back pain and rapid heart rate after having received second dose of Pfizer Covid vaccine on 5/21/2021. Chest pain with oppressive character (pressure-like, squeezing) that is associated with palpitations, sweating, SOB, not nausea, exertion, dizziness. +cardiac risk factors (smoking, and +FH). Patient evaluated by cardiology. Echocardiogram with normal left ventricular ejection fraction no pericardial effusion. Troponins downtrending. Patient diagnosed with myopericarditis pericarditis as per cardiologist: ""discharge him home with plans for a repeat echocardiogram in 1 month and follow-up with a cardiologist. I do not feel strongly that we need to start cardioprotective medications or any anti-inflammatory medications as he is feeling better."" Once symptomatically improved and repeat troponin downtrending patient was cleared for discharge by cardiology in stable condition Significant Medication/Changes this Admission: See MAR Follow Up Recommendations: PCP Problems Addressed During this Admission: Acute chest pain Elevated troponin Engages in vaping * No resolved hospital problems. * Consults: Consultants below were obtained for their respective expertise as needed (Please refer to their consult and progress notes for details). Discharge Disposition: Condition at discharge: Stable. Discharged to Home"
MYOCARDITIS	1432372-1	30-39 years	Received second dose of Pfizer vaccine towards end of January. Subsequently developed palpitations and skipped beats approximately 1 month later. Seen by cardiologist, Zio patch monitoring showed PVC?s, echocardiogram with EF 50% which is borderline low. Cardiac MRI confirmed myocarditis. Subsequent blood work was completely negative. Presumed myocarditis as a side effect of Pfizer vaccination per discussion with cardiologist.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1432842-1	40-49 years	MYOCARDITIS; COMPUTERISED TOMOGRAM; ELECTROCARDIOGRAM; This spontaneous report was received from a health care professional via a Regulatory Authority Vaccine Adverse Event Reporting System (VAERS) (VAER reference number 1395661) and concerned a 40 year old male of unknown race and ethnicity. The patient's height and weight were not reported. The patient had no medical history, no known allergies and no current illness at the time of vaccination. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 041A21A, expiry: UNKNOWN) dose was not reported, 1 total administered on 10-MAY-2021 to left arm for prophylactic vaccination. The patient had no concomitant medications. On 11-MAY-2021, the patient experienced myocarditis. He visited emergency room and underwent computerized tomogram (CT scan) and electrocardiogram (EKG); the results came up as myocarditis. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from the events. This report was serious (Other Medically Important Condition).; Sender's Comments: V1: This spontaneous report was received from a health care professional via VAERS (ID: 1395661) concerned a 40-year-old man (ethnicity unknown) who experienced myocarditis one day after vaccine. The patient had no medical history, no known allergies and no current illness at the time of vaccination. The patient had no concomitant medications. On day 1, the patient experienced myocarditis. He visited emergency room and underwent computerized tomogram (CT scan) and electrocardiogram (EKG); the results came up as myocarditis. The patient recovered. Information is limited in this case, and the occurrence of myocarditis could represent background incidence of such events in the general population. However, a relationship with Janssen Covid-19 vaccine cannot be ruled out and thus the relationship is considered indeterminate. More information will be requested if contact information is available.
MYOCARDITIS	1432876-1	30-39 years	"Myocarditis documented by MRI; Concomitant diagnosis of Type A inflo; This is a spontaneous report from a contactable physician. A 32-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN6200; Expiration date was not reported), intramuscular on the right arm on 11Mar2021 (15:45) as a 2nd dose, single, for COVID-19 immunization. Medical history included hereditary haemochromatosis. The patient's concomitant medications were not reported. The patient previously took erythromycin and cefaclor (CECLOR), and had allergies with these medications. The patient did not receive any other vaccines within four weeks prior to the COVID-19 vaccine. The patient had previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EL9264; Expiration date was not reported) on 17Feb2021 (13:00) (when the patient was 32 years old) intramuscular on the right arm for COVID-19 immunization. On 08Jun2021, the patient had myocarditis documented by magnetic resonance imaging (MRI), and a concomitant diagnosis of ""type A inflo"". The events had resulted into a doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. The patient was hospitalized for six days (in Jun2021) due to the reported events, and had received cardvedilol, sacubitril, valsartan (ENTRESTO) and ""life vest. diurectics"" as treatment for the reported events. The outcome of the events was not recovered. The patient had no COVID-19 prior to vaccination. The patient's COVID-19 nasal swab on 08Jun2021 was negative.; Sender's Comments: Based on the information provided and plausible temporal association, the causality between BNT162B2 and the event myocarditis cannot be excluded. Event influenza based on the known drug safety profile is assessed as unrelated to BNT162B2. The impact of this report on the benefit-risk profile of the Pfizer product and on the conduct of the study 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."
MYOCARDITIS	1433334-1	18-29 years	The patient received his second shot of Moderna vaccine on 6/14/21. That night he felt ill with headaches, fever and nausea. On Friday morning (6/18/21), the patient developed a 15-minute episode of chest discomfort. He described it as a moderate midsternal chest soreness radiating to his left arm at rest and worse with a deep breath, not positional. That same evening, the patient had an even worse episode of the same chest discomfort prompting his trip to the emergency department. The patient was admitted to the hospital with an elevated troponin level. He was started on colchicine and ibuprofen.
MYOCARDITIS	1433385-1	18-29 years	21 year old male who presented to the Emergency Department on 6/11/21 with chief complaint of left anterior chest pain. The patient received the second dose of Moderna COVID-19 vaccine on 6/9/21. The patient's troponin was elevated upon admission to the hospital. The patient remained hospitalized from 6/11 - 6/14/21 and was then discharged to home. The patient was provided with colchicine and NSAIDs during hospital course. Cardiac MRI report read as likely myocarditis on 6/14/21.
MYOCARDITIS	1433407-1	18-29 years	On June 19, 2021 I woke up around 6:00 a.m. having extreme chest pains. I went to the Emergency Room to be treated. They did an EKG, blood work, and an ultrasound of my heart. My EKG was negative for a heart attack, but my blood work was positive because of my Troponins were elevated. They gave me some aspirin and the chest pain went away. I was admitted into the hospital where I stayed until the end of the day on June 21, 2021. On June 20, 2021 they continued to watch my vitals, took tons of blood for blood cultures and for pretty much every virus you can get along with urine samples as well. All of the test for any virus and the blood cultures were negative. The urinalysis and urine culture were negative as well. Once all test came back negative, the cardiologist ordered a Heart cath. The heart cath was performed on June 21, 2021 and there was no blockage in any of my arteries and everything was clear so I was discharged that afternoon from the hospital. I was diagnosed with Myocarditis or Pericarditis. The doctor prescribed me 25MG Captopril to take 3 times daily and 25 MG Metoprolol Tartrate to take 2 times daily. I have only experienced any other affects a few times since being released which was a burning sensation in my check. I spoke with the doctor and they told me it could be indigestion or heart burn.
MYOCARDITIS	1433769-1	18-29 years	4/21/21- developed cough. 5/12/21 developed shortness of breath and exertional dyspnea. 5/15/21 developed substernal chest discomfort, blurred vision. Went to local ED- no significant findings. 5/19/21 transthoracic echo showed LVEF 52%. 6/7/21 -symptoms resolved except for mild congestion. 6/27/21 cardiac MRI: demonstrated normal biventricular function (LVEF 63%), mild epicardial scar (mid inferolateral and lateral walls), mild patch mesomyocardial scar (mid septum), mildly elevated T1, T2 in the septum.
MYOCARDITIS	1433786-1	18-29 years	Myocarditis: shortness of breath, chest pain, brachycardia, weaker heart beats. Fever
MYOCARDITIS	1434001-1	18-29 years	Acute myocarditis with significant troponin elevation.
MYOCARDITIS	1435085-1	30-39 years	1_fever on and off for almost 3 days; 2_Heart inflammation or Myocarditis/Pericarditis 3_More specifically, chest pain, abnormal heart rhythms, mild diarrhea, fatigue, shortness of breath, chest pain, and lightheadedness.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1435854-1	18-29 years	ACUTE MYOCARDITIS; This spontaneous report was received from literature: Myocarditis Temporally Associated with COVID-19 Vaccination. Rosner et al.: Myocarditis after COVID-19 Vaccination. This report concerned a 28 year old male. The patient's height, and weight were not reported. The patient had no history of prior covid19 infection. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported) 1 total, dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date (3-7 days post vaccination), the patient was hospitalized for acute myocarditis-like illness. The patient also experienced acute onset chest pain and biochemical evidence of myocardial injury, by cardiac troponin I. The patient was hemodynamically stable and had no pericardial friction rub or rash. Electrocardiogram (ECG) patterns varied from normal to ST segment elevation. Echocardiograms showed left ventricular ejection fraction (LVEF) ranging from 35% to 62% with 5/7 having some degree of hypokinesis. The patient hospitalized for 2 days and symptoms resolved by hospital discharge. Treatment medication included beta-blocker, unspecified anti-inflammatory medication, aspirin, angiotensin converting Enzyme-Inhibitor(ACE-I) and clopidogrel (2 doses, stopped on discharge). Laboratory data (dates unspecified) included: ANA (NR: not provided) Negative, Blood pressure (NR: not provided) 145/82 mmHg, Body temperature (NR: not provided) 37 C, C-reactive protein (NR: not provided) 1.3 mg/dL, Cardiac MRI (NR: not provided) LVEF-50% (no regional wall motion abnormalities), Cardiac troponin I (NR: not provided) mean peak = 15.77ng/mL, median peak = 12.01ng/mL, Chest X-ray (NR: not provided) No acute pulmonary disease, Coronary angiograph (NR: not provided) No evidence of CAD, Echocardiogram (NR: not provided) LVEF-50%, LVIDd-4.8cm, IVS-1.0cm, RWMA-Mild global HKN, Electrocardiogram ST-T change (NR: not provided) 1mm ST elevation in II, V5-V6, Erythrocyte sedimentation rate (NR: not provided) 8 mm/h, Heart rate (NR: not provided) 70 bpm, PCR (NR: not provided) Negative, Respiratory viral panel (NR: not provided) Testing not obtained, SARS-CoV-2 IgG antibody test (NR: not provided) Negative, and WBC (NR: not provided) 8.08 (unit not reported). The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from acute myocarditis. This case was reported to the vaccine adverse event reporting system (VAERS) and the CDC. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210650174- covid-19 vaccine ad26.cov2.s-Acute Myocarditis, . 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).
MYOCARDITIS	1435966-1	18-29 years	developed heart pain down both arms; myocarditis, every time his heart beat it hurt and he felt pressure; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (myocarditis, every time his heart beat it hurt and he felt pressure) and PAIN IN EXTREMITY (developed heart pain down both arms) in a 21-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 22-May-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 24-May-2021, the patient experienced MYOCARDITIS (myocarditis, every time his heart beat it hurt and he felt pressure) (seriousness criteria hospitalization and medically significant). On an unknown date, the patient experienced PAIN IN EXTREMITY (developed heart pain down both arms) (seriousness criterion hospitalization). The patient was hospitalized for 3 days due to MYOCARDITIS and PAIN IN EXTREMITY. At the time of the report, MYOCARDITIS (myocarditis, every time his heart beat it hurt and he felt pressure) and PAIN IN EXTREMITY (developed heart pain down both arms) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Blood test: high (High) high protein numbers. In 2021, Electrocardiogram: abnormal (abnormal) diagnosis of myocarditis. In 2021, Scan: abnormal (abnormal) diagnosis of myocarditis. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown Route), the reporter did not provide any causality assessments. No treatment information was not given. No concomitant medication information was provided. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was not applicable. Very limited information has been provided at this time. Further information has been requested. Reporter did not allow further contact; Sender's Comments: Very limited information has been provided at this time. Further information has been requested.
MYOCARDITIS	1437376-1	18-29 years	Patient is a 19 y.o. male with PMH significant for anxiety and ADHD who presents with chest pain and palpitations. He was woken up this morning by chest pain described as sharp, midsternal, 7/10, radiating down right arm, with no exacerbating or alleviating factors. He also reports chest pressure. During episode of chest pain he felt his heart was beating fast. He felt nauseous and vomited once. He received his 2nd Pfizer COVID vaccine 4 days ago. He states that he felt fatigue and aching for a day following the vaccine.
MYOCARDITIS	1438001-1	18-29 years	Chest pain; elevated Troponin; suspect Myocarditis; possibly after Moderna vaccine.
MYOCARDITIS	1439330-1	18-29 years	Stabbing Chest Pain, Myocarditis or Pericarditis
MYOCARDITIS	1439883-1	18-29 years	myocarditis; Heart palpitations; This is a spontaneous report from a non-contactable consumer (patient). A 23-years-old non pregnant female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Batch/Lot number: unknown), via an unspecified route of administration, administered in Arm Left on 14Jun2021 at 05:00 PM (at the age of 23-years-old) as a single dose for covid-19 immunisation at Pharmacy/drug store. The patient medical history and concomitant medications were not reported. The patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Batch/Lot number: unknown), via an unspecified route of administration, administration on 22May2021 at 09:00 AM (at the age of 23-years-old) as a single dose for covid-19 immunisation. Patient had not received any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, patient was not diagnosed with COVID-19. Since the vaccination, the patient was not tested for COVID-19. On 14Jun2021, the patient experienced myocarditis, and heart palpitations. Events resulted in emergency room visit. Treatment received was unknown for events. The outcome of events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
MYOCARDITIS	1440503-1	18-29 years	Chest pain found to have perimyocarditis
MYOCARDITIS	1440635-1	30-39 years	Patient was diagnosed with perimyocarditis on 6/1 at medical facility. Prior to that he had been having 1 week of general malaise and fatigue with one day of fever and substernal chest pain.
MYOCARDITIS	1440739-1	30-39 years	Swelling, headaches, large rashes and bruises, discolored areas, fluid filled on left side of face. fatigued , nauseas, memory problems, a small amount of imbalance. dizziness. severe chest pains, myocarditis
MYOCARDITIS	1440777-1	18-29 years	Myo-pericarditis. Hospitalized for 3 days from severe chest pain. Hospital tests came back with troponin levels at heart attack severity.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1440846-1	30-39 years	Swelling of the lymph node of my left clavicle and the lymph node in my left axillary area. The swelling of the lymph nodes resolved in about 1 week. I had what felt like a build up of fluid around my heart and inflammation of my heart, which I believe to have been pericarditis and myocarditis. The heart inflammation resolved in approximately 2 weeks. Flu like symptoms for a 8 hour period about 24 hours after my second vaccination.
MYOCARDITIS	1440879-1	18-29 years	Unfortunately, minimal information recorded in records. Patient got vaccine at outside facility. Presented to hospital and diagnosed with myopericarditis.
MYOCARDITIS	1441801-1	18-29 years	Patient developed a myo-pericarditis, with sharp chest pain, elevated troponin. Patient treated with NSAIDs and had general resolution by 6/30/21.
MYOCARDITIS	1443042-1	18-29 years	2 days s/p second Pfizer vaccine (6/7 and 6/28) patient presented to ED with pleuritic chest pain and difficulty breathing. Diagnosis myo / pericarditis. Transferred to MC start treatment with colchicine, lisinopril, metoprolol,
MYOCARDITIS	1443249-1	18-29 years	Admitted for chest pain after receiving Moderna vaccine. Diagnosis of myocarditis suspected from Vaccine. Cardiology consult metoprolol
MYOCARDITIS	1443359-1	18-29 years	Endorsed acute chest pain around 1200 on 6/21 initially that seemed to get better. On the early morning of 6/22 at 0400, the pain woke him up from sleep with a 7-8/10 in severity. At this point it was extremely painful for the patient to breathe but he denies shortness of breath. Denies radiation of pain, felt better when he was lying down, worse when sitting up, and was extremely bothersome while ambulating. Presented to Hospital and was found to have elevated troponin (7.25--13.00--2.52). Transferred to another Hospital Cardiac MRI supported the diagnosis of myopericarditis. By the time of transfer to Hospital, hos chest pain had resolved. He was treated with a 6 week course of ibuprofen and colchicine.
MYOCARDITIS	1443540-1	18-29 years	Severe Myocarditis
MYOCARDITIS	1444153-1	30-39 years	Myocarditis.
MYOCARDITIS	1445752-1	30-39 years	Racing heart-tachycardia in the mornings only; Myocarditis; Panic attack; Anxiety; Chest pain; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Myocarditis) in a 32-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 027C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 05-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 11-Jun-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 11-Jun-2021, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant), PANIC ATTACK (Panic attack), ANXIETY (Anxiety) and CHEST PAIN (Chest pain). On 22-Jun-2021, the patient experienced TACHYCARDIA (Racing heart-tachycardia in the mornings only). The patient was treated with ALPRAZOLAM (XANAX) (oral) ongoing since an unknown date at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Myocarditis), PANIC ATTACK (Panic attack), ANXIETY (Anxiety), CHEST PAIN (Chest pain) and TACHYCARDIA (Racing heart-tachycardia in the mornings only) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medications were reported. Caller received the Moderna vaccine series and experienced adverse events including myocarditis, panic attack, anxiety and chest pain and consulted emergency room and primary care physician. Patient had EKG. 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-2021-231677 (Patient Link).; 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. Further information has been requested.
MYOCARDITIS	1446183-1	18-29 years	He presented with symptoms of fatigue and chest pain on 5/2/2021 to the Emergency room at the hospital. Troponin was 6.273 ng/ml. EKG demonstrated diffuse ST segment elevation. No pericardial rub on exam. Coronary arteriography was normal. Echocardiography demonstrated an LV ejection fraction of 57%. There was no pericardial effusion. Troponin peaked at 11.729. He responded well to treatment with high dose aspirin and colchicine. He was discharged from the hospital on 5/4/2021 with a diagnosis of myopericarditis. Repeat echo on 5/14/2021 normal LVEF of 55% and no pericardial effusion. Follow up outpatient visit on 5/17/2021 at health clinic. He was asymptomatic. Normal exam. Tape was tapering aspirin. To stop colchicine on 7/2/2021. Patient is a college student. Planned to return to his home in late June or July 2021. His mother is listed as a contact person. Her phone number is (redacted) Thank you., MD MS FACC FSCAI.
MYOCARDITIS	1446300-1	40-49 years	Patient reports to pharmacy on June 29th 2021 that he had pain and inflammation in both arms after both covid vaccines. He switched vaccine administration sites but still had pain/burning after both vaccines. He told the technician that he has myocarditis from the covid vaccine and that he saw a cardiologist.
MYOCARDITIS	1446825-1	18-29 years	I experienced multiple symptoms after my first dose for a couple of days: body aches, fever, head ache, nausea, diarrhea, etc. After my second dose, I experienced nausea, vomiting, body aches, fever, head ache, chest pain, numbness and pain in arms, and shortness of breath. I started to feel chest pain when I woke up Monday (6/07) from 4 am- 10 am and then again Tuesday (6/08) when I woke up from (2 am-4 am). I went to my PCP Monday around 3 pm and they thought I had acid reflux or body aches. I called an ER Tuesday morning and was told chest pain was an emergency and should go to the ER. I went to the ER Tuesday at 4 am and was admitted for elevated heart enzymes and heart inflammation.
MYOCARDITIS	1450444-1	40-49 years	Pt developed chest pain a day later on 6/27. He came to Hospital ER for chest pain. He was found to have myocarditis. Cardiac catherization showed no obstructing CAD. Coxsackie antibodies were positive but old infection suspected. Infectious disease consultation suspects more vaccine related myocarditis than infections. Pt is being treated with NSAIDs and colchine. He did have prior Covid infection. He is has been hospitalized for 10 days so far but prolonged stay related to setting up home NIV not from myocarditis.
MYOCARDITIS	1450642-1	18-29 years	On 7/4 starting at 9 am until noon, he had substernal chest pain,with radiation to his left upper arm and 4th & 5th fingers. On a scale of 1 -10, it was a 6-7 at its worst. Though the pain stopped, he continued to have nausea, decreased appetite, but did not vomit. On 7/5 the pain started again and this time was associated with clammy hands and transient shoulder pain. he states he had Pfizer vaccine, 1st dose on July 2, 2021.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1453653-1	18-29 years	Acute myocarditis; Substernal chest pain; Chill; fever; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute myocarditis), CHEST PAIN (Substernal chest pain), CHILLS (Chill) and PYREXIA (fever) in a 25-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. LITERATURE REFERENCE: Acute myocarditis after a second dose of the mRNA COVID-19 vaccine: a report of two cases. Clinical Imaging. 2021;78:247-49 No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 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 MYOCARDITIS (Acute myocarditis) (seriousness criteria hospitalization and medically significant), CHEST PAIN (Substernal chest pain) (seriousness criterion hospitalization), CHILLS (Chill) (seriousness criterion hospitalization) and PYREXIA (fever) (seriousness criterion hospitalization). The patient was hospitalized from sometime in 2021 to sometime in 2021 due to MYOCARDITIS, then for 3 days due to CHEST PAIN, CHILLS and PYREXIA. At the time of the report, MYOCARDITIS (Acute myocarditis), CHEST PAIN (Substernal chest pain), CHILLS (Chill) and PYREXIA (fever) was resolving. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Angiogram: normal (normal) normal coronary arteries. In 2021, Blood pressure measurement: borderline (Borderline) 129/75 mmHg. In 2021, Body temperature: high (High) 39.1 degree celcius. In 2021, C-reactive protein (0-0.5): high (High) 25 ng/ml. In 2021, Echocardiogram: normal (normal) normal function and no significant valvular disease; ejection fraction was 55%. In 2021, Electrocardiogram: abnormal (abnormal) mild conclave ST elevation with no reciprocal changes. In 2021, Heart rate: normal (normal) 76 bpm. In 2021, Magnetic resonance imaging: abnormal (abnormal) normal left ventricular function, , subepicardial late gadolinium enhancement in the anterolateral wall of the mid and apical left ventricle, increased T1 (1450-1550 ms), T2 significant intensity (54-60 ms). In 2021, Oxygen saturation: normal (normal) 98%. In 2021, Red blood cell sedimentation rate (0-15): high (High) 25 mm/h. In 2021, Respiratory rate: normal (normal) 20. In 2021, Respiratory viral panel: negative (Negative) negative. In 2021, SARS-CoV-2 test: negative (Negative) negative (1 of 1) and negative (Negative) negative (2 of 2). In 2021, Troponin I (0-0.032): elevated (High) 14 ng/ml, elevated (High) 20.4 ng/ml on hospital day 2 and elevated (High) declined to 9.5 ng/ml on the morning of hospital day 3. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Acute myocarditis) to be possibly related. No further causality assessments were provided for CHEST PAIN (Substernal chest pain), CHILLS (Chill) and PYREXIA (fever). Concomitant product use was not provided. Treatment information was not provided. 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. This case was linked to MOD-2021-241512 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 29-Jun-2021: Follow up received by safety 30-Jun-2021 included an email with FTA. NNI; 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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1453654-1	18-29 years	Acute myocarditis; Sharp resteosternal chest pain that radiated to her L jaw and woke her from sleep for which she presented to an outside hospital; lightheadedness; unable to complete her usual exercise routine; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute myocarditis) and CHEST PAIN (Sharp resteosternal chest pain that radiated to her L jaw and woke her from sleep for which she presented to an outside hospital) in a 21-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. LITERATURE REFERENCE: Acute myocarditis after a second dose of the mRNA COVID-19 vaccine: a report of two cases. Clinical Imaging. 2021;78:247-49 The patient's past medical history included Electrocardiogram (normal), Stress test (normal) and Genetic polymorphism (4 years prior, normal). Family history included Long QT syndrome (in three of her siblings and her mother). On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 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 MYOCARDITIS (Acute myocarditis) (seriousness criteria hospitalization prolonged and medically significant), CHEST PAIN (Sharp resteosternal chest pain that radiated to her L jaw and woke her from sleep for which she presented to an outside hospital) (seriousness criterion hospitalization), DIZZINESS (lightheadedness) and EXERCISE TOLERANCE DECREASED (unable to complete her usual exercise routine). The patient was hospitalized from sometime in 2021 to sometime in 2021 due to MYOCARDITIS, and then for 2 days due to CHEST PAIN. The patient was treated with METOPROLOL for Adverse event, at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Acute myocarditis) had resolved and CHEST PAIN (Sharp resteosternal chest pain that radiated to her L jaw and woke her from sleep for which she presented to an outside hospital), DIZZINESS (lightheadedness) and EXERCISE TOLERANCE DECREASED (unable to complete her usual exercise routine) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, C-reactive protein (Unknown-10 ng/ml): normal (normal) 8 ng/ml. In 2021, Computerised tomogram thorax: negative (Negative) done to exclude pulmonary embolism-negative. Coronary arteries appeared normal with no abnormal course or origin. In 2021, Echocardiogram: abnormal (abnormal) mildly reduced LVEF of 50% with no wall motion abnormalities or significant valvular disease. In 2021, Electrocardiogram: abnormal (abnormal) diffuse, mild concave ST elevations and PR depressions without reciprocal changes. In 2021, Electrocardiogram QT interval: normal (normal) 384 ms and normal (normal) 428 ms. In 2021, Fibrin D dimer (Unknown-500 ng/ml): elevated (High) 640 ng/ml. In 2021, Magnetic resonance imaging: abnormal (abnormal) subepicardial enhancement in the inferolateral wall at the base, elevated values of 1200 ms for T1, as opposed to 950-980 for septal wall and 59-63 ms for T2 as opposed to 44-48 ms for the septal wall, elevated values in the inferolateral wall as compared to the interventricular septum. Normal left ventricular size and function.. In 2021, Red blood cell sedimentation rate (1 mm/h-20 mm/h): normal (normal) 7 mm/h. In 2021, Respiratory viral panel: negative (Negative) negative. In 2021, SARS-CoV-2 test: negative (Negative) negative. In 2021, Troponin (Unknown-0.3 ng/ml): elevated (High) 4.4 ng/ml, elevated (High) elevated troponin I of 2.3 ng/ml and elevated (High) declined to 1.3 ng/ml. In 2021, Vital signs measurement: normal (normal) normal (temperature=36.5, blood pressure=110/70, heart rate=70 bpm, respiratory rate of 18 and oxygen saturation of 99%. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Acute myocarditis) to be possibly related. No further causality assessments were provided for CHEST PAIN (Sharp resteosternal chest pain that radiated to her L jaw and woke her from sleep for which she presented to an outside hospital), DIZZINESS (lightheadedness) and EXERCISE TOLERANCE DECREASED (unable to complete her usual exercise routine). Concomitant medication not provided. 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. This case was linked to MOD-2021-241348 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 29-Jun-2021: Follow up received by safety 30-Jun-2021 included a full text article received.; 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.
MYOCARDITIS	1453913-1	18-29 years	19 y.o. patient who was hospitalized with the diagnosis of vaccine related pericarditis/myocarditis after developing SOB and chest pain. She is going to try to get more information on this patient, but she needs his consent. I will speak with patients father. In the interim, she is going to check with the hospital. In regards to the discharge summary, we will have to wait until the patient is discharged today, and it is translated. The reaction occurred about 3 days after receiving second dose.
MYOCARDITIS	1454057-1	18-29 years	myocarditis/pericarditis - shortness of breath, heart palipations, chest pains ongoing for multiple weeks
MYOCARDITIS	1454436-1	40-49 years	Chest pain/shortness of breath/fatigue Myocharditis Ejection Fraction of left ventricle 30% Hospitalization, Nitro patch/morphine, angiogram, ultrasound, MRI, Heart Failure Clinic Still in recovery
MYOCARDITIS	1454505-1	30-39 years	Patient developed fevers and malaise within 10 hours of the vaccine and then subsequently developed progressive shortness of breath and presented to the ED locally. Was thought to have a PE and underwent CT images which was equivocal. Transferred to our hospital where an MRI cardiac stress indicated myocarditis. Started on aspirin and colchicine and will require cardiology outpatient follow up. Patient is feeling better
MYOCARDITIS	1454603-1	30-39 years	Within 2 days, he had shortness of breath, rapid heart rate, body aches, fatigue. Sought treatment at the ER on 6/24. Heart rate was 220 bpm upon arrival. Had to be defibrillated back into normal rhythm. Was admitted to ICU for 6 days and diagnosed with myocarditis caused by Moderna vaccine and parainfluenza virus 3. Was in heart failure with heart function below 40%. Was released home on 6/29 with a life vest and 3 prescription medications to treat myocarditis.
MYOCARDITIS	1454674-1	18-29 years	day 0: deltoid soreness day 1: tactile fever and general malaise day 2: pressure like chest pain, non radiating, 2/10 in AM and 8-9/10 PM. fevers resolved. acetaminophen did not improved symptoms day 3: chest pain continued day 4: chest pain continued (ER visit)
MYOCARDITIS	1455110-1	18-29 years	Myocarditis and pericarditis
MYOCARDITIS	1455932-1	40-49 years	VF arrest 1 week after second Moderna vaccination. Successfully resuscitated, good neurologic outcome. Initial ejection fraction was low, 25%, currently improving. MRI with late gadolinium enhancement suggesting myocarditis. Troponin normal. Genetics panel without polymorphism predisposing to cardiomnyopathy.
MYOCARDITIS	1456783-1	18-29 years	I would wake up at around 3 to 4am with severe inner chest pain and it would take around 2 hours to calm down. I am now taking Colchicine to reduce inflammation.
MYOCARDITIS	1457046-1	30-39 years	myocarditis - severe burning chest pain that lasted several hours. This is in addition to fatigue, fever, chills, and perspiration.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1457433-1	18-29 years	Patient developed myocarditis and required admission to Hospital 4 days after second dose of Moderna vaccine. An EKG obtained in the ER showed diffuse ST elevations versus early repolarization 6/7/21. The troponin checked in the ER came back to be positive for an acute myocardial infarction. He was emergently taken to cardiac catheterization lab 6/7/21 where his coronary angiogram was negative for significant coronary artery disease. His pre-discharge LVEF was normal.
MYOCARDITIS	1457455-1	18-29 years	7 days following second dose, developed chest pain. Admitted 6/11/2021 with myocarditis -CMR proven. Slowly recovering.
MYOCARDITIS	1457461-1	30-39 years	Had a traumatic heart episode 32 days after vaccine and was rushed to hospital after feeling intense chest pains. Later diagnosed with Myocarditis.
MYOCARDITIS	1459225-1	30-39 years	chest inflammation (heart); fatigue; chills; fever; sweats; large got hot spot on arm (for one week); chest tension; This is a spontaneous report from a contactable consumer (patient). A 32 years old non-pregnant female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Formulation: Solution for injection, Lot Number: Ew0191), via an unspecified route, administered in Left Arm on 25May2021 (at the age of 32-year-old at vaccination) as Dose 2, single for COVID-19 immunization. The patient was non-pregnant at time of vaccination. The patient's medical history included high blood pressure, known penicillin allergy. The patient's concomitant medications included norethindrone acetate and hydrochlorothiazide, triamterene within two weeks of Covid-19 vaccination. Facility where the most recent COVID-19 vaccine was administered was reported as other. The patient had not received any other vaccine within four weeks of Covid-19 vaccination. The patient was not diagnosed with Covid infection prior to vaccination. The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Formulation: Solution for injection, Lot Number: Ew0179), via an unspecified route, administered in Left Arm on 04May2021 (at the age of 32-year-old at vaccination) as Dose 1, single for COVID-19 immunization. After first shot, experienced two weeks of extreme brain fog and fatigue. On 25May2021 (after the second shot), the patient had experienced fatigue, chills, fever, sweats, large got hot spot on arm (for one week) and chest tension. Diagnosed with chest inflammation (heart) and prescribed Prednisone after one month of symptoms. These adverse events resulted the patient to Doctor or other healthcare professional office/clinic visit. Since the vaccination, the patient was not been tested for COVID-19. The patient received Prednisone as treatment medication for the resulted events. The outcome of the events was recovering. Follow-up attempts are possible. Further information is expected.
MYOCARDITIS	1459455-1	18-29 years	Sharp chest pains when inhaling, shortness of breath, and mild fever. They lasted for about 5 days, but I never went to the doctor because I was unaware of Myocarditis as a side effect prior to taking the shot.
MYOCARDITIS	1459883-1	30-39 years	myocarditis; Muscle spasms near heart
MYOCARDITIS	1460349-1	18-29 years	I had Covid-19 within a week of my first dose in May of 2021. Two days after the vaccine I woke up with chest pain. I was sweating and I felt really tired. I had an uncomfortable feeling in my chest. On 6/25/2021 I went to the ER at Hospital and I was diagnosed with Myocarditis. My Troponin level was 109. I was admitted to the hospital for three days. I was transported to another Hospital. I was still having chest pain when I was discharged, and I still had some chest discomfort and exhausted. By 06/02/2021 I felt better. I was advised to consult a cardiologist within the next couple of months.
MYOCARDITIS	1461752-1	40-49 years	Acute myocarditis with decompensated heart failure
MYOCARDITIS	1461883-1	18-29 years	I had a stomach virus a week after receiving the vaccine, then the following week began to develop chest pain which progressed to include fatigue and shortness of breath. I lost tolerance to caffeine and alcohol, and the symptoms got worse. I ended up in the er on June 7th and tested positive for blood troponin. I was diagnosed with myopericarditis secondary to covid vaccine or a viral infection after further tests and an echocardiogram. I am receiving 600mg of ibuprofen three times per day along with .6mg of colchinine twice a day for the next few months.
MYOCARDITIS	1461903-1	18-29 years	Woke up with a loud heartbeat and severe chest pain, especially when breathing in - shortness of breath, dizzy/confused, anxious. Went to the emergency room and was given an ECG which was abnormal, tested positive in blood test for blood clot but was negative on a CAT scan. Doctor stated it was minor myocarditis, was perscribed ibuprofen and percocet and sent home
MYOCARDITIS	1461974-1	18-29 years	Patient developed chest pain c/w myopericarditis, troponin elevated. transferred to tertiary care facility
MYOCARDITIS	1462163-1	18-29 years	Myopericarditis, Motrin and Colchicine.
MYOCARDITIS	1463962-1	40-49 years	Found unresponsive on the floor of her residence; DOA in the ER
MYOCARDITIS	1464028-1	18-29 years	Acute Myocarditis - no etiology identified on discharge from hospital however few viral studies were pending. Pt admitted with chest pain and elevated troponin.
MYOCARDITIS	1464144-1	18-29 years	PER MEDICAL RECORDS RECEVED FROM THE HOSPITAL- PATIENT PRESENTED TO THE HOSPITAL WITH CHEST PAIN AFTER RECEIVING HIS SECOND COVID VACCINE THREE DAYS PRIOR. COMPLAINED OF NECK PAIN AND HEADACHE IN THE DAYS AFTER HIS SHOT. ON 7/7 THE PATIENT DEVELOPED CHEST PRESSURE IN THE RETROSTERNAL AREA. MEDICATIONS GIVEN INPATIENT: ASPIRIN, 81 MG = 1 TABS, ORAL, DAILY. LOPRESSOR, 12.5 MG = 0.5 TABS, ORAL, Q12H. SODIUM CHLORIDE 0.9% BOLUS, 1000ML, IV BOLUS, ONCE. SODIUM CHLORIDE 0.9% FLUSH, 5 ML, IV FLUSH, Q8H. PER MEDICAL RECORD, PATINET WAS DISCHARGED 07/10/21 AND WAS TO FOLLOW UP OUTPATIENT WITH 2 DIFFERENT DOCTORS
MYOCARDITIS	1464317-1	18-29 years	Adverse event: acute myocarditis/pericarditis. 2 days after receiving Pfizer #2, dev substernal chest pain, largely positional with positional dry cough. Also had left arm numbness/paresthesia after second vaccine. Treatments: 1 dose enoxaparin, IVF, ondansetron x 1, then placed on/discharged from hospital on colchine Never had fever or tachycardia

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1464427-1	40-49 years	5/31 patient developed chest pain while at work, presented to clinic at work. Had ECG changes, and MI was suspected, received SL NTG. 35 minutes after nitro she collapsed pulseless and apneic, cyanotic with agonal breathing and posturing. CPR initiated, external defibrillator was used with CPR device-received 4 shocks which failed. Spontaneously converted to sinus rhythm with restoration of pulse, awoke intact neurologically. Transferred to Hospital, underwent emergent LHC, did not show infarction and had normal epicardial anatomy. TTE was normal. CTA confirmed LLL small Pulmonary Embolism. Was started on Xarelto. She had an NSTEMI type II subendocardial injury secondary to V. fib arrest in context of PE or arrhythmia. Lab tests done during admission significant for mild transaminitis with AST 132, ALT with 36 ALP 51, triglycerides 608 unable to calculate LDL, beta-2 glyco 1 IgG normal at less than 9, lupus anticoagulant not detected, double-stranded DNA antibody 2 which is normal, ANA not detected, cardiolipin antibody IgG less than 10 which is normal, cardiolipin antibody IgM less than 10 which is normal, complete blood count unremarkable. Cardiac MRI with scar likely secondary to myocarditis. Started by cardiology on colchicine. Unknown etiology for pulmonary embolism, perhaps result of arrest/cpr. Had ICD placed.
MYOCARDITIS	1464544-1	18-29 years	Eight hours after receiving the first dose, I experienced flu like symptoms, muscle aches, joint pain, chills, headache, and a fever. Then those symptoms went away. I had pain in the injection site for two days. In April 2021, I spent 4 nights in the hospital. I was diagnosed with Myocarditis. I was also hospitalized for 3 days in May as well. On the 8th of July, I spent 1 day in the hospital. I received blood thinners when I was in the hospital. I am currently taking anti inflammatory medication.
MYOCARDITIS	1464726-1	18-29 years	Myocarditis, with troponin elevation, verified on cardiac MRI
MYOCARDITIS	1465112-1	30-39 years	Patient died we think on March 27th although he wasn't found until March 28th. We are waiting for the histology report on his cardiac tissue samples. We are suspecting myocarditis.
MYOCARDITIS	1466011-1	30-39 years	"Dose 1 was given on 1/9/21. Dose 2 was given on 2/6/21 Lot #042L20A. 12 hours after receiving the 2nd dose I had chills, and had a fever that reached 103 degrees. I was very tired & had body aches. The symptoms stopped approximately 24 hours later. The morning of 6/29/21 at approximately 5:30 am, as I was getting ready for work, my upper body became numb & collapsed. I began coughing & coughed up frank blood. I was lethargic & having difficulty keeping my eyes open, and chest pain on my right side. I was transported to Hospital via ambulance. My troponin levels were elevated & after a Chest CT, they found a lung nodule on my upper right lung. I was diagnosed with myocarditis & the lung nodule. I was hospitalized & had an echocardiogram the next day. After being discharged home, I felt normal, other than some pain in my chest when I would cough or sneeze. On July 7th, my chest pain became worse. I was unable to contact my PCP, therefore I went back to the ER. My troponin levels were normal & was given tramadol and a lidocaine patch for the pain. Since then I have had a ""dull"" pain in my right chest, however I have not had to take any medications for this."
MYOCARDITIS	1466553-1	40-49 years	Woke up the next morning feeling sore at shot site and as the day progressed my body started to ache all over. For the next 2 days after this, I will alternate between having the chills and having intense sweats. On Friday 06/25/2021, I woke up to my chest hurting , I could not catch my breath, it felt like I had a very heavy weight on my chest . I went to the emergency room which is a part of the Hospital. After the initial tests the physician told me with 99% certainty that I had had a heart attack. Soon after this they rushed me by ambulance from hospital to hospital which is about 20 miles or so. They rushed me in and completed an arteriogram within minutes of arriving at the hospital. They confirmed with this test that is was not a heart attack and after several more test, the doctor that I had developed Myocarditis due to the vaccine shot. The admitted me into the hospital on 06/25/2021 for observation and to run more test until I was stable enough to go home. I stayed in the hospital for 1 evening and was discharged on 06/26/2021 at about 1:00 or 2:00 that afternoon. The doctor prescribed several medications for me to take for my heart for the next foreseeable future. On 06/30/2021 I had a visit to my new cardiologist in which he ran several test and stating that I was looking better, but he had ordered an MRI to take place on 07/06/2021 at Hospital. I have a follow up visit for my cardiologist slated for 07/19/2021 in which I will find out more information.
MYOCARDITIS	1474708-1	40-49 years	Myocarditis with cardiac cath with normal coronary arteries. + troponin. Symptoms of chest pain onset 2 days post vaccine.
MYOCARDITIS	1474813-1	18-29 years	I experienced heart failure due to Myocarditis and had to be rushed to the hospital. I was administered IV fluids, blood thinner, and medication to help with the inflammation of my heart. I am currently under the care of a Cardiologist and still have symptoms that need to be treated until further notice.
MYOCARDITIS	1478351-1	30-39 years	7/10/2021 I was diagnosed with Myocarditis with a possible slight Pericarditis 7/8/2021 I started to feel like I was getting an allergy attack (Hay Fever) that turned into a real fever. 7/9/2021 I was starting to feel dizzy and my legs were starting to hurt really bad. I also had shortness of breath, a bad headache and a sensitivity to light. In and out of fever 7/10/2021 I woke up with a horrible chest pain (pressure) got up and almost passed out while I had the overwhelming feeling of nausea. In and out of fever. Blood results show that my Troponin levels were 3.730 ng/mL. It took four days for them to start to come back down.
MYOCARDITIS	1481406-1	18-29 years	myopericarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1481746-1	30-39 years	On and off pain in his chest- myocarditis; Chest pain radiates from his front to back; Patient is a little a little scared; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (On and off pain in his chest- myocarditis) in a 38-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 033C21A and 039C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 24-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 21-Jun-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (On and off pain in his chest- myocarditis) (seriousness criterion medically significant), CHEST PAIN (Chest pain radiates from his front to back) and FEELING ABNORMAL (Patient is a little a little scared). The patient was treated with IBUPROFEN at an unspecified dose and frequency and PARACETAMOL (TYLENOL) at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (On and off pain in his chest- myocarditis), CHEST PAIN (Chest pain radiates from his front to back) and FEELING ABNORMAL (Patient is a little a little scared) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 22-Jun-2021, Body temperature increased: 37.5c' (Inconclusive) Temperature increased to 37.5C'. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosing remained unchanged. The patient stated that he received his first dose of the Moderna COVID-19 vaccine on 24 May 2021 and his second dose on 21 Jun 2021 at a local Pharmacy. He was fine following the first dose. The second day after receiving the second dose, he had a temperature that increased to 37.5 C. He took Ibuprofen and Tylenol as treatment medications, which helped. About 5 days ago, he started having on and off pain in his chest-myocarditis, and the pain radiated from his front to back. He was a little scared, as he had read on the CDC website that myocarditis is a side effect of the Moderna COVID-19 vaccine. He has never experienced symptoms like these before, as he is athletic but has not worked hard. Hence, the side effect was strange to him. He planned to call his doctor on Monday 5 Jul 2021. No concomitant medication was provided by the reporter. Very limited information regarding these events has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested.
MYOCARDITIS	1482881-1	18-29 years	Increased heartbeat, heart palpitations, significant increase in blood pressure at 150/90, for a healthy young 23 year old who would usually receive a blood pressure test of 120/70 during normal circumstances. Inability to sleep or stay asleep since the vaccination, every time I attempt to fall asleep, heart rate increases, convulsion occurs followed loss of feeling in extremities. Cognitive decline, inability to remember certain events, and communication skills have greatly diminished. Reduced Appetite. Neurological Symptoms (Numbness throughout body, Entire body is numb). Anxiety Attacks.
MYOCARDITIS	1482886-1	18-29 years	Left sided chest pressure (concern of myocarditis); Left sided chest pressure (concern of myocarditis); Left sided chest pressures, like a chest pain on the left side; Shortness of breath; Chills; Wasn't feeling good with joint pain; Wasn't feeling good with joint pain/Wasn't feeling good after he received the vaccine; Not feeling well; Whole time from the time he got the dose till now he is been not feeling good; Fatigued/Still feeling fatigued; A lot of congestion; Sick; Muscle injection site was painful, arm was sore; Arm pain, the site of injection was really painful; Muscle injection site was painful, arm was sore; Arm pain, the site of injection was really painful; He didn't looked good at all, he just looked white; Ear infection; This is a spontaneous report from a contactable other healthcare professional . A 20-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Batch/Lot Number: EW0178; Expiration Date: 31Aug2021), dose 1 via an unspecified route of administration, administered in Arm Left (at the age of 20-years-old) on 02Jun2021 as single dose for COVID-19 immunization. Medical history included asthma from an unknown date and ongoing. Concomitant medication(s) included salbutamol sulfate (PROAIR [SALBUTAMOL SULFATE]) taken for an unspecified indication, start and stop date were not reported. Nurse stated, Initially when he has a dose of the first dose like two three days after he was experiencing, he also had a muscle that was given, he had a muscle injection site was painful, that arm was sore that was given, but he also started experiencing shortness of breath and same left sided chest pressure and I called his pediatrician and that's why we are just watching him because it wasnt to the point where he was full blown shortness of breath, full blown chest pressure stayed last for a couple of days then getting it worst. But he had the chills, he had fatigue is still there and it started to subside and then couple days after since it subside, fatigue never left but then he started to get chills again and fatigue was even more pronounce and then started more congestion and then he has ear infection, which we took him to doctor 2 days ago and he has started antibiotics. So the whole time from the time he got the dose till now he is been not feeling good, so now with the antibiotics he is feeling a little better and on 04Jun or 05Jun, like Friday to Saturday he was expecting little shortness of breath and then he was having a little bit of left side chest pressure, he had the arm pain initially and the site of injection was really painful and then the fatigue probably started the same time Friday Saturday he just, he didn't looked good at all, he just looked white. The patient experienced left sided chest pressure (concern of myocarditis), like a chest pain on the left side, shortness of breath, chills on an wasn't feeling good with joint pain wasn't feeling good with joint pain/wasn't feeling good after he received the vaccine; not feeling well; whole time from the time he got the dose till now he is been not feeling good, fatigued/still feeling fatigued on an unspecified date, ear infection on 19Jun2021 and a lot of congestion, muscle injection site was painful, arm was sore; arm pain, the site of injection was really, muscle injection site was painful, arm was sore; arm pain, the site of injection was really painful, he didn't looked good at all, he just looked white on an unspecified date. The patient was treated with antibiotics for ear infection. The patient underwent lab tests and procedures which included sars-cov-2 test result: negative. Caller stated His sons next dose (of Pfizer COVID vaccine) is due Wednesday. But until now he has not been feeling good. I don't want to give him the vaccine when he's sick. Does that make a difference with the effectiveness if I delay the second dose and she heard people had worse side effects for the first few days with fevers, body aches, nausea, fever and subsided and then they take their 2nd dose and are better after the 2nd dose, also stated her sons symptoms were not acute, but is not sure if it is coincidental if his ear infection was due to the vaccine. The outcome of the events were reported as unknown.; 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 myocarditis 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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1482901-1	30-39 years	I have experienced Myocarditis symptoms; This is a spontaneous report from a contactable consumer (patient). A 31-years-old male patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for Injection, Batch/Lot Number: ER8729), via an unspecified route of administration, in left arm on 19May2021 16:00 (04:00 PM) (at the age of 31-year-old) as dose 2, single for COVID-19 immunization. The patient medical history was not reported. Patient had no Known allergies. The patient concomitant medication included omeprazole. 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. The patient previously took first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for Injection, Batch/Lot Number: ER8733), via an unspecified route of administration on 14Apr2021 16:00 (04:00 PM) (at the age of 31-year-old) as dose 1, single for COVID-19 immunization. The patient experienced myocarditis symptoms since a week after the second dose of the Pfizer vaccine on and off on an unspecified date. Patient was still experiencing them 7 weeks after his second dose. Adverse event resulted in doctor or other healthcare professional office/clinic visit. The patient did not receive treatment for the event. Since the vaccination, the patient has not been tested for COVID-19. Outcome of the event was not resolved. Information on Lot/Batch number was available, additional information has been requested.
MYOCARDITIS	1482911-1	18-29 years	Tired; Myocarditis; Pericarditis; Chest pain; sickness; Fever; Throwing up; This is a spontaneous report from a contactable consumer (patient parent). A 18-year-old male patient received second dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number EW0185 and expiration date was not reported), via unspecified route on 12May2021, as dose 2 single dose for COVID-19 immunization. The patient medical history was not reported. The patient concomitant medications included Somatropin (NORDITROPIN) and Letrozole. The patient previously took first dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, 14Apr2021 (Lot number EW0161 and expiration date was not reported), (age at vaccination 17-years-old), via unspecified route on as single dose for COVID-19 immunization.The patient had not received any other vaccines within 4 weeks prior to the COVID vaccine. On an unspecified date 2021, patient experienced chest pain and he did not know that was a side effect with the myocarditis and pericarditis, also he had normal sickness that he had fever and throwing up and tired. When He had the first shot, was 17 and he was 18 when he had the second one. The patient took Ibuprofen, as treatment drug the next day after he had the shot. The outcome of all events were unknown Information on Lot/Batch number was available. Additional information has been requested.
MYOCARDITIS	1482997-1	30-39 years	Suspected heart inflammation; high heart rate; chest pain; palpation; This is a spontaneous report from a contactable consumer (patient). A 37-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Batch/Lot Number: EW0183) via an unspecified route of administration in Arm Right on 11Jun2021 12:45(at the age of 37 years old) as dose 2, single for COVID-19 immunisation. The patient medical history was not reported. Concomitant medication the patient received within 2 weeks of vaccination included metoprolol tartrate (METOPROLOL TARTRATE) taken for an unspecified indication. The patient's historical vaccine included first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot no: EW0183) via unspecified route of administration on 24May2021 as dose 1, single for COVID-19 immunisation. The patient did not receive any other vaccines within 4 weeks prior to the COVID. Prior to vaccination the patient was diagnosed with COVID-19. The patient experienced suspected heart inflammation, high heart rate, chest pain, and palpation on 12Jun2021 10:00. Adverse event resulted in doctor or other healthcare professional office/clinic visit. Treatment received for the adverse event was colchicine. Since the vaccination the patient has not tested for COVID-19. The patient underwent lab tests and procedures which included sars-cov-2 test: positive on an unspecified date. Outcome of the events not recovered. Follow-up attempts are completed. No further information is expected.
MYOCARDITIS	1483136-1	30-39 years	Heart inflammation or Myocarditis/Pericarditis; Heart inflammation or Myocarditis/Pericarditis; Chest pain; Abnormal heart rhythms; Fever on and off for almost 3 days; Mild diarrhea; Fatigue; Shortness of breath; Lightheadedness; This is a spontaneous report from a contactable consumer (patient). A 37-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection; lot number was reported as EWOM), via an unspecified route of administration on the left arm on 09Jun2021 14:45 (at the age of 37-years-old) as dose 2, single for COVID-19 immunisation. Medical history included gallbladder polyp. Concomitant medication included an unspecified vitamin (other medications the patient received within 2 weeks of vaccination). The patient previously received to first dose of BNT162B2 (Lot number: EW0178,) via an unspecified route of administration on the left arm on 19May2021 03:15 AM (at the age of 37-years-old) as dose 1, single for COVID-19 immunisation. The patient didn't receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient hadn't been tested for COVID-19. On 09Jun2021 at 22:00, the patient experienced fever on and off for almost 3 days, heart inflammation of myocarditis/pericarditis; more specifically, chest pain, abnormal heart rhythms, mild diarrhea, fatigue, shortness of breath, and lightheadedness. No treatment was received by the patient. The outcome of the event fever was recovered in Jun2021; while for the other events was recovering. Information about batch/lot number has been requested.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1483248-1	40-49 years	Myocarditis; Chest pain; high fever; Inflamed lymph nodes; This is a spontaneous report from a contactable other hcp.A male patient of 43 years old received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration on 26Jan2021 13:00 (Batch/Lot Number: EL3249) as DOSE 2, SINGLE for covid-19 immunisation. Medical history included splenectomy from 1995 to an unknown date, mildly high cholesterol.He gets the Pneumovax because he is immunocompromised and gets kind of sick feeling. He gets it every 5 years and does get a fever afterwards; he got the Flu vaccine in Sep2020 or early Oct2020.he got the Flu vaccine in Sep2020 or early Oct2020.The patient's concomitant medications were not reported. Patient previously received the first dose of bnt162b2 on 05Jan2021 for covid-19 immunization. The patient experienced myocarditis in Mar2021 with outcome of recovered, high fever on 27Jan2021 with outcome of recovered, inflamed lymph nodes on 27Jan2021 with outcome of recovering, chest pain in Mar2021 with outcome of unknown. Stated that he received his 2nd dose on 26Jan2021 and had really inflamed lymph nodes and a very high fever. He didn't have chest pain until 4-6 weeks later; around Mar2021. Stated that his lymph nodes were really inflamed for about 2 months after the 2nd dose. They were so inflamed that he said he had a hard time turning his head. States that the other day he was saying that his lymph nodes were still inflamed. He had a very high fever for about 2 days. States this was concerning because they were told that if he had a high fever he would need antibiotics right away because of his splenectomy. He was having chest pain every night when he laid down, but then it got severe, and normally he doesn't complain of anything. He went to the doctor the next day and had an EKG and blood work. Caller states that she doesn't remember the date this occurred, only that it was probably sometime in Mar2021. States that they weren't worried about anything on the EKG, and he had mildly high cholesterol. His doctor put him on Lipitor and Prilosec OTC, but now they are questioning whether he needs to be on them. Stated that about a month later it came out that myocarditis was a side effect of the vaccine. When they read the symptoms they realized that's what he had because every symptom matched, but at the time the doctor didn't know to be looking for that.Stated that the symptoms have gradually gone away. The patient underwent lab tests and procedures which included blood test: unknown, electrocardiogram: unknown. Therapeutic measures were taken as a result of myocarditis, chest pain. The causality between BNT162B2 and Inflamed lymph nodes, high fever was related.
MYOCARDITIS	1483316-1	30-39 years	chest pain/experienced chest pain, but it was more like a radiating pain that also effected their neck and arm; chest pain/experienced chest pain, but it was more like a radiating pain that also effected their neck and arm; chest pain/experienced chest pain, but it was more like a radiating pain that also effected their neck and arm; chest pain/experienced chest pain, but it was more like a radiating pain that also effected their neck and arm; patient had some of the symptoms of the myocarditis or pericarditis; patient had some of the symptoms of the myocarditis or pericarditis; This is a spontaneous report from a contactable pharmacist. A 33-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation solution for injection, Batch/Lot Batch/Lot number was not reported) via an unspecified route of administration and administered in left arm on 07Jun2021 (at age of 33 -years-old) as first dose 0.3 ml, single dose for COVID-19 immunization get protection from covid 19. The patient medical history and concomitant medications were not reported. Caller was a pharmacist calling on behalf of her patient who received the first dose of the Pfizer-BioNTech COVID19 vaccine on 7 Jun 2021 and experienced chest pain, but it was more like a radiating pain that also effected their neck and arm on the same day of vaccination. The patient came in to get their second dose. patient had some of the symptoms of the myocarditis or pericarditis. He was supposed to get the vaccine on Monday (28 Jun 2021) but caller said she wanted to talk to Pfizer to see if we had any recommendations on getting the second dose with a potential of having myocarditis or pericarditis. The chest pain lasted 3-4 days and was improved. Investigations as the caller does not think the patient had any tests done as he didn't seek any medical attention about this. Outcome of the chest pain was recovered on unspecified date in 2021 and other events was unknown. Reporter seriousness for chest pain but it was more like a radiating pain that also effected their neck and arm as Not serious and assessed as Related. Information on the lot/batch, further information has been requested.; Sender's Comments: As there is limited information in the case provided, the causal association between the events Myocarditis and Pericarditis and the suspect drug bnt162b2 cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of 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.
MYOCARDITIS	1483800-1	40-49 years	The morning following my injection I had very bad left armpit pain and I could actually feel a swollen lymph node. This pain was worse than the injection site pain. As the morning went on I developed a heaviness in my chest-which was worse when I took a deep breath-and palpitations. I also had all the typical symptoms like lightheadedness, body aches, fatigue, nausea, a low grade fever and headache. All the symptoms resolved after 1-2 days except for the chest heaviness and occasional palpitations. After 6 days of no relief of the chest symptoms I went to my local clinic. My heart rate was elevated but the Dr there told me I did not have a PE based on my symptoms. He said to go to the ER if I wanted to have a CT scan of my chest to rule out a PE for peace of mind. The next morning I saw my primary doctor since I didn't get any real answers of what my symptoms were. Again my heart rate was elevated. She did an EKG which did not show any palpitations but she diagnosed my symptoms as peri/myocarditis and I was prescribed 5-10 days of naproxen.
MYOCARDITIS	1483922-1	40-49 years	Heart palpitations and inflammation
MYOCARDITIS	1484298-1	18-29 years	Patient developed fever, myalgia, headache, chills, joint pain, and pain behind the eye following recent travel and 20 days post second dose of Moderna vaccine. Troponin of 0.44/high Troponin 507.94. Patient was managed for a broad differential includign Myocarditis (viral vs. COVID vaccine) and received Vancomycin, Unasyn, Doxycycline, Ibuprofen and colchicine. Patient currently stable and discharged after 3 days of admission.
MYOCARDITIS	1484767-1	18-29 years	Myopericarditis. Relatively asymptomatic admitted 6/15/21 with Left sided pleuritic chest pain 48 hrs. after 2nd Pfizer COVID vaccination.
MYOCARDITIS	1485124-1	30-39 years	I have the pain in my heart that is being commonly described and downplayed by the media, likely myocarditis, I'm coming up on a month of getting the first dose and the slight pain has come and gone since first getting the shot. Today it is noticeably worse and more persistent than before, I am feeling this pain with every 5th breath or so. I WILL NOT be getting the second shot, the fact that people are expected to get this vaccine in mass is ludicrous and criminal

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1485642-1	18-29 years	Pt is a 19-year-old male with past medical history of hyperlipidemia, obesity who presents this hospital on 7/19/21 for chest pain and shortness of breath following administration of COVID-19 vaccination Moderna X 4 days. Patient noted to persistent substernal chest pain radiating to left upper extremity present upon exam at its worst 3/10 relieved with Advil and aspirin for which patient was taking daily following a COVID-19 vaccination Moderna first dose 7/15/2021. Patient stated pain persisted despite taking over-the-counter analgesics and had difficulty breathing today thus transported himself to the emergency department for further evaluation. Patient d admitted to subjective chills without recorded temperature, myalgias without rash, difficulty swallowing, palpitations, orthopnea, PND, increased weight gain, abdominal pain, nausea vomiting or diarrhea. Patient prior allergic reactions. Patient denied history of MI, TIA, CVA, thromboembolic events. Significant family history of mother MI and Graves' disease.
MYOCARDITIS	1486067-1	30-39 years	Chest pain with NSTEMI - troponin elevated to 6, downtrended. No EKG changes. TTE without reduced EF or wall motion abnormalities. Left heart cath did not show any significant CAD. Therefore, we believe this was a case of mRNA myocarditis from the 2ns Moderna dose 48 hours prior
MYOCARDITIS	1487367-1	18-29 years	Patient developed chest pain starting 48 hours after the 2nd dose of Moderna vaccine. Progressively worsened. Presented to the hospital 72 hours after the vaccine with mildly abnormal ECG and elevated troponin level. Underwent cardiac catheterization without coronary artery disease. Diagnosis of myocarditis made.
MYOCARDITIS	1487493-1	18-29 years	HISTORY OF PRESENT ILLNESS: The patient is a very pleasant previously healthy 22-year-old male, who just finished his second COVID vaccine on 07/07/2021 and developed chest pain, fever, nausea. He presented to the ER where troponins were noted to be elevated, he was transferred here for further evaluation and treatment based on his cardiac condition and his insurance status. HOSPITAL COURSE: COVID-19 vaccine induced myopericarditis: The patient was admitted to telemetry. He was placed on colchicine. The doctor was kind enough to see the patient in consultation. She recommended supportive care. Echocardiogram showed preserved left ventricular function at this time. It appears that the patient is tolerating the condition well; however, this is a very new clinical entity, so he will need close followup with cardiology. I did ask the infectious disease nurse to notify the CDC that the patient did have this complication related to his vaccine, a known entity with COVID vaccination.
MYOCARDITIS	1487748-1	30-39 years	I experienced chest pains off and on a week after receiving the vaccine; then, a couple of weeks later and the pain stopped but returned the following week. I went to the ER three or four weeks ago. The ER personnel asked me some questions, took my blood and did a EKG to find out why I was experiencing chest pains. The ER doctor said that I was experiencing heart inflammation as a result of the vaccine (dose 2). I was give a prescription for a 6-day pack of prednisone upon being released from the ER. I am under orders from my PCP to refrain from any rigorous activities until further notice.
MYOCARDITIS	1490059-1	40-49 years	Myopericarditis on April 10, 2021, followed by 40 strokes on 4/25 caused by myopericarditis, then 2 more strokes on May 30
MYOCARDITIS	1490549-1	40-49 years	A few days after the shot I felt bad. About a month afterwards, I got pneumonia and went to the ER. During a chest x-ray, they found that my heart was enlarged. They sent me home and two weeks later I went to work. I started having chest pains, but I thought that I pulled a muscle at work. I went to the ER and was told about the inflammation of my heart and they thought I was having a heart attack. I also tested positive COVID and was rushed to another hospital that was better staffed to treat people like myself. I was diagnosed with a leaky valve, arrhythmia, and myocarditis.
MYOCARDITIS	1492094-1	30-39 years	Suspected myocarditis and diagnosed tachycardia when seen by physician days later. Tachycardia lasted for period of 3 weeks.
MYOCARDITIS	1493185-1	18-29 years	I believe these symptoms are consistent with the reports of myocarditis; Headache; Shortness of breath; Chest tightness all sustained between 12-24 hours after receiving 2nd dose; This is a spontaneous report from a non-contactable consumer, the patient. A 24-years-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, solution for injection, Batch/Lot Number: EWO198), via an unspecified route of administration, administered in Arm Left on 05Jul2021 at 20:15 (at the age of 24-years-old) as single dose for covid-19 immunization. Facility type vaccine was Pharmacy or Drug Store. Medical history included known allergies to Penicillin from an unknown date and unknown if ongoing, covid-19 from an unknown date and unknown if ongoing (If covid prior vaccination: Yes). There were no concomitant medications. Historical vaccine included previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, solution for injection), via an unspecified route of administration, administered in Arm Left on 14Jun2021 at 20:15 (at the age of 24-years-old) (Batch/Lot Number: EWO181) as single dose for covid-19 immunization and did not experience any adverse reaction. No other vaccine administered in four weeks. Adverse event description stated by patient as on 06Jul2021 at 08:00 was headache, shortness of breath, and chest tightness all sustained between 12-24 hours after receiving 2nd dose. Took 2 Tylenol 24hrs after 2nd dose, symptoms dissipated, reappeared next morning, albeit reduced severity. I believe these symptoms are consistent with the reports of myocarditis (though the symptoms are admittedly nondescript) experienced by others in my demographic group following the 2nd dose. Patient was tested covid post vaccination. The patient underwent lab tests and procedures which included Nasal Swab test on 07Jul2021 with unknown result. The patient received treatment for the events. The outcome of the events was recovering. No follow-up attempts are possible. No further information is expected.
MYOCARDITIS	1494196-1	18-29 years	presented to the emergency room with symptoms of chest pain. He received Moderna covid vaccine on Tuesday and since then he has been having symptoms of myalgias and chest pain. He mentions that the chest pain is substernal, gets worse with deep breaths. It gets worse when he lays on his back. And feels better when he sits up. He also had subjective fevers. When he presented to the emergency room he was having crushing chest discomfort with a troponin level at 10 and was referred for an emergent coronary angiography with concerns for acute coronary syndrome. Diagnosis/Impression: Acute myocarditis after Covid vaccination: Based on positional changes and pleuritic nature of the chest pain. Given troponin level left hand and ongoing crushing chest discomfort he was emergently taken to the Cath Lab where he does not have any significant coronary artery disease or thrombotic occlusions. LV gram shows hyperdynamic LV systolic function. At this time his symptoms are consistent with myocarditis.
MYOCARDITIS	1495675-1	18-29 years	Dx:Pericarditis Combination of sharp and dull pain similar to episode in 04/2018 s/s: Dyspnea with lying down or orthopnea, palpitations, acute chest pain or pressure Alternative diagnosis ofr the patietn's s/s other than myocarditis are MI, PE. Alternatice etiology for cause for the patient's myocarditis: History of pericarditis in 04/2018 similar symptoms to this time. Due to the past history, I feel this is not a pertinent case to include in our overall data, but if so we will need to review the hospitalization records from 05/20/2021. 06/11/2021: Further review of records from ED visit 5/20, follow up and labs, I feel this patient should not be included due to past medical history of pericarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1497206-1	**30-39 years**	Cardiac Magnetic Resonance Imaging Demonstrating Acute Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Cardiac Magnetic Resonance Imaging Demonstrating Acute Myocarditis) in a 31-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included COVID-19 (She had a laboratory confirmed COVID-19 infection 7 months before) in November 2020. In March 2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In April 2021, the patient experienced MYOCARDITIS (Cardiac Magnetic Resonance Imaging Demonstrating Acute Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Cardiac Magnetic Resonance Imaging Demonstrating Acute Myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In April 2021, Ejection fraction: 57 percent (normal) normal. In April 2021, Magnetic resonance imaging heart: normal (normal) Normal systolic function with no regional wall motion abnormalities, pericardial effusion, thickening, or enhancement, acute myocarditis (abnormal) On T2 mapping, there were skip areas of epicardial edema involving the basal inferior, basal, mid, and apical lateral segments (59 ms-66 ms, normal <55 ms) and nonischemic myocardial injury on native T1 mapping (1,117 ms-1,137 ms, normal 950 ms-1,050 ms), acute myocarditis (abnormal) Epicardial fibrosis and acute myocarditis (abnormal) Interstitial expansion (40%-44%, normal <28%). In April 2021, SARS-CoV-2 test: negative (Negative) When the patient was presented to the emergency department. In April 2021, Troponin I: 7.961 (High) (normal <0.034 ng/mL). The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDITIS (Cardiac Magnetic Resonance Imaging Demonstrating Acute Myocarditis) to be possibly related. Concomitant medications were not provided. Treatment information was not reported. The ischemic evaluation of the patient was negative at the time of emergency visit. The patient developed chest pressure 25 days after her first dose of the Moderna COVID-19 vaccine. Company Comment: This is a literature report of a 31 years old woman with no previous cardiac history, who developed myocarditis 25 days after receiving first dose of the product. 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: This is a literature report of a 31 years old woman with no previous cardiac history, who developed myocarditis 25 days after receiving first dose of the product. 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.
MYOCARDITIS	1497437-1	**18-29 years**	diagnosed with heart failure; Cardiomyopathy; there's inflammation within his heart as well as reduced ejection fraction; there's inflammation within his heart as well as reduced ejection fraction; chest pain; palpitations; rapid heart beat; This is a spontaneous report received from a consumer (patient) A 24-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscular arm left on 26Apr2021 (Batch/Lot Number: EW0170) as single dose (at the age of 24) for covid-19 immunisation. The patient medical history was none. Patient states he had no prior medical history or cardiovascular issues. The patient's concomitant medications were not reported. No other vaccine was received in four weeks. The patient experienced cardiomyopathy on May2021, diagnosed with heart failure on an unspecified date, there's inflammation within his heart as well as reduced ejection fraction on an unspecified date, chest pain on 02May2021, palpitations on 02May2021, rapid heart beat on 02May2021, there's inflammation within his heart as well as reduced ejection fraction on an unspecified date. Patient went to a specialist that Monday, a private practice, and after a good range of medical tests, he was diagnosed with cardiomyopathy and was admitted. The patient was hospitalized for cardiomyopathy and heart failure from 04May2021 to 06May2021. Patient states he was hospitalized 5 days later and diagnosed with cardiomyopathy and he was diagnosed with heart failure after he received the Pfizer vaccine after a good range of tests and MRI's, it seems there's inflammation within his heart as well as a reduced ejection fraction. Patient states it happened immediately after being vaccinated and since then have been taking cardiovascular medications everyday. Patient states he had a regular MRI heart with and without contrast in May2021. Patient states they said there was decent range of dysfunction. Patient states it's super detailed, so he thinks he would rather Pfizer get in touch with the doctor. Patient states the report is 2 pages long, but what he knows for certain is it was cardiomyopathy for sure. Patient states he also got a PET MRI heart in Jun2021 as well. Patient states his doctors said it can't be confirmed 100% but they have a reason to believe it could have been from the vaccine. Patient states he needs an answer from Pfizer and he's not the first person that's probably called in, he needs someone to hear him on this. Patient states he doesn't want to contact the media. Patient states he needs an answer, this has ruined his life essentially. Patient states he knows it's not specifically the call handler or Pfizer, but this is taking a lot for him and if someone can get back to him on this that would be great. Patient states he is a 24 year old, able-bodied guy, who's very healthy and it all started right after getting vaccinated. The outcome of cardiomyopathy, chest pain, palpitations, rapid heart beat was recovering, of the other events was unknown. No follow-up attempts are possible. No further information is expected
MYOCARDITIS	1498145-1	**18-29 years**	Patient presented to ED with fever, vomiting. Found to have elevated troponins with myocarditis. ECHO was normal, treated with indomethacin and colchicine and will follow up with Cardiology in a couple of weeks.
MYOCARDITIS	1498647-1	**18-29 years**	Patient presented on 6/19/2021 with cardiogenic shock that quickly progressed and ultimately required heart transplant. Pathology from explanted heart showed lymphocytic myocarditis
MYOCARDITIS	1499496-1	**40-49 years**	On June 28th: Chest pain Left arm pain Jaw pain Was hospitalized and diagnosis was ultimately myocarditis
MYOCARDITIS	1499676-1	**18-29 years**	During cardiac workup for unrelated symptoms, low normal/borderline decreased heart function seen on echo (LVEF 50.7%). Began treatment with diltiazem. Began noticing SOB with mild exertion (walking <100 yards) and heartrate stayed above 100bpm despite medication. Mildly elevated blood pressure. Followup cardiac MRI performed 7/6 corroborated echo findings (LVEF 52%) and showed patchy areas of subacute pericarditis and myocarditis inflammation with changes to tissue noticed. Visited urgent care with pericardial chest pain 7/21, received indocin as short term replacement for nabumetone NSAID treatment. Currently waiting on stress test scheduled for 9/16.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1499689-1	30-39 years	DX: Myocarditis Onset of S/S 06/02/2021 S/S:Dyspnea on exertion, Fever/chills,Tachypnea Found to have acute basilar ischemic stroke, taken for emergent thrombectomy, but experienced progressive edema and ultimately tonsillar herniation. 35 year old man with medical history notable for likely untreated hypertension and tobacco use disorder who presented with reported fever, confusion, shortness of breath, and facial swelling, initially treated for allergic reaction/angioedema without effect, progressed to respiratory failure, found to have acute basilar ischemic stroke, taken for emergent thrombectomy, but experienced progressive edema and ultimately tonsillar herniation resulting in death. Regarding cardiac picture, patient with abnormal ECG, mildly reduced EF on echo (though could be due to untreated hypertension or to respiratory failure/critical illness), borderline troponin (need to check reference range). ED note initially mentions concern for myocarditis due to vaccine causing heart failure and subsequent respiratory failure, but appears this piece was written prior to MRI showing basilar stroke. Death note has myocarditis listed as a cause of death (among many), though a bit unclear if this was intentionally listed or just reflects a list of all hospital problems. Also had a CT of his head which showed scattered foci of gas within intraorbital soft tissues along with mild proptosis; unclear etiology for this (perhaps a fall with facial injuries prior to arriving at hospital?) Awaiting additional physician notes/imaging reports.
MYOCARDITIS	1500790-1	18-29 years	myocarditis
MYOCARDITIS	1501234-1	40-49 years	Patient reported chest discomfort after initial COVID-19 infection in 12/2020 - mild, lasting for 2 weeks - did not seek medical attention Received first dose of Moderna vaccine in 2/2021 - chest pain occurred and self resolved after 2 days. Received 2nd dose of Moderna vaccine on 3/19/2021 - chest pain start about 48 hours after wards and was constant prompting him to come to ER on 3/23/2021. Troponin-I was borderline elevated but flat (0.065, 0.054, 0.050, 0.045 ng/mL); echocardiogram did not show any regional wall motion abnormalities or pericardial effusion and preserved left ventricular ejection fraction. With no reported events of myocarditis related to the vaccine at the time and lack of cardiac MR imaging at the facility, patient was briefly treated for presumed NSTEMI with dual antiplatelet, high-intensity statin therapy and initiation of beta-blocker and ACE-inhibitor. On 4/19/2021, with inability to arrange for a local cardiac MR, and rule out underlying ischemic heart disease, a treadmill nuclear stress test was performed showing a moderate-sized fixed anterior and mid to apical anterolateral defect (sparing apex) with no evidence of ischemia on myocardial perfusion imaging or stress ECG. With ambiguity regarding the diagnosis and patient's reluctance to take empiric high-dose NSAIDs with colchicine for presumed myopericarditis, he eventually underwent cardiac MRI at a tertiary care facility on 5/5/2021 showing preserved biventricular size and function with myocardial edema and subtle left ventricular mid wall enhancement involving inferoseptal/inferior wall at the inferior RV insertion point consistent with myocarditis. Patient's aspirin and clopidogrel was subsequently discontinued. He was initiated on high-dose ibuprofen for 2 weeks followed by 3 months of colchicine therapy with interval resolution of symptoms.
MYOCARDITIS	1501861-1	18-29 years	COVID19 Vaccine with SOB the next day, likely diagnosis of Myocarditis/Pericarditis
MYOCARDITIS	1501938-1	30-39 years	Patient presented to Emergency Department 7/23/2021, 5 days after receiving second dose of Pfizer/BioNtech SARS-CoV-2 vaccination. Primary complaint constant, sharp chest pain worsening with exertion. Bruised/heartburn type pain per patient began 2 days prior to admission. Cardiology consulted and diagnosed patient with myopericarditis attributed to recent vaccination.
MYOCARDITIS	1503296-1	30-39 years	"Myocarditis side effect. Approximately 2-3 days after receiving my second vaccination(April 28th), I started experiencing extreme chest pain and a chest pressure that was also causing an instant dizziness spell that would last 4-5 seconds. The episodes were happening a few times a day then proceeded to get worse over the next 5 days until I called the urgent care on May 3rd and was told to come in immediately. They proceeded to run an EKG, TSH, along with running blood tests and performing chest x-rays. They hooked me up to a heart monitor and told me to press the button when the episode happened again. They found out that I was having heart PVC's that were causing the chest pressure and dizzy spells. They told me they did not know what this was caused by (I mentioned to them multiple times that I had just recently had my second vaccination, and that I had caught COVID last year), and that these heart PVC's are "" relatively normal "". I asked if the chest pressure, pain, and dizzy spells are normal as well, and they said not normally. They proceeded to set me up an appointment with cardiology a few days later to get fitted for a cardiac holter monitor in which I would wear it for 3 days and then get the results back. I was told to wear it 24/7 and press the button and record the times and what I was doing when the episodes happened. When the results came in, I guess I was not important enough for a cardiologist to call me, so I was told that I would be having a call with my PCP. He informed me that during the episodes that I recorded, sometimes it was because of a PVC, and sometimes when I pressed the button and timestamped the chest pressure and dizzy spells, there was not a current PVC that was happening. At the time of our phone visit(around May 12th), the episodes had subsided. I should let you know that in total, the episodes lasted roughly 2 weeks. He told me that he did not have any other information as to why or what it could be, and that if things continued or the episodes came back, to go to Urgent care or contact him."
MYOCARDITIS	1504895-1	18-29 years	Myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Myocarditis) in an 18-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 01-Jun-2021, 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 medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No laboratory data was provided. No concomitant medications were reported. No treatment information was provided. Company Comment: Based on current available information and the temporal association between product use and the start date of the event acausal relationship cannot be excluded. Most recent FOLLOW-UP information incorporated above includes: On 07-Jun-2021: Follow-up received contains patient demographics, suspect drug start date were updated.; Sender's Comments: Based on current available information and the temporal association between product use and the start date of the event acausal relationship cannot be excluded.
MYOCARDITIS	1505632-1	18-29 years	Two days following vaccination, patient had increasing substernal chest pain and was admitted to hospital following day

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1508978-1	40-49 years	hospitalized for 1 week and had to be intubated due to aspiration; unresponsive. I did come and go speaking but made very little sense; inflammation of my heart; This is a spontaneous report from a contactable consumer (patient). A 43-year-old female non-pregnancy patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Left upper arm on 28Apr2021 14:00 (Batch/Lot number was not reported, at age of 43 years old) as single dose for COVID-19 immunisation. Medical history included peripheral nueropathy and bipolar 2 and connective tissue disorder. The patient previously took amoxicillin and experienced drug allergies. Concomitant medications included unspecified medication received in two weeks. The patient was hospitalized for 1 week and had to be intubated due to aspiration. The patient's husband found her 4 days after her 2nd shot unresponsive. The patient did come and go speaking but made very little sense. Many tests were run with nothing found to explain and she also had an echo that confirmed inflammation of her heart. Event onset date reported as 02May2021 08:00 AM. Events resulted in Hospitalization, Life threatening illness (immediate risk of death from the event), hospitalisation 7 days. The patient received treatment as Intibated, echo, O2, heart medication. The outcome of events was recovered with lasting effects. The lot number for the vaccine BNT162B2 was not provided and will be requested during follow up.
MYOCARDITIS	1508992-1	40-49 years	New onset atrial fibrillation; Myocarditis/inflammation of the heart; pericardial effusion/he had a significant amount of inflammation and fluid around the heart; pericarditis; Tightness of chest; He went in for difficulty breathing; very tired; chest pain; This is a spontaneous report from a contactable consumer (patient's wife) from a Pfizer sponsored program. A 42-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration at age of 42 years on an unspecified date (Batch/Lot number was not reported) at 14:00 as single dose for covid-19 immunisation. Medical history was none. No family medical history relevant to AEs. There were no concomitant medications. The patient experienced new onset atrial fibrillation (AFib) since 27Apr2021 and hospitalized form 29Apr2021, myocarditis/ Inflammation of heart (2021), pericarditis (2021), and pericardial effusion (2021) after receiving second dose of the Pfizer BioNTech Covid-19 Vaccine. Patient sought medical treatment and was hospitalized twice, the first time being 29Apr2021. The patient was still dealing with issues and went into hospital 27Apr2021 (as reported). Since then, he has been going back and forth to hospital and was admitted twice for the same issues. He was diagnosed with Afib and inflammation of the heart. Reporter just wanted to know who needs to talk to because it seemed to be vaccine related. Patient has had to take time off of work and reporter has had to take time off work to take care of him. Patient stayed a week for the first AFib hospitalization. He got out of the hospital (2021) and was at home for a week. That Friday, he went back and was hospitalized for another week (2021). That admission was for both AFib and inflammation of the heart. They saw the inflammation the first time, but it was not a lot and said it was probably normal because of the AFib. When he went back for follow up, he had a significant amount of inflammation and fluid around the heart (2021). He was still dealing with it. He had another issue with going to ER and this was Friday before last. He went in for difficulty breathing (2021) and was told he had more fluid around the heart. He was not admitted for that one. They gave him more medication to control the fluid. Reporter later stated it was prednisone and she did not have a dose, lot or expiration. She then said the dose was increased after he went for follow up and had more fluid. The first time patient was taken to the emergency they could not find anything and the next day, she (reporter) called 911 from her home and saw that he was experiencing some cardiac issues and saw that he was admitted and told he had AFIB. When she called 911 from her home, they transported by ambulance to (#) Hospital in (#), (#) and that was when he admitted and diagnosed with AFIB. Since # was out of their network, he was transferred to # that same evening or day to # and he was there about a week. Then he was released after a week and still had a hard time breathing and walking a few steps with trying to catch his breath and had chest pain and was very tired (2021). Then he went to a follow up that Friday after being released. Unknown doctor in (#) and then he was readmitted at the follow up appointment to #. He was in the hospital for a week that time as well. He was discharged and they prescribed him medication and then he came back home on medication and he has been on several medications. The one to reduce inflammation, starts with a P and she cannot remember name. He finished it and went to a follow up. After he finished medication, he was experiencing side effects (2021) such as chest pain, difficulty breathing and tightness of chest. She then remembered it was Prednisone that he was on, unknown dose, and it is in pharmacy vial with no lot or expiration. There was no seal, and count size is unknown. He no longer has any left. He went to the ER in (#) because he was experiencing the same symptoms. They saw more fluid collecting and put him on the same medication but a higher dosage of Prednisone. This dose is 10mg, 4 tablets by mouth daily. It was also in a pharmacy vial with no lot or expiration. This was where he was now. He has been out of work and so has reporter. The patient had MRI, XRays, Echo, Blood Test and was still doing blood test (in 2021). He has to go back this week. Everything came back as unknown for what caused this. The outcome of events myocarditis/ Inflammation of heart and AFib was recovered/resolved with sequel in 2021, of other events was unknown. Information on the lot/ batch number has been requested.
MYOCARDITIS	1509910-1	40-49 years	I had an EKG done on Monday, 26 July and when I saw my primary care physician today, July 28 for pre-op for a shoulder surgery scheduled for August 10th, the doctor told me my EKG was abnormal and it shows signs of myocarditis (enlargement of heart)
MYOCARDITIS	1510685-1	18-29 years	Presented to ER with tachycardia, chest pain. Evaluation most c/w a myocarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1511600-1	18-29 years	heart muscle inflammation; swelling in throat/sore throat; gaining weight faster; not metabolizing food; fever 99.4 progressed to 100.6F; sore throughout the body; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (heart muscle inflammation) in a 19-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 008C21A and 038C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included COVID-19 (Positive For Covid-19). Concomitant products included ETHINYLESTRADIOL, NORETHISTERONE ACETATE (LOESTRIN) for an unknown indication. On 09-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 06-Jun-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (heart muscle inflammation) (seriousness criterion medically significant), PHARYNGEAL SWELLING (swelling in throat/sore throat), WEIGHT INCREASED (gaining weight faster), MALABSORPTION (not metabolizing food), PYREXIA (fever 99.4 progressed to 100.6F) and MYALGIA (sore throughout the body). The patient was treated with PARACETAMOL (TYLENOL) at a dose of 1 dosage form. At the time of the report, MYOCARDITIS (heart muscle inflammation), WEIGHT INCREASED (gaining weight faster) and MALABSORPTION (not metabolizing food) outcome was unknown and PHARYNGEAL SWELLING (swelling in throat/sore throat), PYREXIA (fever 99.4 progressed to 100.6F) and MYALGIA (sore throughout the body) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Body temperature: 99.4 ¦f (High) mild fever of 99.4 ¦F progressed to 100.6. 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, the medical history of COVID-19could be a contributory factor. Most recent FOLLOW-UP information incorporated above includes: On 27-Jul-2021: TCR document was received on 27-JUL-2021 and contained significant information. Events of heart muscle inflammation, no food metabolizing, and gaining weight faster were updated.; 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, the medical history of COVID-19could be a contributory factor.
MYOCARDITIS	1515085-1	30-39 years	Myocarditis
MYOCARDITIS	1515244-1	18-29 years	Patient received J&J vaccine in May. Returned from tour of duty with the army sometime in July. Became ill on 7/22 with URI symptoms. Tested Covid Positive on 7/23. Rapidly deteriorated and developed fulminant myocarditis requiring mechanical ventilation and VA ECMO. Also with failing kidneys and liver.
MYOCARDITIS	1515267-1	40-49 years	Pfizer COVID Vaccine 1st dose 5/14/2021 (EW0183) 2nd 6/4/2021 (EW0180). Patient received 2nd Pfizer COVID vaccine on 6/4/21. Patient presented to ED on 6/7/2021 with left sided chest tightness that radiated to shoulder and jaw. Patient was diagnosed with acute myocarditis.
MYOCARDITIS	1515279-1	40-49 years	Two days after my second Covid shot I developed serious chest pains that radiated into my left arm. I went to the ER and was told my troponin levels were severely elevated and I needed to be admitted to the hospital. I was told I had developed myocarditis and pericarditis as a side effect of my vaccine. I spent two nights in the hospital before my troponin levels began decreasing.
MYOCARDITIS	1518903-1	18-29 years	A clinical diagnosis of myocarditis with elevated troponin and chest pain requiring hospitalization for 5 days.
MYOCARDITIS	1518918-1	18-29 years	After receiving the vaccine on the 22nd, I developed a fever. I had a fever for a couple days. I also had a headache and had a cough. On the 26th in the evening I started having chest pain. It felt like a weight was on my chest. It kept me up part of the evening. It was bad that I could not sleep. I still had the chest pain the next day so I went to Urgent Care. Urgent Care took me to the ER since it involved Chest pain/pressure. In the ER, they did blood work and it showed my troponin enzymes were elevated. They decided to keep me at the medical center since the recheck of my levels went up but not a lot. The next time they checked they had went up a lot so they decided to send me to the bigger hospital.
MYOCARDITIS	1519005-1	18-29 years	Myocarditis- woke up with chest pain. Eval in ER and found to have abn ekg, elevated cardiac enzymes (trop 0.38, ck 634, mb 35.1, proBNP 328).
MYOCARDITIS	1519011-1	30-39 years	chest symptoms; discomfort and tachycardia
MYOCARDITIS	1519507-1	18-29 years	Acute myopericarditis
MYOCARDITIS	1519955-1	40-49 years	Back Pain & Stomach discomfort/Pain
MYOCARDITIS	1519992-1	18-29 years	Myopericarditis - 22 yo man with no significant PMH presented to the ED on 7/26/21 with 4 days of constant, progressively worsening chest pain. Pain is sharp and pressure over mid-chest, 8-9/10 at worst, worse when laying flat on back and deep inspiration, improved with Tylenol at home but then pain returned. Pain controlled with Tylenol, colchicine, high-dose ASA, later switched to colchicine and Ibuprofen given improved creatinine. Pain improved and w/u including EKGs, CXR, Echo, CT chest, Cardiac MRI completed over following days. Discharged on 7/29/21 with plan to continue 3 months of colchicine and taper ibuprofen.
MYOCARDITIS	1520157-1	30-39 years	Myocarditis recurred one month after 2nd vaccine shot. Going to see the doctor this week.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1521940-1	18-29 years	Worsening LV function; Non-sustained ventricular tachycardia; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Worsening LV function) and VENTRICULAR TACHYCARDIA (Non-sustained ventricular tachycardia) in an 18-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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Worsening LV function) (seriousness criteria hospitalization and medically significant) and VENTRICULAR TACHYCARDIA (Non-sustained ventricular tachycardia) (seriousness criteria hospitalization and medically significant). The patient was treated with METOPROLOL SUCCINATE for Adverse event, at an unspecified dose and frequency; COLCHICINE for Adverse event, at an unspecified dose and frequency and IBUPROFEN for Adverse event, at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Worsening LV function) and VENTRICULAR TACHYCARDIA (Non-sustained ventricular tachycardia) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Blood pressure measurement: 110/59 mmHg (Inconclusive) 110/59 mmHg. On an unknown date, Body temperature: 101 ¦F (High) 101 ¦F on presentation to hospital. On an unknown date, C-reactive protein: 74.2 (High) 74.2 mg/L (reference range: <10 mg/L). On an unknown date, Computerised tomogram coronary artery: normal (normal) normal; No coronary artery disease or anomalies. On an unknown date, Echocardiogram: lv systolic function was normal (normal) LV systolic function was normal (initial) and mild reduction in lvef to 50% (abnormal) mild reduction in LVEF to 50% (subsequent). On an unknown date, Ejection fraction: 59-50 (Inconclusive) 59-50 percent, 53 (Inconclusive) 53 percent and 49 (Inconclusive) 49 percent. On an unknown date, Electrocardiogram: demonstrated diffuse st elevations (abnormal) demonstrated diffuse ST elevations. On an unknown date, HIV test: negative (Negative) Negative. On an unknown date, Heart rate: 120 (Inconclusive) 120 beats per minute. On an unknown date, Influenza virus test: negative (Negative) Negative. On an unknown date, Laboratory test: elevated high-sensitivity troponin (abnormal) elevated high-sensitivity troponin. On an unknown date, Magnetic resonance imaging heart: mild hypokinesis of the mid lateral wall (abnormal) mild hypokinesis of the mid lateral wall; sub epicardial delayed enhancement in the lateral wall, sub epicardial enhancements (abnormal) sub epicardial enhancements in the same areas of T1 and T2 elevations, 1089-1097 (High) High and 64-72 (High) High. On an unknown date, Physical examination: unremarkable (normal) unremarkable. On an unknown date, Red blood cell sedimentation rate: 29 (High) (reference range: <15 mm/hour). On an unknown date, Respiratory syncytial virus test: negative (Negative) Negative. On an unknown date, SARS-CoV-2 test: negative (Negative) Negative. On an unknown date, Troponin: 7,206 - 32,140 (High) 7,206 - 32,140 ng/L (reference range: <15 ng/L). On an unknown date, Ventricular internal diameter: 4.8 (normal) Normal RV size and function; No valvular disease. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDITIS (Worsening LV function) and VENTRICULAR TACHYCARDIA (Non-sustained ventricular tachycardia) to be possibly related. On an unknown date lab test included were LVEDVi: 101 mL/m 2 ; RVEDVi: 118 mL/m 2 Concomitant medications were not provided by the reporter. Action taken with the mRNA-1273 in response to the event is not applicable. The patient's hospital course was complicated by brief episodes of non-sustained ventricular tachycardia. 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. Very limited information has been reported at this time. Myocarditis is an AESI which is included in the acute cardiac injury for mRNA vaccine. Continuous monitoring of this event is expected.; 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. Very limited information has been reported at this time. Myocarditis is an AESI which is included in the acute cardiac injury for mRNA vaccine. Continuous monitoring of this event is expected.

Symptoms	VAERS ID	Age	Adverse Event Description
			"myocarditis/inflammation of the heart or the lining of the heart.; pericarditis/inflammation of the heart or the lining of the heart.; could not work a full 8 hour shift after getting the vaccine; first dose of the Pfizer BionTech COVID19 vaccine on March/then received the second dose on June.; This is a spontaneous report from a contactable consumer or other non-health care professional (parent). A 32-years-old male patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Batch/Lot number was not reported), via an unspecified route of administration on 23Jun2021 as dose 2, single for COVID-19 immunization. The patient medical history and concomitant medications were not reported. The patient historical vaccine included first dose of BNT162B2 on an unknown date in Mar2021 as dose1, single for COVID-19 immunization and experienced got COVID on the end of March and beginning of April, fever, sore arm, pale and fatigued. On an unknown date, the patient experienced myocarditis/inflammation of the heart or the lining of the heart, pericarditis/inflammation of the heart or the lining of the heart, could not work a full 8 hour shift after getting the vaccine and first dose of the pfizer biontech covid19 vaccine on march/then received the second dose on June. The patient underwent lab tests and procedures which included blood test: normal result and electrocardiogram: normal result on unknown date, sars-cov-2 test: positive on Mar2021. Reporter reported on behalf of her two sons (32 and 33 years old) who got myocarditis and pericarditis after receiving the vaccine. They received the first dose of the Pfizer BionTech COVID19 vaccine on March then got COVID on the end of March and beginning of April then received the second dose on June. She said that it was after the second dose, they started having problems. She did call the clinic but was ""clueless."" A nurse told her that the symptoms his sons are having is because the vaccine can cause myocarditis and pericarditis and explained it was the inflammation of the heart or the lining of the heart. The next day after reporting that, CDC and Pfizer came up with it but was too late for that. They went to the doctor and got EKG and blood work and something else which the results were normal, but still has it. She told them to do an ECHO to find out what happened. She said that normal people got sore arms. His other son got fever, shortness of breath and a little chest heaviness so the doctor put him on Prednisone again. His one son could not work a full 8 hour shift after getting the vaccine. His other son's work was very considerate for allowing him to sit down for 10-15 minutes. She said that his son was a normal full grown man and he has migraine that was treated and controlled. His other son who the 1st vaccine experienced shortness of breath and can't even work a full day. She thought that the vaccine should help people. They have received 2 forms (manufacturer report) from Safety for her son on Saturday (17Jul2021) and it has two different dates and different numbers (# for (Initials) and # for (Initials)) which says 9Jul and 13Jul. She wants them to be accurate for both of his son because they are not going to pay for this and that Pfizer should pay for this. She called back and she said no follow up after waiting for EKG for 4 days and that the clinic is ""clueless. She thinks that Pfizer should be responsible for all the co-pay to pay here. The medical information which was booked in as initial report of case and processed as 2nd dose BNT162b2 for the 32 year-old son named (Initials). As per the narrative information ""Reporter was calling on behalf of her two sons (32 and 33 years old) who got myocarditis and pericarditis after receiving the vaccine. They received the first dose of the Pfizer BionTech COVID19 vaccine on March then got COVID on the end of March and beginning of April then received the second dose on June, both son received 1st dose Pfizer BionTech COVID19 vaccine on March and 2nd dose on June. And both sons got COVID after the 1st dose (on the end of March and beginning of April). While in another medical information source 00325605 (PRD 07Jul2021, booked in as initial, with the same reporter information as #), it was reported that reporter calling for her 33 y/o son, he received his 1st Pfizer vaccine Mar2021 then had contracted COVID- 19 around 04Apr2021. He then received his 2nd Pfizer Covid vaccine on 23Jun21. She stated that her other son, who was 31y/o, had a fever, sore arm, pale and fatigued after he got his 1st Pfizer vaccine dose on 23Jun2021. He still has SOB and chest heaviness from having Covid-19 in April, and was due to get his 2nd Pfizer vaccine and he may not because of what his brother was going through. As per the information in report the son supposed to be the same person as in report #) only received the 1st dose on 23Jun21 and by the time of reporting (07Jul2021) has not yet received the 2nd dose. Hence Please help to confirm below questions for report #: Did the 32 year-old son named (Initials) receive the 2nd dose or not? Which time for 1st dose is correct for the 32 year-old son named (Initials), on March or on 23Jun2021? Response received: Based on the call recordings for INT-#, INT-#, INT-#, all 3 recordings have conflicting information from the caller regarding (Initials) 1st and 2nd dose. INT-# does not specifically speak on any dates that (Initials) has received which dose, INT-# specifically states (Initials) received the 1st dose when (Initials) received the 2nd dose on 23Jun2021 and (Initials) has not received the 2nd dose yet, and INT-# states that (Initials) received the 2nd dose the same day (Initials) received the 2nd dose. The clinical outcome of the events was reported as unknown. Information on lot/ batch number has been requested."
MYOCARDITIS	1521967-1	**30-39 years**	
MYOCARDITIS	1525713-1	**30-39 years**	Swollen lymph node on the side of the neck, arm pain and shoulder pain for the last 6 weeks, chest pain, shortness of breath, inflamation of chest and upper pericardium, left arm swelling, tingling in left hand.
MYOCARDITIS	1525947-1	**18-29 years**	Patient developed fevers day after shot. Next day, started to have persistent chest pain/pressure, fevers resolved but chest pressure persists.
MYOCARDITIS	1526033-1	**40-49 years**	"Myocarditis: The patient presented to the emergency department with pleuritic, positional, non-radiating, non-exertional, chest pain and an elevated blood pressure reading at home. Labs were notable for elevated ESR, CRP, as well as elevated troponins which increased and then trended back down (0.076 -- > 0.109 -- > 0.105 -- > 0.088). EKG was negative for acute ischemic changes. The patient was admitted to the hospital. TTE was notable for LVEF 61% with normal RV function without significant valvular disease and no pericardial effusion. Cardiac MRI was notable for myocardial edema and inflammation with findings overall consistent with acute myocarditis without pericarditis. Patient was initially treated with prednisone 40 mg daily. Cardiology was consulted who recommended stopping the increased prednisone. Etiology of myocarditis remained unclear; given onset after second Pfizer mRNA vaccine, it was considered whether it might be a reaction to the vaccine. The patient was recommended to avoid NSAIDS, extensive exercise, and alcohol, follow-up with outpatient Cardiology. The patient has now been seen in follow up - his chest pain has resolved, blood pressure normalized, and repeat cardiac MRI shows stable to improved myocarditis (6/3/21 cardiac MRI read: ""1. Overall, compared to prior CMR from 4/12/21, the findings are similar. The pattern and extent of LGE is unchanged. 2. Normal left ventricular size and function. Moderate concentric hypertrophy, with the thickest segment measuring 18mm at the mid inferoseptum. Diffuse midmyocardial LGE with mildly elevated myocardial T2 suggestive of mild inflammation. The differential for these findings include 1) resolving myocarditis in the setting of a preexisting nonischemic cardiomyopathy, most likely underlying hypertrophic cardiomyopathy, 2) amyloidosis given the diffuse pattern of delayed enhancement and moderate hypertrophy (although the pattern of LGE and lack of atrial enlargement is unusual), and 3) resolving myocarditis in the context of underlying hypertensive cardiomyopathy. 3. Normal right ventricular size and function."""
MYOCARDITIS	1526279-1	**40-49 years**	Myocarditis/Pericarditis started July 24th and Dx at ER with labs/Echo on July 26th

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1529112-1	18-29 years	Myocarditis/pericarditis (chest pain, palpitation, shortness of breath)
MYOCARDITIS	1530038-1	18-29 years	Myocarditis
MYOCARDITIS	1531826-1	18-29 years	Myopericarditis, symptoms improved on own without intervention.
MYOCARDITIS	1532250-1	30-39 years	Shortness of breath when walking, chest pain when walking, pain on left shoulder area when walking. Dizziness when walking. All the symptoms would pass when stopping activity and rest. Since I suspected a case of myocarditis I did not do much exercise for 2 weeks after feeling such symptoms. After 3 weeks the symptoms were mostly gone. Severe sneezing, runny nose, headache the day after I received the vaccine. like an allergic episode when I am exposed to pollen.
MYOCARDITIS	1534798-1	18-29 years	Initial symptoms were chills, fatigue, and muscle pain throughout body. These symptoms lasted about two days following my second dose of the Moderna vaccination. Symptoms subsided on the third day. On the fourth day following the vaccination I woke up at 6am with nausea and chest pain. As a result I was taken to the ER where I discovered that I had myocarditis.
MYOCARDITIS	1535231-1	18-29 years	Chest pain - Myocarditis
MYOCARDITIS	1535459-1	18-29 years	Myocarditis
MYOCARDITIS	1535577-1	18-29 years	myocarditis, trop of 5.39, intermittent cp responsive to NSAIDs.
MYOCARDITIS	1536375-1	18-29 years	myocarditis
MYOCARDITIS	1536413-1	18-29 years	The patient had mild chest discomfort 24-48hrs after receiving the second dose of Moderna COVID-19 vaccine dose but attributed it to winter colds, stress, etc. He attempted to sleep and woke up with severe chest pain and went to the ER.Troponin was elevated. Echocardiogram demonstrated mildly reduced LV systolic function and cardiac MRI was consistent with myopericarditis. EKG demonstrated Sinus rhythm rate of 57, diffuse ST elevation consistent with pericarditis, no ST depression, peaked T waves. He had elevated troponin at 6473 with a repeat of 8989, with reference range <=45 ng/L. COVID-19 PCR was negative. Chest x-ray was within normal limits. Toradol and aspirin were given with improvement in symptoms. Hemoglobin and white count are normal. Bilirubin was mildly elevated at 1.6 and AST at 51. Elevated inflammatory markers: Sed rate 23 with a CRP of 6.8. Three days prior to his second dose, the patient noted mild dyspnea with running, however he has asthma, it was winter, and he had not run in months, so he felt it was not unusual. It is unclear if these symptoms could indicate the start of myopericarditis or other viral illness prior to his second dose of vaccine, however he had no other concerning symptoms and was otherwise active walking around his graduate school complex.
MYOCARDITIS	1537655-1	18-29 years	Diagnosed with myocarditis and pericarditis. Symptoms: chest pain Treatment: ibuprofen, colcrys
MYOCARDITIS	1537660-1	30-39 years	Tachycardia; shortness of breath-myocarditis
MYOCARDITIS	1544624-1	40-49 years	Myocarditis , chest pain, admitted to ER on 5/30
MYOCARDITIS	1545350-1	18-29 years	Patient reported with severe chest pain and ended up going to the emergency room. Labs showed elevated troponin and thought to be myocarditis that was eventually ruled out. Patient to have check up with cardiologist every 3 months.
MYOCARDITIS	1545526-1	40-49 years	The pt was immunized and within a number of hours he sustained a VFib cardiac arrest and was transported to Hospital . He had a negative heart cath, he survived a prolonged cardiac arrest with some anoxic encephalopathy. MRI of his heart reveals an EF of approximately 39% and an area of myocarditis measuring 14X30mm. Study was done 5 days post arrest on 8/9/2021
MYOCARDITIS	1548953-1	18-29 years	Chest pain with myocarditis. Treated with dexamethasone 10mg IV x 1 followed by prednisone.
MYOCARDITIS	1549152-1	40-49 years	Pt. states that after receiving the 2nd dose of Moderna 07/22/2021, started experiencing symptoms 07/23/2021 of Pericardial, Myocardial, Heart Palpations, and vascular constrictions in both arms. Pain lasting 2 weeks with minor pains still continuing. No Primary visit noted.
MYOCARDITIS	1549422-1	18-29 years	Myopericarditis. Chest pain 2 days after second vaccine. Ekg consistent with pericarditis and troponin elevated.
MYOCARDITIS	1549822-1	18-29 years	19 yo male received Moderna vaccine 1 month ago, Has felt progressively unwell with multiple near syncopal episodes since vaccination. today patient had syncopal episode and was found to have cardiomyopathy/myocarditis and a decreased ejection fraction by cardiac echo, dilated RV and global hypokinesis
MYOCARDITIS	1554048-1	18-29 years	Patient received first dose on 6/28/2021 (Lot #051C21A) and 2nd dose on 7/29/2021 (Lot #040C21A) at an unknown facility. Patient presented to Urgent Care on 8/1 with new onset chest pain (CP) in the substernal region. Pt woke up with left side chest pain at 7 AM that morning 6/10; no SOB; no fever; no cough; no change with position changes; no relief with ice. The pain does not radiate. Associated symptoms include dizziness and nausea. The pain was aggravated by nothing. He tried antacids for the symptoms. The treatment provided no relief. Per UC note, - GE EKG, ECG1-12 Lead- NSR at 61 bpm; diffuse 1 mm ST segment elevation- early polarization vs pericarditis. Patient was instructed to go to ER for further evaluation. Per ED note, patient had no PMH but presented with complaints of CP that began suddenly that day. Pain was intermittent, 4/10, burning, SS non-radiating. An echo was unremarkable, CVMRI on 8/2 was consistent with myocarditis with pericardial involvement. He was observed another night due to exertional CP. Troponin leak was noted consistent with myocarditis. He was treated with Motrin 600 TID and colchicine. No further Motrin due to stomach upset. After physician review and evaluation, discharge was recommended with medical therapy and follow up appointment scheduled with Cardiovascular medical office.
MYOCARDITIS	1554087-1	30-39 years	Myopericarditis
MYOCARDITIS	1571077-1	18-29 years	Myopeicarditis - patient had chest pain, SOB, had to go to ER, was given Rx medications. Currently all symptoms are resolved.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1573320-1	18-29 years	Patient received his second dose of Pfeizer's COVID-19 vaccine on 8/12/2021; on 8/14/2021, the patient developed chest pain. On 8/15/2021, the patient had recurrence and worsening of his chest pain. He was admitted to the hospital and was found to have elevated troponins, electrocardiogram with nonspecific ST changes. His chest pain also worsens with deep inspirations. There was suspicion for Myopericarditis.
MYOCARDITIS	1573589-1	40-49 years	Pericarditis, myocarditis
MYOCARDITIS	1573963-1	18-29 years	Myocarditis
MYOCARDITIS	1574120-1	18-29 years	The day after, I did get normal symptoms after; headache, fever, tired. The day after I then woke up with chest pain. I spoke with a nurse and there were no open appointments. It got to the point I had to go to the Emergency Room, they said I have myocarditis. I followed up and the NP brushed it off, when I saw my family doctor she brushed it off as well. I, also, have had a really hard time eating ever since. I am FORCING myself to eat at this point.
MYOCARDITIS	1577957-1	40-49 years	Presented to ED with chest pain 4/27/2021, mildly elevated troponin 0.066, peaked at 0.165, demonstrated normal biventricular function, coronary angiography demonstrated normal coronary arteries, 5/27/2021 demonstrated normal biventricular function but delayed hyperenhancement revealed localized pericardial and subepicardial hyperenhancement consistent with Myopericarditis
MYOCARDITIS	1582630-1	30-39 years	Severe chest pains, was diagnosed with Myocarditis by healthcare provider.
MYOCARDITIS	1582655-1	30-39 years	3 days after my 2nd shot I was in the ER with chest pains and trouble breathing. The ER performed an ecg and it was abnormal. Other the next month I had a heart echo, heart mri and heart CT scan. Diagnosed heart failure, myocarditis, dangerous arrhythmia. Have been wearing a life vest for nearly 3 months. Constantly tired.
MYOCARDITIS	1591703-1	30-39 years	on 5/28/2021 I went to the emergency room after experiencing chest and jaw pain that radiated down the back of my arms. I was diagnosed with a heart attack and admitted for a cardiac cath. I did not receive a stent as they did not initially find any blockages however, upon further review a small blockage was found but it did not require a stent. After follow up I was diagnosed with a myocardial infarction, coronary artery disease with angina. After the cardiac MRI I was diagnosed with myopercarditis as well.
MYOCARDITIS	1591720-1	30-39 years	Heart flutters/whooshing feeling like a misfire. Diagnosed with minor myocarditis through ECG.
MYOCARDITIS	1591840-1	30-39 years	I experienced myocarditis about 24-24 hours after the shot. It was not yet a known side effect, so I didn?t tell the CDC earlier. But I felt strong heart palpitations/ pain and a slight panic. Something I never experienced before and definitely scared me. However, that passed quickly and never returned. I?m a female, 33 years old. I never checked my heart then and didn?t check anything afterwards. As far as I?m concerned, I feel very well now. But thought I?d let the CDC know to support data.
MYOCARDITIS	1593214-1	18-29 years	Chest pain, rapid heart rate increase, mental and physical discomfort from the heart/chest pain, heart rate would increase rapidly. Inability to drink coffee or anything with caffeine for 3 weeks after. Chat pains began around day 4/5 after 2nd vax and lasted up to 3 weeks. Still sometimes irregular heart. My guess is a form of myocarditis.
MYOCARDITIS	1593215-1	30-39 years	myocarditis- I am 32 years old. Have never had any issues. 5 days after receiving the Moderna shot, I experienced chest pain. A rapid heart beat, shortness of breath and a sharp stabbing pain in my back and chest
MYOCARDITIS	1594677-1	18-29 years	Myopericarditis - chest pain started 3d after dose #2 of Pfizer COVID-19 vaccine
MYOCARDITIS	1602651-1	18-29 years	Patient presented 2 days after second vaccine with myopericarditis as per sxs (pleuritic cp, positional, etc), troponin i to 2.93, and diffuse st elevations and pr depression. Sxs started a few hours after 2nd dose. Waiting on echo. Don't need cardiac mri, pretty solid dx.
MYOCARDITIS	1603823-1	30-39 years	My heart was healthy after my surgeries years ago, 3 days after vaccination of my 2nd dose of Pfizer I was hospitalized with suspected myocarditis, I was put on a halter monitor which revealed I had developed Trigiminy, Yesterday 8/20/21 I was givin a cardiac MRI to further investigate damage to my heart, You may contact me in a week for results on that if need be. Current symptoms Chest pain Fluttering of chest - Heart triple beating PVC's New Cough - likely related to PVC's Trouble Lying flat - Cannot be pericarditis as I have no pericardium
MYOCARDITIS	1607335-1	18-29 years	Chest pain, sob, swelling of extremities, numbness in extremities, severe migrain, couldn't get out of bed for 3 days, couldn't walk, fever, and general body pain. I refused to have my wife call EMS and be admitted to the hospital. I was told afterwards it wost likely myocarditis.
MYOCARDITIS	1620492-1	40-49 years	myocarditis and pericarditis over the course of 5-6 weeks after the vaccines was given
MYOCARDITIS	1623790-1	30-39 years	Received vaccine 8/12 on 8/16 contacted PCP stated had fever , chills and temp at home 101 now having chest pain. Instructed to call 911..patietn refused and wife took to ED In Ed described chest pain as pressure and heaviness in center of chest VS Temp 36.1, pulse 102, BP 144/96 Patient admitted to hospital and discharged 8/19
MYOCARDITIS	1623972-1	18-29 years	myocarditis due to vaccine
MYOCARDITIS	1624187-1	40-49 years	Tightness in chest, shortness of breath, extended fatigue, prolonged side effects causing a mild case of myocarditis. The myocarditis then caused arrhythmia problems pvc's and ventricle tachycardia. Many treatments were tried, most medications failed, the current outcome is an ablation scheduled for 08/25/2021
MYOCARDITIS	1624229-1	18-29 years	Patient admitted with palpitations (racing and pounding heart in his chest) with some episodes of nausea and vomiting and low grade fever 4 days after receiving first dose of the covid 19 vaccine. No chest pain ever reported by patient. These symptoms began a few hours after patient completed a weight lifting workout with caffeine ingestion (approx 300mg) prior to workout and after a night of binge drinking. Patient believed to have suspected myopericarditis given lack of coronary related explanation for elevated cardiac enzymes despite a normal cardiac MRI for myocarditis (believed may have been completed too soon in course). Viral testing negative for potential cause of myocarditis. Patient's heart rate treated with metoprolol resulting in resolution of palpitations. Patient was also treated with colchicine with decrease in inflammatory markers.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1624319-1	18-29 years	er records indicate pt noted to pass out with seizure like activity, taken to er and found in status epilepticus, stabilized and transferred to tertiary care facility. tertiary center records not yet available but report from family indicates ongoing seizures as well as recalcitrant cardiac arrhythmias. Pt was intubated and never recovered despite 3 days care and resuscitation. Autopsy report available to me indicates lymphocytic myocarditis as primary cause of death
MYOCARDITIS	1628101-1	18-29 years	Myocarditis, fever chill ha ba malaise
MYOCARDITIS	1628273-1	30-39 years	Acute myocarditis onset 8/3/21 requiring hospitalization for 1 day. Elevated troponin, sedimentation rate, C-RP, and BNP. Normal LVEF and cardiac function. Evaluated by cardiology. Started on beta blocker. Resolved w/o residual sequalae.
MYOCARDITIS	1628509-1	18-29 years	Began feeling tightness in chest on July 24, 2021 when running with his dog. He would notice some tightness other times also. Went to PCP on 07/28/2021 and an EKG was done. She recommended he see a cardiologist based on the results which seemed to indicate an enlarged left ventricle. An appointment with cardiologist on 07/30/2021. An echocardiogram was done which did not show any problems with the left ventricle. She stated the tightness he was feeling, especially pronounced when running, was due to myocarditis from the vaccine. She prescribed 600 mg of motrin twice a day for 5 days and to return if still having tightness and further testing. He would continue to feel tightness in his chest sporadically for the next several days and especially when exerting himself (during the times he would run or lift weights). By Friday, August 6, 2021 he stated that he no longer felt any tightness in his chest.
MYOCARDITIS	1628526-1	18-29 years	Patient presented in ED with chief complaint of chest pain, a pressure-like left sided chest discomfort since 7AM with 7/10 intensity without radiation. Patient undergone urgent coronary angiogram which according to the Cardiologist report, it was predominantly normal. He was given Morphine 2 mg IV on 8/23 0100H, metoprolol 12.5 mg PO on 8/23 0800H, Lisinopril 2.5 mg PO 8/23 0900H, Lasix 40 mg PO 8/23 0900H, Aspirin 325 mg PO 8/22 2100H.
MYOCARDITIS	1629534-1	18-29 years	The timeline of patients COVID vaccinations are: 3/18/21 & 4/9/21. He experienced shortness of breath and palpitations about a week after the second vaccine. The symptoms slowly improved since then, although never completely went away. He was seen by a PCP at this time with normal ECG. He also had antibody titers that was notable for SARS Cov2 spoke IgG quant 882.5 and nucleocapsid IgG negative, confirming no prior history of COVID infection. He did have COVID exposures during the pandemic with a roonmate at college but he tested negative multiple times and was isolated. After a few months with persistent symptoms he was referred to myself in cardiology. I performed lab tests with negative hs-TnT and hs-CRP. A cardiac MRI revealed evidence of a focal area of LGE consistent with myocarditis. I also performed a Ziopatch which demonstrated no evidence of arrhythmia, did show type 1 AV block and one episode of Wenkebach.
MYOCARDITIS	1632284-1	18-29 years	Pt complained of sharp, left sided chest pain. presented to ED for evaluation . found to have elevated troponins, CRP, with normal EKG and echo. Dx with myopericardititis. Treated with colchicine.
MYOCARDITIS	1632632-1	30-39 years	"Developed chest pain/pressure, evaluated in ED, and admitted to hospital, for acute myopericarditis for 3 days from 8/20/2021 until 8/22/2021. This form is broken and it won't let me enter anything in the ""Hospitalization"" boxes to the right of this box, so i had to leave it unchecked so it would save."
MYOCARDITIS	1632723-1	30-39 years	A few hours after receiving the 2nd does of the Pfizer Covid19 vaccine patient started experience chest discomfort which grew increasingly worse over the next few hours. She went to the Emergency Room at the in , . The provider indicated she had either low-grade pericarditis or early myocarditis related to the Covid vaccine. Patient has had subsequent visits with Cardiologists who recommended ongoing treatment with anti-inflammatory medications.
MYOCARDITIS	1633094-1	18-29 years	Patient developed acute chest pain consistent with myopericarditis requiring hospitalization 72 hours post 2nd dose of Moderna vaccination. COVID testing negative.
MYOCARDITIS	1636569-1	30-39 years	I was admitted to the hospital on Fri 20Aug2021 to Sat 21Aug2021 for myopericarditis. I got my third dose of the Pfizer Covid vaccine on Monday 16Aug (5 months after my second shot) and this precipitated an overreactive immune response. I have autoimmune disease called mixed connective tissue disease in which my flares typically present as autoimmune pericarditis. Whether this instance of myopericarditis was a true flare, a side effect of the vaccine, or both is still undetermined. Symptoms were shortness of breath upon light exertion, chest pain upon inspiration, fatigue, chest tightness. I got labs done Friday morning upon the request of Dr. and my CRP and troponin I levels were elevated, so he suggested I start Prednisone immediately and go to the ER. My troponin continued to rise slightly during the night, but then started to decline. I was discharged Saturday 21Aug2021 evening.
MYOCARDITIS	1636870-1	30-39 years	Patient developed myocarditis after the 1st dose of Moderna COVID19 vaccine. Myocarditis was confirmed by patient's cardiologist. Cardiologist advised that patient refuse the 2nd dose of Moderna COVID19 vaccine.
MYOCARDITIS	1636904-1	18-29 years	Left occipital brain swelling, myocarditis
MYOCARDITIS	1637177-1	30-39 years	Moderna COVID-19 Vaccine EUA: Patient received Moderna vaccine on 8/25/2021. Later on 8/25/2021 patient presented to ED complaining of chest pain. Chest pain started just prior to arrival, sternal pressure, non-radiating. Symptoms are associated with multiple episodes of nausea, vomiting. Patient denies fever, cough, shortness of breath. On arrival to the ED, 12 lead showed STEMi and cath lab was activated. While awaiting cath lab patient suffered a VFib arrest and was shocked and never lost pulse. He was taken to cath lab where he yet again suffered VF/VT multiple times and shocked each time with success. Patient was intubated
MYOCARDITIS	1640018-1	18-29 years	Severe heart inflammation; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Severe heart inflammation) in a 21-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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Severe heart inflammation) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Severe heart inflammation) outcome was unknown. No relevant concomitant medications were reported. Very limited information regarding this event has been provided at this time, however, based on the available information, a causal relationship cannot be excluded. Further information is not expected Most recent FOLLOW-UP information incorporated above includes: On 21-Jun-2021: Upon internal review on 04-AUG-2021, this case was revised and initials, age, gender, events related to patient were updated. Reporter type was updated. Vaccine information updated.; Sender's Comments: Very limited information regarding this event has been provided at this time, however, based on the available information, a causal relationship cannot be excluded. Further information is not expected

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1641083-1	40-49 years	Cognitive Impairment (Confusion, Brain Fog, Aphasia, memory deficits, tripping and tipping sideways while walking) Severe Vertigo Occipital Headache Severe Insomnia Mental Health Distress bi-lateral jaw pain tailbone pain Full Body Tremors Chills and inability to regulate body temperature Endocrine (Thyroid Failure) Swelling on the Oronasal passages. Panic Attacks (Frequent and Severe) Photophobia (Severe) Altered Auditory/Sensory abilities Encephalitis Myocarditis/Tachycardia lasting approximately 7-8 weeks Gastroparesis (also included nausea, vomiting and frequent diarrhea) Irregular Menstrual Cycle Bladder Function Abnormalities Multiple Providers/Specialties are investigating and testing currently
MYOCARDITIS	1641228-1	40-49 years	I received my second dose on 08-04-2021. Went to the ER 08/09/2021 and again on 08/26/2021. I also saw my PCP and a cardiologist. I experienced severe chest pain, SOB, my feet were swollen and I also had under my armpit, it felt like somebody had beat me up. The doctor told me my lymph nodes were swollen. I had UTI in my bladder and had inflammation on my kidney. My PCP treated me for my bladder infection with antibiotics. I went to ER 08-26-2021 regarding the chest pain I am having and saw a cardiologist who did an echo test today and it looks like I have some type of inflammation in my heart and chest. They told me I have no major heart issues and that the vaccine caused some inflammation in my heart and chest and that is why I have severe pain to my chest and I am also out of breath.
MYOCARDITIS	1641466-1	18-29 years	Myocarditis
MYOCARDITIS	1641711-1	18-29 years	Myocarditis with chest pain, fever, chills
MYOCARDITIS	1642017-1	40-49 years	-Cough -Wheezing -Tight chest -Hypoxia feeling -Breathing difficulties -HRV was off - High /sporadic HR compared to usual -Muscle spasms in chest - Tight/pain left middle upper back - usual fatigue
MYOCARDITIS	1644220-1	30-39 years	This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute myocarditis), DYSPNOEA (Shortness of breath) and CHEST PAIN (Severe chest pain) in a 36-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. In 2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In 2021, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. In 2021, the patient experienced MYOCARDITIS (Acute myocarditis) (seriousness criteria hospitalization and medically significant), DYSPNOEA (Shortness of breath) (seriousness criterion hospitalization), CHEST PAIN (Severe chest pain) (seriousness criterion hospitalization), VACCINATION SITE DISCOMFORT (Injection site discomfort), FATIGUE (Fatigue), MYALGIA (muscle ache), PYREXIA (Fever) and CHILLS (chills). The patient was treated with COLCHICINE for Myocarditis, at an unspecified dose and frequency and NSAIDS for Myocarditis, at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Acute myocarditis), DYSPNOEA (Shortness of breath), CHEST PAIN (Severe chest pain), VACCINATION SITE DISCOMFORT (Injection site discomfort), FATIGUE (Fatigue), MYALGIA (muscle ache), PYREXIA (Fever) and CHILLS (chills) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, C-reactive protein: 6.32 mg/dl (abnormal) 6.32 mg/dl. In 2021, Computerised tomogram thorax: negative for pe (normal) Negative for Pulmonary embolismQ. In 2021, Electrocardiogram: diffuse st elevation (abnormal) Diffuse ST elevation, PR depression. In 2021, Magnetic resonance imaging heart: abnormal (abnormal) LVEF: 53% Regional wall motion abnormality present, traces of Pericardial effusion present, pericardial thickness is normal. late gadolinium enhancement present at apical lateral region, showed epicardial myocardial pattern.. In 2021, Red blood cell sedimentation rate: 6 mm/h (Inconclusive) 6 mm/h. In 2021, SARS-CoV-2 test: negative (Negative) Negative. In 2021, Troponin T: hs-tn t: 230 ng/l (abnormal) hs-Tn T: 230 ng/l. In 2021, Viral test: negative (Negative) Negative. In 2021, White blood cell count: 10, 200/ul (normal) 10, 200/ul. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medication was 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. 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. This case was linked to MOD-2021-249585 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 05-Jul-2021: Follow up received by safety 07-Jul-2021 included a report type was updated to literature-study based on the initial additional document received. On 07-Jul-2021: Follow up received by safety 08-Jul-2021 included a full text article received with no new information.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1644422-1	18-29 years	Dyspnea; Myocarditis/Pericarditis post receiving 2nd dose of Moderna COVID-19 vaccine; Myocarditis/Pericarditis post receiving 2nd dose of Moderna COVID-19 vaccine; admitted to the hospital with various heart problems; Pain in chest is little different from pain in initial onset; Numbness and tingling in arm; Numbness and tingling in arm; emergency room says that his symptoms currently are related to panic attack; 48 hours later (Sunday) he started feeling worse; Headache; Achiness, bodyache; From his 2nd dose he had typical symptoms of sore throat; Flu like symptoms; This spontaneous case was reported by a consumer and describes the occurrence of CARDIAC DISORDER (admitted to the hospital with various heart problems), DYSPNOEA (Dyspnea), MYOCARDITIS (Myocarditis/Pericarditis post receiving 2nd dose of Moderna COVID-19 vaccine) and PERICARDITIS (Myocarditis/Pericarditis post receiving 2nd dose of Moderna COVID-19 vaccine) in a 22-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 003C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 02-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 01-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 02-May-2021, the patient experienced FEELING ABNORMAL (48 hours later (Sunday) he started feeling worse). On 03-May-2021, the patient experienced CARDIAC DISORDER (admitted to the hospital with various heart problems) (seriousness criterion hospitalization), MYOCARDITIS (Myocarditis/Pericarditis post receiving 2nd dose of Moderna COVID-19 vaccine) (seriousness criteria hospitalization and medically significant), PERICARDITIS (Myocarditis/Pericarditis post receiving 2nd dose of Moderna COVID-19 vaccine) (seriousness criteria hospitalization and medically significant), PANIC ATTACK (emergency room says that his symptoms currently are related to panic attack), HYPOAESTHESIA (Numbness and tingling in arm) and PARAESTHESIA (Numbness and tingling in arm). In May 2021, the patient experienced OROPHARYNGEAL PAIN (From his 2nd dose he had typical symptoms of sore throat), INFLUENZA LIKE ILLNESS (Flu like symptoms), HEADACHE (Headache) and MYALGIA (Achiness, bodyache). On an unknown date, the patient experienced DYSPNOEA (Dyspnea) (seriousness criterion hospitalization) and CHEST PAIN (Pain in chest is little different from pain in initial onset). The patient was hospitalized on 03-May-2021 due to CARDIAC DISORDER, MYOCARDITIS and PERICARDITIS. At the time of the report, CARDIAC DISORDER (admitted to the hospital with various heart problems), MYOCARDITIS (Myocarditis/Pericarditis post receiving 2nd dose of Moderna COVID-19 vaccine), PERICARDITIS (Myocarditis/Pericarditis post receiving 2nd dose of Moderna COVID-19 vaccine), OROPHARYNGEAL PAIN (From his 2nd dose he had typical symptoms of sore throat), INFLUENZA LIKE ILLNESS (Flu like symptoms), FEELING ABNORMAL (48 hours later (Sunday) he started feeling worse), PANIC ATTACK (emergency room says that his symptoms currently are related to panic attack), CHEST PAIN (Pain in chest is little different from pain in initial onset), HYPOAESTHESIA (Numbness and tingling in arm), PARAESTHESIA (Numbness and tingling in arm), HEADACHE (Headache) and MYALGIA (Achiness, bodyache) had not resolved and DYSPNOEA (Dyspnea) outcome was unknown. Concomitant products were not provided. Treatment information was not reported. Patient had tests (results not provided): Electrocardiogram (ECG), cardiac test, cardiac enzymes, ultrasound, cardiac magnetic resonance imaging (MRI), etc). The patient had no prior history of myocarditis/pericarditis was reported. It was reported that the patient currently had a different type of numbness. The caller was not sure about the batch number of 1st dose (02SB21A or 025B21A). Based on the current available information and temporal association between the use of the product mRNA-1273 and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. This case was linked to MOD-2021-277706 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 05-Aug-2021: Live follow up information: dose dates and lot number updated.; Sender's Comments: Based on the current available information and temporal association between the use of the product mRNA-1273 and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.

Symptoms	VAERS ID	Age	Adverse Event Description
			Perimyocarditis; body aches; fever; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Perimyocarditis) in a 22-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. LITERATURE REFERENCE: Perimyocarditis following frst dose of the mRNA-1273 SARS-CoV-2 (Moderna) vaccine in a healthy young male. BMC Cardiovasc Disord. 2021;21(1):375 The patient's past medical history included COVID-19 (Six months prior patient had a mild case of COVID-19). 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 (Perimyocarditis) (seriousness criteria hospitalization prolonged and medically significant), MYALGIA (body aches) and PYREXIA (fever). The patient was treated with ASPIRIN [ACETYLSALICYLIC ACID] for Chest pain and Pericardial effusion, at a dose of 650 milligram three times a day; COLCHICINE for Chest pain and Pericardial effusion, at a dose of .6 milligram twice a day and METOPROLOL for Myocardial infarction, at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Perimyocarditis) was resolving and MYALGIA (body aches) and PYREXIA (fever) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Blood pressure measurement: 97/57 mm hg (abnormal) Blood pressure was 97/57 mm Hg. In 2021, Body temperature: 98.6¦ fahrenheit (normal) Patient was afebrile with a temperature of 98.6¦ Fahrenheit (38.6¦ Celsius). In 2021, Brain natriuretic peptide (Unknown-< 100): 48.0 pg/ml (normal) B-type natriuretic peptide level was 48.0 pg/mL. In 2021, Catheterisation cardiac: normal (normal) Left heart catheterization revealed angiographically normal coronary arteries. Left ventricular end-diastolic pressure was 18 mmHg.. In 2021, Chest X-ray: unremarkable (normal) Chest radiograph was unremarkable with no signs of focal consolidation, pneumothorax, or pleural effusion. In 2021, Drug screen: negative (Negative) Negative. In 2021, Echocardiogram: low-normal (abnormal) echocardiogram revealed low-normal left ventricular ejection fraction (LVEF) of 50û55% with mid to apical anterior and anterolateral segments appearing hypokinetic. In 2021, Electrocardiogram: abnormal (abnormal) ECG revealed normal sinus rhythm with diffuse ST elevation. In 2021, HIV test: negative (Negative) Negative. In 2021, Heart rate: 100 beats/min (normal) heart rate 100 beats/min and 70û80 beats per minute (normal) heart rate improved to a range of 70û80 beats per minute. In 2021, Magnetic resonance imaging heart: abnormal (abnormal) showed a normal LVEF (58 %) with findings of dyssnchrony of the septal wall. Also showed subepicardial late gadolinium enhancement (LGE) involving the lateral wall and inferior segments at the midventricular and apical LV. Mild adjacent pericardial LGE was also noted. These findings were consistent with perimyocarditis. and improved (normal) one month following discharge, a repeat cardiac MRI was performed which showed improved subepicardial and adjacent pericardial delayed enhancement in the mid and distal left ventricle. Also showed resolution of the previously noted dyssnchrony suggestive of improving perimyocarditis.. In 2021, Metabolic function test: unremarkable (normal) complete metabolic panel was unremarkable. In 2021, Oxygen saturation: 99% (normal) oxygen saturation was 99 % on room air. In 2021, Respiratory rate: 16 breaths/min (normal) respiratory rate 16 breaths/min. In 2021, Respiratory viral panel: negative (Negative) Negative. In 2021, SARS-CoV-2 test: negative (Negative) Negative. In 2021, Troponin (3-20): 13,702 ng/l (High) High sensitivity troponin was 13,702 ng/L, normal (normal) troponin downtrended and elevated (High) markedly elevated troponin. In 2021, White blood cell count: 8700/cm3 (normal) white blood cell count was 8700/cm3 with a neutrophilic predominance of 83%. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDITIS (Perimyocarditis), MYALGIA (body aches) and PYREXIA (fever) to be possibly related. Patient took no medications or over the-counter supplements and denied any significant family history of chronic conditions including cardiovascular disease. Patient also denied any tobacco, alcohol, or recreational drug use. On physical examination, patient was tachycardic with a regular rhythm. No murmurs, rubs, or gallops were appreciated on auscultation. No jugular venous distension, tenderness to palpation of the chest wall, or lower extremity edema were noted. Because of patient's pleuritic chest pain shortly after vaccination, author's leading diagnosis was acute pericarditis. However, they also kept life-threatening causes such as acute coronary syndrome in their differential diagnosis. Patient was discharged with plans to complete a two week course of aspirin, three months of colchicine, and metoprolol. Patient did not require endomyocardial biopsy during his hospitalization since he remained clinically stable. Was also not started on guideline-directed medical therapy for heart failure since his imaging showed no signs of ventricular dysfunction. Metoprolol was started to help prevent heart failure, life-threatening arrythmias, and also limit æmechanical inflammation'. Patient was recommended abstinence from strenuous activity to decrease risk of remodeling and sudden death as well. Given the hypersensitivity myocarditis that the patient suffered following the first dose of the Moderna vaccine and lack of information available at the time, after a patient-centered discussion, he elected to forego the second dose of the vaccine. 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.
MYOCARDITIS	1644567-1	**18-29 years**	
MYOCARDITIS	1644568-1	**18-29 years**	Myocarditis; chest pain; This spontaneous case was reported by a physician and describes the occurrence of MYOCARDITIS (Myocarditis) in a 22-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. Unknown) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 05-Aug-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 07-Aug-2021, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant) and CHEST PAIN (chest pain). The patient was treated with IBUPROFEN at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Myocarditis) and CHEST PAIN (chest pain) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 07-Aug-2021, Heart rate: high (High) high rate beat. On 07-Aug-2021, Troponin: eelvated (High) Elevated troponin level. On an unknown date, Echocardiogram: normal (normal) normal echocardiogram. Diagnosis: Myocarditis. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant product use was not provided by the reporter. Company comment: Based on the current available information and temporal association between the use of second dose of the product mRNA-1273 and the start date of the serious expected event of Myocarditis, a causal relationship cannot be excluded. Non-serious event of Chest pain was more consistent with the manifestation of Myocarditis.; Sender's Comments: Based on the current available information and temporal association between the use of second dose of the product mRNA-1273 and the start date of the serious expected event of Myocarditis, a causal relationship cannot be excluded. Non-serious event of Chest pain was more consistent with the manifestation of Myocarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1645376-1	18-29 years	Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 23-year-old female 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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 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). The patient was hospitalized for 3 days due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis) had resolved. Possible DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, C-reactive protein: 41 mg/l (High) CRP elevation, 11 mg/l (Inconclusive) CRP declined to 11 mg/L by the third day of her hospitalization. and 0.8 mg/l (normal) She presented to clinic for follow-up two weeks after discharge, where her CRP had declined to 0.8 mg/L and she had no residual symptoms. On an unknown date, Coxsackie virus test: negative (Negative) Negative. On an unknown date, Cytomegalovirus test: negative (Negative) Negative. On an unknown date, Echocardiogram: unknown (Inconclusive) Left Ventricular Ejection Fraction (LVEF) 55û60%, basal inferior and basal inferolateral hypokinesis. On an unknown date, Electrocardiogram: abnormal (abnormal) Down-sloping PR depressions, diffuse ST elevations. On an unknown date, Epstein-Barr virus test: negative (Negative) Negative. On an unknown date, Hepatitis C virus test: negative (Negative) Negative. On an unknown date, Magnetic resonance imaging heart: cardiac magnetic resonance (Inconclusive) Cardiac Magnetic resonance (CMR) 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 subepicardial distribution pattern, consistent with myocarditis. On an unknown date, Serology test: negative (Negative) Negative. On an unknown date, Troponin I: 14,045 pg/ml (High) Troponin elevation and 16,263 pg/ml (High) Troponin elevation. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. No concomitant medication was provided by the reporter. Her symptoms resolved quickly, and her CRP declined by the third day of her hospitalization. She was discharged on hospital day 3. She presented to clinic for follow-up two weeks after discharge, and she had no residual symptoms. No treatment medication information was provided by the reporter 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. This case was linked to MOD-2021-293732, MOD-2021-293733 (Patient Link).; 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.
MYOCARDITIS	1645387-1	40-49 years	Cardiogenic shock; biventricular myocarditis; Global biventricular dysfunction; tachycardia; chest pain; dyspnea; Fever; This literature-non-study case was reported in a literature article and describes the occurrence of CARDIOGENIC SHOCK (Cardiogenic shock), MYOCARDITIS (biventricular myocarditis) and VENTRICULAR DYSFUNCTION (Global biventricular dysfunction) in a 42-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On an unknown date, the patient received 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) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced CARDIOGENIC SHOCK (Cardiogenic shock) (seriousness criteria death and medically significant), MYOCARDITIS (biventricular myocarditis) (seriousness criteria death and medically significant), VENTRICULAR DYSFUNCTION (Global biventricular dysfunction) (seriousness criterion death), TACHYCARDIA (tachycardia), CHEST PAIN (chest pain), DYSPNOEA (dyspnea) and PYREXIA (Fever). The patient died on an unknown date. The reported cause of death was biventricular myocarditis, Cardiogenic shock and global biventricular dysfunction. An autopsy was performed. At the time of death, TACHYCARDIA (tachycardia), CHEST PAIN (chest pain), DYSPNOEA (dyspnea) and PYREXIA (Fever) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Angiocardiogram: normal (normal) revealed no coronary artery disease.. In 2021, Angiogram: normal (normal) revealed no coronary artery disease.. In 2021, Autopsy: biventricular myocarditis (abnormal) An inflammatory infiltrate admixed with macrophages, T-cells, eosinophils, and B cells was observed. In 2021, Echocardiogram: abnormal (abnormal) global biventricular dysfunction (ejection fraction, 15%), normal ventricular dimensions, and left ventricular hypertrophy. In 2021, Electrocardiogram: abnormal (abnormal) showed diffuse ST-segment elevation. In 2021, SARS-CoV-2 test: negative (Negative) Negative for SARS-CoV-2 and no other causes were identified.. In 2021, Serology test: abnormal (abnormal) no other causes were identified.. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Patient had not reported a viral prodrome The letter stated that a direct causal relationship could not be definitively established because they did not perform testing for viral genomes or autoantibodies in the tissue specimens. However, no other causes were identified by PCR assay or serologic examination. Concomitant product use was not provided by the reporter. ? No treatment information was provided. Very limited information regarding this event/s has been provided at this time. Further information has been requested. Further information is not expected.; Sender's Comments: Very limited information regarding this event/s has been provided at this time. Further information has been requested. Further information is not expected.; Reported Cause(s) of Death: biventricular myocarditis; Cardiogenic shock; Global biventricular dysfunction
MYOCARDITIS	1645949-1	30-39 years	9 hours after the shot I began to experience extreme chills, extremeties (hands and toes where ice cold). Approximately 12 hours after the shot, I woke up with a heart rate 130-140s, with a sensation that my heart was going to cut down into my chest. I had a fever of 102.1. After vagal maneuvers I was able to bring my heart rate down to 70-80s which still lasted for a couple hours. The sad thing is that my resting heart rate walking around is 50-52 bpm, and I've never experience anything like this before in my life. I'm sure I've now induced some myocarditis. Upon waking this morning 16 hours after the shot, I have an extreme cluster headache with difficulty looking forward with my vision and severe muscle aches as if I've worked out for hours at a time.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1646825-1	18-29 years	Cardiomyopathy; myocarditis; congestive heart failure; This is a spontaneous report from a contactable consumer (patient). A 29-years-old female patient received the first dose of BNT162B2 Pfizer-BioNTech COVID-19 mRNA Vaccine administered at Pharmacy or Drug Store via an unspecified route of administration, in left arm on 22Mar2021, at 29 years of age (Batch/Lot Number: ER8727) as single dose, and the second dose via administered at Pharmacy or Drug Store via an unspecified route of administration, in left arm on 22Mar2021 (to be clarified), at 29 years of age (Batch/Lot Number: EW0151) as single dose for COVID-19 immunization. Medical history included hypersensitivity to sulfa based antibiotics from an unknown date. The patient's concomitant medications were not reported. The patient didn't receive any other vaccine in the previous 4 weeks. The patient was not diagnosed with COVID-19 prior to vaccination. On 20May2021 the patient experienced cardiomyopathy, myocarditis and congestive heart failure, all assessed as medically significant and requiring Emergency Room Visit, Physician office visit and hospitalization for 7 days. The patient underwent lab tests and procedures which included SARS-CoV-2 test via Nasal swab in May2021, which was negative. Unspecified therapeutic measures were taken as a result of the reported events. At the time of the report the reported events had not resolved yet.
MYOCARDITIS	1646903-1	18-29 years	This is a spontaneous report from a contactable consumer or other non-healthcare professional. A 21-years-old male patient received bnt162b2 (BNT162B2, PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for Injection), dose 2 via an unspecified route of administration on an unspecified date in Jun2021 (Batch/Lot number and Expiry date was not reported) (at the age of 21-years-old) as DOSE 2, SINGLE for covid-19 immunization. The patient medical history and concomitant medications were not reported. The patient previously received bnt162b2 (BNT162B2, PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for Injection), dose 1 via an unspecified route of administration on an unspecified date for covid-19 immunization. On an unspecified date, the patient experienced myocarditis. The patient was subsequently admitted to the hospital with a diagnosis of Myocarditis. The clinical outcome of the event was unknown. Information about batch/lot number has been requested.
MYOCARDITIS	1647119-1	30-39 years	This is a spontaneous report received from a contactable Physician received via COVID-19 Adverse Event Self-Reporting Solution (COVAES). A 32-year-old female patient (non-pregnant) received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 1 intramuscular, administered in Arm Left on 15Apr2021 (at 32 years old, not pregnant) (Batch/Lot Number: EW0153) as DOSE 1, SINGLE for covid-19 immunisation. The patient's medical history was not reported. Concomitant medication included TRI-SPRINTEC. The patient experienced suspected myocarditis or pericarditis, chest pain all on 20Apr2021 with outcome of not recovered. Treatment given for all events was colchicine. No covid prior vaccination. Not covid tested post vaccination. No follow-up attempts are needed. No further information is expected. Sender's Comments: Based on the information in the case report and a plausible temporal relationship, a possible causal relationship between the events myocarditis and pericarditis and suspect drug BNT162B2 cannot be excluded. The impact of this report on the benefit/risk profile of the product is evaluated as part of 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, as appropriate.
MYOCARDITIS	1651208-1	40-49 years	Mycarditis, rapid heartbeat, heart racing/heavy beating in chest
MYOCARDITIS	1651468-1	18-29 years	He presented to the ER complaining of chest pressure & nausea in the evening the day he received his 2nd dose (received it around 10am that morning). Upon presentation, his initial troponin was 6.5 & his EKG showed ST elevation in I, aVL, V3-V6. He was given aspirin & admitted to the cardiac intensive care unit. Given his age, unremarkable medical history & family history, there was low suspicion for acute coronary syndrome. Initial suspicion was for myocarditis. Transthoracic echocardiogram revealed EF 50-55% with no other acute abnormalities. Cardiac MRI revealed evidence of late gadolinium enhancement (LGE) of the lateral & anterolateral walls extending from basal to apical segments; LGE was predominantly epicardial in distribution with some mid-myocardial enhancement. These findings were suggestive of myocarditis. He was treated with steroid. His troponin peaked at 14.4 then trended down. He remained stable and was discharged home on 8/28/2021.
MYOCARDITIS	1653758-1	18-29 years	inflammation of heart muscle, chest pain. Happened second day after vaccination. Symptoms resolved seventh day after vaccination.
MYOCARDITIS	1653989-1	18-29 years	Patient presented with chest pain, palpitations and SOB 4 days after 2nd Pfizer COVID-19 vaccine. Found to have elevated troponin of 8.48 and diffuse non-specific ST changes on EKG. Diagnosed with myocarditis. Echo with no structural abnormalities. Troponin peaked at 9.273. Patient was kept on telemetry monitoring that showed multiple PVCs. Given Prednisone daily and observed for 4 days. CRP on day of admission was 9.8, day of discharge was 2.07. Discharged on 7 day course of Prednisone.
MYOCARDITIS	1656028-1	18-29 years	Sharp chest pains and inflammation around the heart. Fever of 100.4 -101.3, Elevated blood pressure highest at 155 Went to patient first 8/18 @ 4.30 and recommend to go to ER ~ @8.30 Outcome - have been out of work from 8/18 and have Dr's note to remain out of work until 9/9.
MYOCARDITIS	1656057-1	18-29 years	Acute Myocarditis, evident on CT chest, EKG changes, Elevated Troponin
MYOCARDITIS	1659195-1	30-39 years	Patient with prior COVID infection April 2020. He received 2nd Pfizer COVID vaccine 8/27/21. The morning of 8/28 developed nausea, fever, chills. 8/28 had brief chest pain that resolved. 8/29 developed chest pain for 3 hours. Presented to hospital with myocarditis- Troponins 737, 707 and ST elevations on EKG. Currently 4 days post vaccine, chest pain resolved though with persistent EKG changes.
MYOCARDITIS	1659239-1	40-49 years	The first dose was very minimal symptoms, just arm injection site pain. The second dose on February 24th, 2021 I experienced fever, chills, body aches and eye pain for approximately 24 hours. I never felt like myself after this dose until May. In April I went into the doctor due to Braycardia and had a calcium Ct scan which concluded myocarditis
MYOCARDITIS	1662297-1	18-29 years	"Following 2nd dose of COVID vaccine on 8/27, patient had low-grade fever, body aches, chills, and fatigue. Starting 8/30 in the morning, he began having burning chest pain, described as being like he ""just ran a long time in cold weather"". He came to the hospital and was noted to have elevated troponins (8/30 0931 = 0.891, 8/30 1230 = 1.123, 8/30 1531 = 1.932, 8/31 0352 = 3.363). An echo was also completed and was unremarkable. He was admitted to the hospital with suspected myocarditis. Further cardiac workup was done and patient had a cardiac cath on 8/31 which showed normal coronary angiography."
MYOCARDITIS	1662870-1	40-49 years	developed chest pains 20 minutes after getting the first vaccine, continued for the next 4 days until I was diagnosed as having myocarditis by my primary care physician. Having heart palpitations and flutters, lightheaded, dizzy, very uncomfortable chest pressure almost all day. I am on day 5 of having the vaccine and the symptoms have not subsided.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1662983-1	18-29 years	chest pains/sob started within 72 hours resulting in visit to ER and where pt was admitted
MYOCARDITIS	1666297-1	18-29 years	Patient presented to Hospital on 8/23/21 complaining of shortness of breath and coughing and chest discomfort. Elevated Troponin and leukocytosis. Admitted with myocarditis, viral syndrome and pneumonia.
MYOCARDITIS	1667116-1	18-29 years	Patient was admitted for myocarditis on 8/29/21 with diffuse ST changes on EKG and elevated inflammatory markers. It is unclear if this event was related to vaccination as it was several months removed from the second shot it the series. there was significant heart dysfunction on echo with EF of 38%. Heart function quickly recovered to normal EF of 63% 3 days later after having support with milrinone and enalapril. Patient also received IVIG. the quick improvement of function fits more with vaccine related myocarditis as opposed to viral myocarditis. Infectious workup negative to date. Possible viral trigger with symptoms of headache and body aches for 3 days before presentation. Unclear at this time whether vaccine related or from an unknown viral etiology.
MYOCARDITIS	1668481-1	18-29 years	Myocarditis; chest pain, sharp-pains in heart, shortness of breath. Prescribed Colcrys
MYOCARDITIS	1670125-1	30-39 years	Diagnosis - Myocarditis Symptoms - Chest pain Treatment - Naproxen 500 mg PO BID, and rest Until additional safety data are available, experts recommend that people who develop myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine defer receiving the second dose.
MYOCARDITIS	1670278-1	30-39 years	Myo/pericarditis which started on 08/31. Pt presented to Hospital on 08/31. Treated with colchicine and ibuprofen. Pain improved and troponin trended down. Pt was discharged on 09/02.
MYOCARDITIS	1670648-1	18-29 years	Experienced likely myocarditis, (chest pain, discomfort, tightness, un-ignorable sensation of rapid and erratic heartbeat)
MYOCARDITIS	1671372-1	40-49 years	Acute myocarditis. Symptoms of chest pain for about 5 days prior to presenting to the hospital
MYOCARDITIS	1673357-1	30-39 years	About 6 days after vaccination, started having shortness of breath and irregular heartbeat, Diagnosis with mild myocarditis; Pregnancy at time of Vaccination:Yes/gestational period:25 weeks; This is a spontaneous report from a contactable Nurse (Patient). This Nurse reported information for mother (herself). This is a maternal report. A 33-year-old pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), via an unspecified route of administration, administered in Arm Right on 10Aug2021 at the age of 33 years (Lot number and Expiry date was not reported) as dose 1, single for covid-19 immunization. Medical history included Polycystic ovary syndrome (PCOS) and Hashimoto's. The patient did not have covid prior and post vaccination. No known allergies. The patient's concomitant medications were not reported. The patient did not receive any other vaccines in four weeks. The patient experienced pregnancy at time of vaccination:yes/gestational period:25 weeks on 10Aug2021, about 6 days after vaccination (discrepantly reported), started having shortness of breath and irregular heartbeat and went to cardiologist and diagnosed with mild myocarditis on 18Aug2021. The mother was due to deliver on 19Nov2021. It was reported, the event myocarditis resulted in the Doctor or Other health care professional office/ clinic visit, Emergency room/department or urgent care. It was reported, beta blocker was received as treatment for the event. The outcome for the event was Not recovered/Not resolved. The lot number for BNT162B2 was not provided and will be requested during follow-up.; Sender's Comments: Based on temporal association and known drug safety profile a possible contributory role of the suspect BNT162B2 cannot be completely excluded for the reported event of Myocarditis. The case will be reassessed 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.
MYOCARDITIS	1674999-1	18-29 years	Myocarditis
MYOCARDITIS	1676630-1	40-49 years	Myocarditis
MYOCARDITIS	1676803-1	30-39 years	I had my Moderna done on 04/02/21, about 40 min after I felt like my heart was coming out of my chest and it was very difficult for me to breath. After that from time to time my heart was bothering me, which is unusual. On July 23 I suffered an incident that felt what heart attack would feel like a sharp stabbing pain in my heart. I called 911 and went to ER. Troponing came in clean, do did covid test. After that incident it was extremely difficult for me to breath and I couldn't walk for no more that 20 min without losing my breath. My doctor told me that I have myocarditis and most likely from vaccination. which is inflammation of the heart muscle. It has been a struggle since
MYOCARDITIS	1678181-1	18-29 years	I was hospitalized for myocarditis. It started Sunday 8/1 with chest tightness and then pain under my jaw. I went in Monday morning to the ER and was hospitalized for 3 days. I was diagnosed with myocarditis related to the COVID vaccine.
MYOCARDITIS	1679067-1	40-49 years	Myocarditis I think, it started yesterday. I had never felt that. Pulse pain from my heart right side (middle of the chest) , not continuous , several times per minute.
MYOCARDITIS	1679278-1	18-29 years	Myopericarditis diagnosed 9/7/21
MYOCARDITIS	1681909-1	40-49 years	Myocarditis; This is a spontaneous report received from a contactable consumer (patient). A 48-year-old non-pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EK9231), via unspecified route of administration in right arm on 10Feb2021 02:00 PM (at the age of 48-year-old) as dose number unknown, single for COVID-19 immunisation. The patient's medical history included atrial fibrillation (AFiB). The patient did not have COVID prior vaccination. The patient's concomitant medications received within two weeks included multiple vitamin (unspecified), vitamin D, escitalopram oxalate (LEXAPRO) and flecainide, all from unspecified date. The patient previously received amoxicillin sodium/clavulanate potassium (AUGMENTIN), sertraline (ZOLOFT), ceftriaxone/beta-lactamase inhibitor (BACTRUM), IVP dye (as reported) and they were reported as known allergies. No other vaccines were administered within four weeks. On 18Feb2021 the patient experienced myocarditis. The event resulted in emergency room/department or urgent care visit and patient was hospitalized for 2 days. Treatment received due to the event included heart catherization, steroids and fluids. The patient was not tested for COVID post vaccination. The outcome of the event was unknown.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1682909-1	30-39 years	Cardiomyopathy, dyspnea on exertion 8/10/2021 PT is a 36 YO M with PMH of HTN who presented to the ER after being seen in clinic and ECHO showed an EF of 25-30%. The patient was admitted for management. The patients cardiomyopathy was felt to be from either a viral myocarditis or a vaccination induced myocarditis. The patient was diuresed with Lasix, started on Lisinopril and spironolactone. The patient was stable with this regimen and DC home with close follow up with cardiology.
MYOCARDITIS	1683044-1	40-49 years	"Fever of unknown origin with profound systemic inflammation. Hospitalized twice 6/20/2021 and 7/1-7/8/2021. 6/20 for suspected myocarditis (based on chest pain, tachycardia, troponin leak, ECGs with sinus tachycardia [w/o evidence of pericarditis], bedside echo 6/20 reported as ""appeared normal"") and 7/1-7/8 for FUO. Extensive evaluation to date has not revealed a likely infectious etiology. The patient meets proposed criteria for a definitive case of MIS in an adult: Fever > 3 days AND GI symptoms + hypotension AND laboratory evidence of inflammation AND elevated troponin + neutrophilia AND receipt of COVID vaccine (they do not specify a timeline, but his onset of symptoms was within 12 weeks of receipt of COVID vaccine)."
MYOCARDITIS	1684125-1	40-49 years	Myocarditis. Onset 13 hrs after second shot
MYOCARDITIS	1685226-1	18-29 years	myopericarditis
MYOCARDITIS	1685525-1	18-29 years	The patient presented with myalgias and chest pain. He was found to have myopericarditis.
MYOCARDITIS	1685628-1	40-49 years	Patient had sudden shortness of breath. Ambulance documented severe hypoxia. ER did CT scan of chest which showed flash pulmonary edema. Admitted for two days in hospital. Echo showed EF 39%. Troponin mildly elevated. WBC elevated to 23,000. Diagnosis is myocarditis and cardiomyopathy due to COVID vaccine.
MYOCARDITIS	1686760-1	18-29 years	Chest pain and Troponin elevation starting 3 days after 2nd dose of COVID vaccine. Suspected mild myocarditis. Normal ejection fraction. Discharged with Ibuprofen for chest pain for suspected pericardial inflammation.
MYOCARDITIS	1689280-1	18-29 years	myocarditis treated with NSAIDs, colchicine
MYOCARDITIS	1689779-1	40-49 years	Symptoms related to myocarditis. EKG determined portion of heart has failed.
MYOCARDITIS	1690655-1	18-29 years	Myocarditis
MYOCARDITIS	1691435-1	30-39 years	Myocarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 38-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. LITERATURE REFERENCE: Myocarditis associated with mRNA COVID-19 vaccination. Radiology. 2021:211430 No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 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) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Magnetic resonance imaging: negative (Negative) Negative. In 2021, Magnetic resonance imaging heart: abnormal (abnormal) Late Gadolinium Enhancement (LGE): epicardial Left Ventricular (LV) inferior and anterolateral basal wall, epicardial and mid myocardial inferior wall mid ventricle and apical. T2w signal abnormality in corresponding locations as LGE. Pericardial enhancement, no effusion. Left Ventricular Ejection Fraction (LVEF): 54%, Right Ventricular Ejection Fraction (RVEF): 53%. Ipsilateral axillary lymphadenopathy. On an unknown date, Angiocardiogram: negative (Negative) Negative. On an unknown date, Electrocardiogram: abnormal (abnormal) Inferolateral T-wave inversion. On an unknown date, Troponin I: 12.19 ng/ml (abnormal) 12.19 ng/mL. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. No concomitant medication was provided by the reporter Patient was hospitalized due to acute onset of chest pain with diagnosis of acute myocarditis. Patient had received his second dose of mRNA-1273 vaccine 3 days before onset of chest pain and 5 days before onset of cardiac symptoms. Patient had following symptoms after vaccination subjective myalgias, malaise, nausea lightheadedness and chest pain. COVID-19 test was negative for 4 patients out of 5 patients. No treatment medication information was provided by the reporter. 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. This case was linked to MOD-2021-293220 (Patient Link).; 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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1691546-1	30-39 years	Myocarditis-like illness; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis-like illness) in a 39-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. LITERATURE REFERENCE: Myocarditis temporally associated with COVID-19 vaccination. Circulation. 2021;144(6):502-5 No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (Myocarditis-like illness) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 3 days due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis-like illness) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Angiogram: normal (normal) No obstructive coronary artery disease; proximal circumflex; mild 30% stenosis. On an unknown date, Antinuclear antibody: negative (Negative) Negative. On an unknown date, Blood pressure measurement: 103/70 mm hg at the time of presentation. On an unknown date, Body temperature: 36.9 ¦c (normal) at the time of presentation. On an unknown date, Brain natriuretic peptide: 97 pg/ml 97 pg/mL. On an unknown date, C-reactive protein: 11.70 mg/dl (High) 11.70 mg/dL (peak). On an unknown date, Chest X-ray: normal (normal) No detectable active cardiopulmonary disease. On an unknown date, Echocardiogram: 1.0 cm, none, normal (normal) Intraventricular septal diastolic thickness (2D): 1.0 cm. Regional wall motion abnormalities: None Diastolic function: Normal (4 days postvaccine). On an unknown date, Ejection fraction: 52% 52%, no regional wall motion abnormalities (5 days postvaccine) and 61% 61% (4 days postvaccine). On an unknown date, Electrocardiogram: normal (normal) No acute ST segment changes and normal sinus rhythm. On an unknown date, Heart rate: 79 bpm at the time of presentation. On an unknown date, Magnetic resonance imaging heart: abnormal (abnormal) Suboptimal T2 WI secondary to banding artifact and respiratory motion (5 days postvaccine) and abnormal (abnormal) Multifocal subepicardial and midmyocardial LGE; prominence of the pericardium overlying the anterior wall with enhancement (5 days postvaccine). On an unknown date, Red blood cell sedimentation rate: 23 mm/h (High) 23 mm/h (peak). On an unknown date, Respiratory rate: 16 per min at the time of presentation. On an unknown date, Respiratory viral panel: negative (Negative) Negative except mycoplasma IgG; Coxsackie B1, B2, B3 (IgG 1:8) and B4, B5, B6 (IgG 1:16) Respiratory viral panel was performed using the FilmArray BioFire Respiratory Panel 2.1 and contains qualitative detection of respiratory pathogen nucleic acid for the following viruses: adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, SARS-CoV-2, human metapneumovirus, human rhinovirus/enterovirus, influenza A, influenza A/H1, influenza AH1 2009, influenza A/H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella pertussis, Bordetella parapertussis, Chlamydophila pneumoniae, and Mycoplasma pneumoniae.. On an unknown date, SARS-CoV-2 antibody test: positive (Positive) Positive (performed using LIAISON SARS-CoV-2 S1/S2 IgG assay). On an unknown date, SARS-CoV-2 test: negative (Negative) The patient denied history of previous COVID-19 infection.. On an unknown date, Troponin I: 3.41 ng/ml (High) 3.41 ng/mL (normal: <0.04 ng/mL) at presentation, 13.00 ng/ml (High) 13.00 ng/mL (normal: <0.04 ng/mL) peak value and 0.037 ng/ml (normal) 0.037 ng/mL (normal: <0.04 ng/mL) postdischarge. On an unknown date, Ventricular internal diameter: 4.4 cm 4.4 cm (4 days postvaccine). On an unknown date, White blood cell count: 8.28 8.28 (5 days postvaccine). For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDITIS (Myocarditis-like illness) to be possibly related. Concomitant medications were not provided. The symptoms at the time of presentation included fever, chills, shortness of breath, and chest heaviness/pain symptoms. Days from administration to presentation was 4 days. The patient was hemodynamically stable and did not have a pericardial friction rub or rash, no evidence of obstructive coronary artery disease. Multifocal subepicardial late gadolinium enhancement was present. No palpitation was reported, and there was no evidence of sustained arrhythmias. No evidence of an active viral illness or autoimmune disease. The patient was treated with Intravenous (IV) steroids for 3 days.; 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.
MYOCARDITIS	1692186-1	18-29 years	MyocarditisHeart Pain, it is getting worse over time paired with chest pains, muscle pains throughout body, arm pains; MyocarditisHeart Pain, it is getting worse over time paired with chest pains, muscle pains throughout body, arm pains; MyocarditisHeart Pain, it is getting worse over time paired with chest pains, muscle pains throughout body, arm pains; MyocarditisHeart Pain, it is getting worse over time paired with chest pains, muscle pains throughout body, arm pains; MyocarditisHeart Pain, it is getting worse over time paired with chest pains, muscle pains throughout body, arm pains; This is a spontaneous report from a contactable consumer. A 28-year-old non-pregnant female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation solution for injection; Lot Number: Unknown), via an unspecified route of administration on 25Aug2021 17:00 (age at the time of vaccination was 28 years old as dose number unknown, single for COVID-19 immunisation. The patient's medical history was not reported. The patient's concomitant medications were not reported. It was reported that no other vaccine in four weeks and no other medications in two weeks. It was reported that covid prior vaccination was no, covid tested post vaccination was no. It was reported that patient had no known allergies. The patient experienced myocarditis heart pain, it was getting worse over time paired with chest pains, muscle pains throughout body, arm pains on 25Aug2021.Therapeuitc measure were taken as no as a result of events. The outcome of events was not recovered. The lot number for the vaccine [BNT162B2] was not provided and will be requested during follow-up.
MYOCARDITIS	1692973-1	40-49 years	Patient received her first Pfizer vaccine on 3/19/21 and her second on 4/8/21. Starting on 5/31/21 she developed increasing shortness of air, a productive cough, and persistent chest congestion. Her chest felt heavy during this time and she first went to see her PCP mid June 2021 after taking over the counter cold medications without relief. Over the next 6-8 weeks she was given various steroids and antibiotics by her primary care provider. She was also given inhalers for possible asthma treatment without consistent relief. Her symptoms progressed to include orthopnea and paroxysmal nocturnal dyspnea with a 15 pound weight gain. She next presented to the ER on 8/3/21 and was found to have significant volume overload with pleural effusions, ascites, cardiomegaly, and pulmonary edema. She was discharged on PO diuretics and was referred to Dr. as an OP for cardiovascular examination. On 8/4/21 after meeting Dr. she was admitted to Hospital for acute heart failure. She has since been aggressively diuresed and started on heart failure guideline directed medical therapy with improvement of symptoms. Ultimately she has been diagnosed with acute myocarditis and acute heart failure and has been referred for heart transplant.
MYOCARDITIS	1693372-1	30-39 years	myocarditis developed 2 days after the 2nd shot. troponin almost 22K.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1693631-1	30-39 years	July 1st: admitted for papilledema, new demyelinating lesion on brain MRI; new labile hypertension; found to NOT have MS per neurology 8/15: admitted for crushing chest pain, elevated troponin; had normal heart catheterization and +myocarditis on heart MRI Between those two events he developed severe abdominal pain and new severe constipation with ER visit with normal CTA of chest/abdomen/pelvis; not clearly related to other concerns.
MYOCARDITIS	1694222-1	30-39 years	Since day after 2nd vaccine dose pt felt ill with malaise and progressive dyspnea on exertion. Until he presented to urgent care. with complaints of shortness of breath at night and on exertion. Symptoms started 2 months ago 24 hours after he got Covid vaccine. Since his symptoms has remained persistent he cames to the ED. Further work-up shows congestive heart failure and cardiomegaly. Clinical diagnosis is myocarditis. He will be admitted for further evaluation. ECHO LVEF 10% dilated global cardiomyopathy
MYOCARDITIS	1694284-1	18-29 years	Myocarditis, trouble breathing, extreme body ache, high fever, chills, no appetite for 1 week
MYOCARDITIS	1695730-1	18-29 years	Post Covid vaccination associated myopericarditis
MYOCARDITIS	1696080-1	30-39 years	*Following patient's first Moderna vaccination (8/13/21), he developed pain and swelling in his left lower extremity which started on 8/21/21. A D-dimer was completed which was negative. An US was then obtained on 8/25/21 which showed a gastrocnemius thrombus extending into the popliteal vein. Pt was encouraged to present to the ED and was started on xarelto on 8/25/21. *Following patient's second Moderna vaccination (9/10/21), he developed severe body aches, fevers, chest pain and SOB. Patient presented to the ED on 9/13/21 Pain worsened with lying flat. Leaning forward did not alleviate the pain. Pt notes that he initially thought he had bad reflux, then it felt like a cracking chest pressure. He has felt very uncomfortable lying flat with coughing and SOB. He also notes some bloating, diaphoresis, and lightheadedness. Patient was provided with ibuprofen 600mg PO TID along with colchicine 0.6mg 1 tab PO BID. On 9/14/21, he continued to have symptoms only with increased movement, otherwise his symptoms were improving. He continued to have diaphoresis. Plan is to continue colchicine x3 mos along with ibuprofen for the next 2 weeks, then taper down.
MYOCARDITIS	1696120-1	30-39 years	7-6-2021-chest pains, elevated troponins 7-25-2021-elevated heart rates, chest pains and palpitations. Pericarditis/myocarditis. Elevated d-dimer
MYOCARDITIS	1696153-1	40-49 years	heart attack from Myocarditis ejection fraction extremely low, heart medications, mobile defibrillator.
MYOCARDITIS	1696835-1	30-39 years	Heart inflammation, difficulty breathing, soreness & tiredness in chest and shoulder area.
MYOCARDITIS	1696931-1	18-29 years	Chest pain similar to myocarditis that lasted a couple weeks. Has resolved now, but most likely lasted around 3 weeks total.
MYOCARDITIS	1697013-1	18-29 years	I began to have neck pain and feel achy and nauseous on Friday 8/27. When I woke up Saturday 8/28 I had a fever, more neck pain and diarrhea. On Sunday 8/29, I went to urgent care. While there my blood pressure dropped and my heart rate sky rocketed and I went unconscious, I was transferred to Hospital where they believed something was wrong with my heart. Once they stabilized me they transferred me to hospital to the critical care into on the cardiology floor where I was diagnosed with Myocarditis. I remained on this floor for 5 days.
MYOCARDITIS	1700203-1	18-29 years	Roughly 3 months after receiving J&J I was admitted into the ER with severe chest pains. I had inflamed arteries suggesting a pulmonary embolism. After many tests they suggested myocarditis. It cleared up in about 4 days (received blood thinners at the ER & took 1000mg ibuprofen for 7 days). I believe that this wasn't more harmful to me as I am in great health. I was also on a estrogen birth control for about 5 years. I also received 2 rounds of the HPV vaccine within the past 12 months. It's hard to assume what could have caused this but wanted to share my experience
MYOCARDITIS	1700328-1	30-39 years	1-9days had headaches, 10th day heart palpitations , 11th and 12th day chest tightness and pains, 13th air felt thick, alittle hard to breath. Wore a heart monitor and blood drawn
MYOCARDITIS	1700742-1	30-39 years	Started having chest pain the day of the 2nd dose. Went to the Emergency Room 9/13/2021. Released with a diagnosis of Myocarditis. Has appointment with Cardiologist Monday 9/20/2021.
MYOCARDITIS	1700774-1	18-29 years	Death. Presented to the emergency department with diffuse ST elevations concerning for myocarditis. His troponin was elevated at 113. His lactate was 14. He was in renal failure with a creatinine of 2.97, GFR 26. D-dimer was elevated at 1.25 without any obvious pulmonary embolism according to the CT. Upon presentation he was hyperventilating, not complaining of chest pain. Labs demonstrate a significant metabolic acidosis with a pH of 7.124, PCO2 of 15.4. O2 sat 96.8% on room air. Patient unfortunately went into cardiac arrest and was unable to be revived. Cause of death suspected to be myocarditis and cardiogenic shock In the setting of active COVID-19 infection.
MYOCARDITIS	1701327-1	18-29 years	Myocarditis
MYOCARDITIS	1704121-1	18-29 years	Myocarditis with EF 40% diagnosed 9/15
MYOCARDITIS	1704215-1	30-39 years	Pt received vaccination then on 9/13 had nausea, achy joints, Headache and chills. On 91/4 had chest pain and Larm numbness. Went to Hospital Er and then transported to other Hospital 9/15/2021. He described pain as midsternal pressure that is worse with deep inspiration. Initial troponin was 1.090. EKG showed sinus rhythm with diffuse ST elevation. Diagnosis myopericarditis. He was admitted for observation. Planned echocardiogram and will trend cardiac enzymes.
MYOCARDITIS	1704700-1	30-39 years	Presented with chest pain, Cardiac MR consistent with myocarditis
MYOCARDITIS	1704708-1	18-29 years	Presented with chest pain, cardiac MR consistent with myocarditis
MYOCARDITIS	1704721-1	18-29 years	Heart pain, fluttering, felt like heart was too big for chest. Likely myocarditis or pericarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1705028-1	18-29 years	Red swelling after the first dose in the upper left High fever after the second dose from 9:00 pm (approximately 5 hours after vaccination) on 7/5/21 till 12:30 pm on 7/7/21 Chest pains at 12:30 pm on 7/7/21. Went to the ER at 1:30 pm. Diagnosed with a heart attack with heart attack symptoms at 1:40 pm Many tests occurred, some being a Hospital Echo and X-Ray The procedure that occurred is the Cardia Catheterization Procedures Diagnosed with myocarditis Hospitalized for three days and two nights Medication: Colchicine (colchicine 0.6mg oral capsule)/ 1 cap by mouth/ once daily for one month Ibuprofen (ibuprofen 600mg oral tablet)/ 1 tab by mouth/ three times daily for one month PredniSONE (predniSONE 10mg oral tablet)/40mg PO daily x3 days/30 mg PO daily x3 days/20mg PO daily x3/10mg PO daily x3 days No physical activities or work for one month after discharge 2 months later, chest pains occur sometimes
MYOCARDITIS	1708562-1	18-29 years	Feelings of myocarditis. Shortly after 2nd dose, I received a diagnosis from my doctor that I had myocarditis. I filed a report at that time. I currently feel as if I have myocarditis again. I have insane tightness in my chest and it hurts to breathe deep. As far as I'm aware, symptoms do not show this late, but I wanted to make sure to report this in case others also were.
MYOCARDITIS	1708884-1	30-39 years	Persistent chest pain lasting 24 hours day after dose, concern for myocarditis. Resolved with nsaids after one day.
MYOCARDITIS	1709137-1	18-29 years	Acute chest pain diagnosed with acute myocarditis, symptoms onset acutely on 9/8/21, cardiac CTA done ruled out CAD, pending outpatient cardiac MRI.
MYOCARDITIS	1709161-1	40-49 years	Immediately the next day for a couple of days I had pain everywhere. I was weak. I couldn't get out of bed. I had pain everywhere for about 3 days then that went away. May 1st 2021 I got really bad chest pain. I ended up going to the hospital and was admitted at University Hospital. I had high troponin 1 levels. I was hospitalized again for high troponin levels. The doctors think this happened because they think I have a coxsackievirus. Next week I will be getting another cardiac MRI.
MYOCARDITIS	1710199-1	30-39 years	I developed acute myopercarditis. I was hospitalized for two weeks. cardiologist inserted a drain into my pericardium. later in the week i developed the myocarditis. i was treated with diuretic and heart meds
MYOCARDITIS	1710891-1	18-29 years	Myocarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in an 18-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. LITERATURE REFERENCE: Myocarditis associated with mRNA COVID-19 vaccination. Radiology. 2021:211430 No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 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) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Magnetic resonance imaging heart: abnormal (abnormal) Late Gadolinium Enhancement (LGE): epicardial left ventricular(LV) inferior basal wall, lateral wall mid ventricle, anterolateral wall apical.T2w signal abnormality in corresponding locations as LGE. Pericardial enhancement and borderline effusion. Left Ventricular Ejection Fraction(LVEF) was 57%, Right Ventricular Ejection Fraction (RVEF) was 54%. Ipsilateral axillary lymphadenopathy.. On an unknown date, Angiocardiogram: negative (Negative) Negative. On an unknown date, Brain natriuretic peptide: 38 pg/ml (normal) 38 pg/ml. On an unknown date, Electrocardiogram: abnormal (abnormal) Nonspecific T-wave abnormality anterolateral leads, RSR' pattern in V1. On an unknown date, Magnetic resonance imaging: negative (Negative) Negative. On an unknown date, Troponin I: 4.00ng/ml (abnormal) Troponin-I at peak was 4.00ng/ml. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. No concomitant medication was provided by the reporter. Patients was hospitalized due to acute onset of chest pain with diagnosis of acute myocarditis. Patient had received their second dose of mRNA-1273 three days before onset of chest pain. Patient had following symptoms after vaccination subjective mild fever, chills, malaise, chest pain and dyspnea. COVID-19 test was negative for 4 patients out of 5 patients. No treatment medication information was provided by the reporter. 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. This case was linked to MOD-2021-293277 (Patient Link).; 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.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1711175-1	18-29 years	Myocarditis; Pericarditis; Could not think; Anxiety related symptoms; Panic attack; Heart palpitations/ Felt rapid powerful palpitations/ Experienced immediately strong palpitations; Chest pain/ Atypical chest pain; Tightness; Along with palpitations and labored breathing; Could not move; Could not walk/ Had to crawl to the bathroom; left lung was closing/ Felt right lung was opening up slowly; Pain; Fatigued; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Myocarditis), PERICARDITIS (Pericarditis) and MENTAL IMPAIRMENT (Could not think) in a 29-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 024C21A and 002C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Anxiety. On 20-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 17-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant), PERICARDITIS (Pericarditis) (seriousness criterion medically significant), MENTAL IMPAIRMENT (Could not think) (seriousness criterion medically significant), ANXIETY (Anxiety related symptoms), PANIC ATTACK (Panic attack), PALPITATIONS (Heart palpitations/ Felt rapid powerful palpitations/ Experienced immediately strong palpitations), CHEST PAIN (Chest pain/ Atypical chest pain), CHEST DISCOMFORT (Tightness), DYSPNOEA (Along with palpitations and labored breathing), MOVEMENT DISORDER (Could not move), GAIT DISTURBANCE (Could not walk/ Had to crawl to the bathroom), LUNG DISORDER (left lung was closing/ Felt right lung was opening up slowly), PAIN (Pain) and FATIGUE (Fatigued). At the time of the report, MYOCARDITIS (Myocarditis), PERICARDITIS (Pericarditis), MENTAL IMPAIRMENT (Could not think), ANXIETY (Anxiety related symptoms), PANIC ATTACK (Panic attack), PALPITATIONS (Heart palpitations/ Felt rapid powerful palpitations/ Experienced immediately strong palpitations), CHEST PAIN (Chest pain/ Atypical chest pain), CHEST DISCOMFORT (Tightness), DYSPNOEA (Along with palpitations and labored breathing), MOVEMENT DISORDER (Could not move), GAIT DISTURBANCE (Could not walk/ Had to crawl to the bathroom), LUNG DISORDER (left lung was closing/ Felt right lung was opening up slowly), PAIN (Pain) and FATIGUE (Fatigued) had not resolved. The patient mentioned that the doctor ordered an echocardiogram and Holter monitor for patient to wear on the chest along with blood tests and waiting for on imaging tests done with doctor. Before taking the appointment of doctor the patient needs to obtain the lab data of Cardiac lab values (Electrocardiogram, cardiac test, cardiac enzymes. No history of COVID-19 infection. Patient stated that his family had a history of high blood pressure in his grandmother and high cholesterol in his dad and also history of knee problems in his family. No concomitant medications was reported. No treatment drug details was reported. Company comment: This case concerns a 29 year-old, male with a history of anxiety, who experienced the expected events of myocarditis and pericarditis, and the unexepcted event of mental impairement. The events occurred after the second dose of mRNA-1273 Moderna vaccine (exact onset date of events was not recorded). The event was considered related to the product per the reporter¦s assessment. The medical history of anxiety could be a potentially confounder. The benefit-risk relationship of mRNA-1273 Moderna vaccine in not affected by this report.; Sender's Comments: This case concerns a 29 year-old, male with a history of anxiety, who experienced the expected events of myocarditis and pericarditis, and the unexepcted event of mental impairement. The events occurred after the second dose of mRNA-1273 Moderna vaccine (exact onset date of events was not recorded). The event was considered related to the product per the reporter¦s assessment. The medical history of anxiety could be a potentially confounder. The benefit-risk relationship of mRNA-1273 Moderna vaccine in not affected by this report.
MYOCARDITIS	1711438-1	18-29 years	Myocarditis; High blood pressure/ blood pressure remained high for several days.; This is a spontaneous report from a contactable consumer (patient). A 26-year-old non-pregnant female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 09May2021 09:30 (Batch/Lot Number: ER8732) (at the age of 26 years) as DOSE 2, SINGLE for covid-19 immunisation. Medical history included anxiety disorder, asthma, food allergy (almonds) from an unknown date and unknown if ongoing. Historical vaccine included bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 on 15Apr2021 08:00 in the Left arm (Batch/Lot Number: EW0158) (at the age of 26 years) for covid-19 immunisation. Patient did not have COVID prior vaccination. Patient was not tested for COVID post vaccination. There were no other vaccines in four weeks. Concomitant medications included escitalopram (ESCITALOPRAM) taken for an unspecified indication, start and stop date were not reported; ethinylestradiol, etonogestrel (NUVARING) taken for an unspecified indication, start and stop date were not reported. On 10May2021, patient experienced severe chest pain and pressure, and difficulty breathing. Myocarditis and high blood pressure. Patient's blood pressure remained high for several days. Events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care. Patient recovered with lasting effects/sequel on 2021. Patient did not receive treatment. No follow-up attempts are possible. No further information is expected.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1711628-1	30-39 years	"felt flushed; muscle pains around the chest area; He is having palpitations; 160-190 pulse rate; fast irregular heart rate; chest tightness; myocarditis/muscle pains around the chest area and heart like others complain about.; Supraventricular tachycardia; This is a spontaneous report from a contactable consumer (patient) via a Pfizer-sponsored program. A 34-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Arm Right on 10Jun2021 (Batch/Lot Number: EW0185) as dose 1, single; and dose 2 via an unspecified route of administration, administered in Arm Right on 08Jul2021 13:00 (Batch/Lot Number: FA6780) as dose 2, single for Covid-19 immunization. The patient was 34-year-old at the time of vaccination. There were no medical history and concomitant medications. The patient reported receiving both doses of Pfizer Covid vaccine second dose on 08Jul2021 and within 15 minutes began having chest tightness. The patient reported getting up in the morning going to brush his teeth at the sink and started have the same chest tightness, checked his pulse with finger pulse oximeter and it read 160-190 pulse rate. The patient stated that he was having palpitations, fast irregular heartbeats since receiving the Pfizer Covid vaccine. He saw his Cardiologist today and was now wearing a cardiac monitor for a few weeks. He also reported that he saw the electrocardiologist last week as well. He stated that he has future appointment next week for Echo and nuclear stress test. He added that he exercises all the time and has never had any problems with his heart, heart has always been healthy before the vaccine. He further stated that he sees a Cardiologist every year just make sure he is healthy. He stated ""he is scared"", he just wanted there to be something to counter what is going on with his heart, that there is something he could take to tell his immune system to stop attacking his own heart cells. The patient again reported he was very scared and explained he got Pfizer Covid vaccine 2 months ago and after both doses he has had a tight chest. A week and half ago he experienced what the agent says is ZTP, a very fast irregular heart rate. He is currently wearing a heart monitor and is very scared about the fast heart rate as he never had this issue before. The patient wanted to know if there are any medications or treatments for this condition. He noted that he doesn't take any medication or have any medical conditions, he is a very health guy. He has never had heart problems which is why this came as a surprise and why he is freaking out. He didn't have to go to the ER but thought he was going to have to go. He had an episode of what was clarified as supraventricular tachycardia, this was per his doctor and after 10 -15 minutes it stabilized. He had called his doctor and was given instructions on when to go to the ER. He added that after the first and second dose, he had no flu like symptoms like his family members or relatives did so he felt lucky. For him he had chest tighten within 15-20 minutes after getting both shots. After a while it started going away and he thought it was the muscle pains around the chest area and heart like others complain about. Then, 2 Saturdays ago, so about a week and a half ago, he woke up, urinated, brush his teeth and when he stood up straight, he felt flushed and didn't know what that was but his heart was beating quick. He used his pulse oximetry and his heart was 160 -190. This was confirmed to be the first episode of this event. He is currently wearing a heart monitor so they can keep an eye on it for the next 10 days to see if it happens again. He thinks myocarditis is what he has, heart inflammation. The outcome of events was unknown. Follow-up attempts are completed. No further information is expected."

Symptoms	VAERS ID	Age	Adverse Event Description
			was feeling something weird; it felt like she was going to have a heart attack, it was scary and like a grabbing in her chest where the heart is; hard time breathing; pain down her neck and around the ribs at the bottom of her breast and into the heart area and that's when it grabbed.; diagnosed with inflammation around her heart/ high carditis; This is a spontaneous report from a contactable consumer (patient). A 48-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Solution for injection, Lot Number: FC3180, expiry date not reported), via an unspecified route of administration, administered in right arm on 23Aug2021 10:10 (at the age of 48 years old) as dose 1, single for covid-19 immunization. Medical history included high blood pressure, for which she was diagnosed about 4-5 years ago; and she had surgery on her left wrist. There were no concomitant medications. The patient had no prior vaccinations (within 4 weeks). Patient received the 1st dose of the Comirnaty vaccine on 23Aug2021. Patient got diagnosed with inflammation around her heart after (2021). She was in urgent care and emergency on 29Aug2021. She stated that doctor mentioned taking Z-pak before taking the next dose. As per caller, her doctor informed her that she could be given a Z-pak before the second shot. However, she still has to consult with a cardiologist regarding this. She also mentioned that she just wanted to report herself because she was told that what she was experiencing was rare. She added that 2 weeks prior to getting the 1st shot (2021), she had a full physical exam which showed that nothing was wrong with her. She was scared about getting the shot but mentioned that she still wanted to get it. She also asked until when will her symptom last. She wanted to know when she can receive the 2nd shot of the Comirnaty vaccine due to her symptoms and because she still needed to consult with a cardiologist on what to take or do before she receives the 2nd shot. The patient mentioned that the patient took Covid 19 vaccine as her mom and dad are elderly and she works with children. She further mentioned that she had the Pfizer shot about 2 and a half weeks ago and had a reaction to it 5 days into it that led her to the urgent care and then the hospital and then to her doctor. She wanted to report because of the fact that it was inflammation around her heart and was documented that way. This was her 1st dose. Patient right now not to get the 2nd dose to see how she feels a little longer because of her heart. She had an ultrasound of her heart, an x ray and bloodwork and had a full physical (all on 29Aug2021) before getting the shot and it was documented (unknown results). She was scared of getting it, it hurt like she couldn't breath; it was really difficult.
MYOCARDITIS	1711719-1	**40-49 years**	She was told by her doctor the pharmacist that gave the shot to delay her shot but maybe be put on medication before the shot, the doctor said that like a Z-Pack. She works for the school district and they all have to get the shot and she suffered very bad, she drove herself to the urgent care and they called the hospital and said to go right now. She was told they may want to put her on something before the next shot and was wanting to know if we have information on this. She was a certified home health aide before the pandemic. She was diagnosed with high carditis, she could not recall how to say it and has it written down somewhere; it was where there was inflammation around the heart. She further mentioned that she got her 1st dose on 23Aug2021 and she went to the urgent care, she was feeling something weird and it got stronger and uncomfortable and it was scary, on Sunday 29Aug2021. The feeling weird started 25Aug2021 and in Aug2021 progressed to a hard time breathing, it felt like she was going to have a heart attack, it was scary and like a grabbing in her chest where the heart is. She got the vaccine in her right side not the left as she had surgery on her left wrist and she did not mess with that side. She stated that everything happened on the left. She had pain down her neck and around the ribs at the bottom of her breast and into the heart area and that was when it grabbed (2021). It was still there but not as strong, it could get strong sometimes but she knew it was there but sometimes it could get really tight and other times she was doing her daily thing and nothing. It was a weird feeling like a boob hurt but behind that and they gave her a lidocaine patch and she thought what the hell for the pain was behind the boob. Moving around she could feel it and it was hard to describe, it really was. She also had 2 EKGs done, 1 in the urgent care and 1 in the hospital on Sunday (29Aug2021). She said everything was fine and that was when they were like they said it was a possibility it could be that word she could not say, the inflammation around the heart and they said she needed to make an appointment to see her doctor and she was very fortunate he had a cancellation on Wednesday. Patient received the vaccine at pharmacy. She was asking how long could she wait for the 2nd shot, that they want to do another test and she was trying to get an appointment with a cardiologist. She was stuck between a puzzle and doesn't know. She stated that providing information helps everybody, there can be word that this could happen; that whatever the word was she can't pronounce if it is they said male boys have it and she is female and 48 and that is a percentage. The events resulted to emergency room visit and doctor/physician visit. Therapeutic measures were taken as a result of the reported events. The outcome of the events was unknown. Follow-up attempts are completed. No further information is expected.
MYOCARDITIS	1711728-1	**40-49 years**	"Pulmonary Embolus; Sudden Cardiac Arrest; Myocarditis; Pericarditis; This is a spontaneous report from a contactable consumer (patient herself). A 45-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration, administered in the right arm on 27Apr2021 at 09:45 at the age of 45 years old (Batch/Lot Number: EN6206, Expiration date: unknown) as dose 2, single for COVID-19 immunization. The vaccination facility type was the physician/doctor's office/urgent care. The patient was not pregnant at the time of vaccination. Relevant medical history included anxiety and migraines, both from an unknown date and unknown if ongoing. The patient had no known allergies. The patient had no COVID-19 prior vaccination. The patient had no other vaccine in four weeks. Concomitant medications in two weeks included fluoxetine; minocycline; nortriptyline; and ""Spironolac"" (as reported); all taken for an unspecified indication, start and stop date were not reported. The patient previously received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), administered in the right arm on 30Mar2021 at 09:00 AM at the age of 45 years old (Batch/Lot number: EN6202, Expiration date: unknown), as dose 1, single for COVID-19 immunization. On 31May2021 at 08:00, the patient experienced pulmonary embolus, sudden cardiac arrest, myocarditis, and pericarditis. The adverse events (AEs) resulted in both doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. This report was considered serious, as the events resulted in hospitalization and disability and were also considered life threatening. The patient was hospitalized for pulmonary embolus, sudden cardiac arrest, myocarditis, and pericarditis on an unspecified date for 6 days. The patient underwent lab test and procedure, which included COVID-19 test via nasal swab: negative on 26May2021. Therapeutic measures were taken as a result of pulmonary embolus, sudden cardiac arrest, myocarditis, and pericarditis, which included resuscitation, blood thinners, colchicine, and implantable cardioverter defibrillator (ICD). The patient had recovered with sequelae from all the events on an unspecified date in 2021."
MYOCARDITIS	1713386-1	**30-39 years**	Myopericarditis, chest pain. Started roughly 9/15/2021. Vaccine received on 9/13/2021. Admitted to the hospital.
MYOCARDITIS	1713562-1	**18-29 years**	Pericarditis/Myocarditis. Treatment still ongoing. Frequent ingestion of anti-inflammation medication
MYOCARDITIS	1713567-1	**18-29 years**	Myocarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1713608-1	30-39 years	Myocarditis; shortness of breath
MYOCARDITIS	1713944-1	18-29 years	Myocarditis - abnormal EKG and elevated troponin- treated with ASA and toradol for pain
MYOCARDITIS	1714491-1	18-29 years	Myocarditis, presented with chest pain and syncope 3 days after second pfizer vaccination. Initial trop 3.3, peaked at 18. Currently hospitalized
MYOCARDITIS	1715158-1	30-39 years	myocarditis pericarditis
MYOCARDITIS	1715301-1	18-29 years	Admitted to hospital with CP, diagnosis Myocarditis
MYOCARDITIS	1715309-1	40-49 years	Myocarditis , Chest pain, Shortness of breath, pounding heart, high fever Monitored for worsen symptoms and Acetaminophen 1 gram every 6 hours
MYOCARDITIS	1715387-1	18-29 years	Patient seen in the emergency department and admitted on 9/19/21 for worsening chest pain (8 out of 10) and shortness of breath.
MYOCARDITIS	1715773-1	30-39 years	nausea, vomiting, then chest pain - diagnosis - myocarditis
MYOCARDITIS	1717960-1	30-39 years	Atrial fibrillation; severe chills; severe fatigue; Severe shortness of breath; Panic attack/thought it was a heart attack; Was unable to drive for a while; tachycardia or fast heartbeat; Occasional PACs-premature atrial contraction; Mild Myocarditis when I was in ER; This spontaneous case was reported by a pharmacist and describes the occurrence of ATRIAL FIBRILLATION (Atrial fibrillation), CHILLS (severe chills), FATIGUE (severe fatigue), DYSPNOEA (Severe shortness of breath), PANIC ATTACK (Panic attack/thought it was a heart attack), IMPAIRED DRIVING ABILITY (Was unable to drive for a while), TACHYCARDIA (tachycardia or fast heartbeat), SUPRAVENTRICULAR EXTRASYSTOLES (Occasional PACs-premature atrial contraction) and MYOCARDITIS (Mild Myocarditis when I was in ER) in a 36-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 042B21A and 036A21A) for COVID-19 vaccination. No Medical History information was reported. On 19-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 16-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 22-Apr-2021, the patient experienced ATRIAL FIBRILLATION (Atrial fibrillation) (seriousness criteria hospitalization, disability, medically significant and life threatening), CHILLS (severe chills) (seriousness criteria hospitalization, disability and life threatening), FATIGUE (severe fatigue) (seriousness criteria hospitalization, disability and life threatening), DYSPNOEA (Severe shortness of breath) (seriousness criteria hospitalization, disability and life threatening), PANIC ATTACK (Panic attack/thought it was a heart attack) (seriousness criteria hospitalization, disability and life threatening), IMPAIRED DRIVING ABILITY (Was unable to drive for a while) (seriousness criteria hospitalization, disability and life threatening), TACHYCARDIA (tachycardia or fast heartbeat) (seriousness criteria hospitalization, disability and life threatening), SUPRAVENTRICULAR EXTRASYSTOLES (Occasional PACs-premature atrial contraction) (seriousness criteria hospitalization, disability and life threatening) and MYOCARDITIS (Mild Myocarditis when I was in ER) (seriousness criteria hospitalization, disability, medically significant and life threatening). The patient was treated with ALPRAZOLAM (XANAX) ongoing since an unknown date for Adverse event, at an unspecified dose and frequency and DABIGATRAN ETEXILATE MESILATE (PRADAXA) ongoing since an unknown date for Adverse event, at an unspecified dose and frequency. At the time of the report, ATRIAL FIBRILLATION (Atrial fibrillation), CHILLS (severe chills), FATIGUE (severe fatigue), DYSPNOEA (Severe shortness of breath), PANIC ATTACK (Panic attack/thought it was a heart attack), IMPAIRED DRIVING ABILITY (Was unable to drive for a while), TACHYCARDIA (tachycardia or fast heartbeat), SUPRAVENTRICULAR EXTRASYSTOLES (Occasional PACs-premature atrial contraction) and MYOCARDITIS (Mild Myocarditis when I was in ER) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, C-reactive protein: high (High) C-reactive protein high. In 2021, Electrocardiogram: normal (normal) normal and irregular (abnormal) irregular. In 2021, Magnetic resonance imaging: abnormal (abnormal) Hospitalization for Atrial fibrillation. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No Concomitant Medications were provided by the reporter Additional treatment medications included was Cardiac ablation in near future for Atrial fibrillation. Additional lab data included were ECG, Cardiac test, Cardiac enzymes and Troponin level - Within normal limits. 3 days after the second shot, patient had severe shortness of breath, thought it was a heart attack. Followed up with numerous doctors. It was recurring issue. Panic attack was diagnosed at first. Patient had to take 1 month off from work. It was confirmed Atrial fibrillation by cardiologist and electrophysiologist. And hence cardiac ablation is recommended in near future. Company comment: This case concerns a 36 year-old, male patient with no relevant medical history, who experienced the unexpected events of Atrial fibrillation, chills, fatigue, dyspnoea, panic attack, impaired driving ability, tachycardia, supraventricular extrasystoles and the expected event of myocarditis requiring hospitalization. The events occurred approximately 3 days after the second dose of Spikevax. The rechallenge was not applicable, as the event was reported exclusively after the second dose. The event of myocarditis is consistent with the current understanding of the mechanism of action of the vaccine. The benefit-risk relationship of Spikevax is not affected by this report.; Sender's Comments: This case concerns a 36 year-old, male patient with no relevant medical history, who experienced the unexpected events of Atrial fibrillation, chills, fatigue, dyspnoea, panic attack, impaired driving ability, tachycardia, supraventricular extrasystoles and the expected event of myocarditis requiring hospitalization. The events occurred approximately 3 days after the second dose of Spikevax. The rechallenge was not applicable, as the event was reported exclusively after the second dose. The event of myocarditis is consistent with the current understanding of the mechanism of action of the vaccine. The benefit-risk relationship of Spikevax is not affected by this report.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1719137-1	18-29 years	Patient is a 19-year-old male who received his 2nd COVID-19 vaccination 2 days ago. Patient received vaccine in the left shoulder. Patient the next day (1 day ago) began to have body aches fever and chills and some right-sided chest discomfort. Patient states he has some soreness with touching the right chest wall. Patient states he has no known medical problems. Patient denies any surgery denies any history of blood clot to the lung or leg. Patient states he feels mildly short of breath and has some mild chest soreness. 9/21 Hospital Course Patient was admitted to the telemetry floor where he was continued on ibuprofen therapy for suspected acute pericarditis. Treated with Ibuprofen 800 TID , treatment dose Lovenox , (initially) Assessment Problem List (1) Acute pericarditis: Status: Acute (2) Myocarditis: Status: Acute Plan (Overall): Patient with perimyocarditis secondary to COVID vaccination. Symptoms have improved with ibuprofen. Awaiting echocardiogram results. Agree with ibuprofen. Will make further recommendations after speaking with the rounding physician. Suspect symptoms will improve with time. Spoke with Dr. who also had face to face contact with the patient. Continue anti-inflammatory regimen. Continue to trend troponins. No heavy lifting/strenuous physical activity x 2 weeks. Therefore, no work x 2 weeks. If symptoms improve, may return to work at that time.
MYOCARDITIS	1720692-1	40-49 years	Rhabdomyolisis and Myocarditis
MYOCARDITIS	1722233-1	30-39 years	Myocarditis; Appetite was steadily going away; This spontaneous case was reported by a patient and describes the occurrence of MYOCARDITIS (Myocarditis) in a 37-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 018B21A and 014M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 27-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In April 2021, the patient experienced DECREASED APPETITE (Appetite was steadily going away). On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was treated with METOPROLOL ongoing since an unknown date for Myocarditis, at a dose of 1 dosage form; SACUBITRIL VALSARTAN SODIUM HYDRATE (ENTRESTO) ongoing since an unknown date for Myocarditis, at a dose of 1 dosage form; DAPAGLIFLOZIN PROPANEDIOL MONOHYDRATE (FARXIGA) ongoing since an unknown date for Myocarditis, at a dose of 1 dosage form; SPIRONOLACTONE ongoing since an unknown date for Myocarditis, at a dose of 1 dosage form; FUROSEMIDE ongoing since an unknown date for Myocarditis, at a dose of 1 dosage form; DIGOXIN ongoing since an unknown date for Myocarditis, at a dose of 1 dosage form and WARFARIN ongoing since an unknown date for Myocarditis, at a dose of 1 dosage form. At the time of the report, MYOCARDITIS (Myocarditis) and DECREASED APPETITE (Appetite was steadily going away) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. While admitting in the hospital, patient had a right and left heart catheterization, a heart biopsy, MRI and PEt scan and results are unknown. No relevant concomitant medications were reported. Patient was given number of medications and treatment in the hospital and details of the treatment medications at hospital are unknown. Company comment: This case concerns a 37-year-old male patient with no relevant medical history reported, who experienced myocarditis among other events. The event occurred on an unknown date after the second dose of Moderna COVID-19 Vaccine. The events were considered related to the product. The rechallenge was not applicable since the subject received 2nd dose. The benefit-risk relationship of Moderna COVID-19 Vaccine in not affected by this report.; Sender's Comments: This case concerns a 37-year-old male patient with no relevant medical history reported, who experienced myocarditis among other events. The event occurred on an unknown date after the second dose of Moderna COVID-19 Vaccine. The events were considered related to the product. The rechallenge was not applicable since the subject received 2nd dose. The benefit-risk relationship of Moderna COVID-19 Vaccine in not affected by this report.
MYOCARDITIS	1722574-1	18-29 years	PATIENT WENT TO THE ER, WAS DIAGNOSED WITH MYOCARDITIS
MYOCARDITIS	1723179-1	40-49 years	I had normal arm pain, tender to the touch, redness and itching. Within 24 hours I developed heart palpitations that were continual 24/7. After probably a week I started getting tightness in my chest. The third week I had a lump in my throat. I went to the doctor that Friday with concerns. She took my blood pressure and pulse and said it was just anxiety. She did an EKG and blood work because I said it was not anxiety because I did not have anything to be anxious. She said it was just anxiety and gave me anxiety medications. I took that for 3-4 days. That did not help and I could not drive. I message her that it was not helping and I asked what could we do. She referred me to a cardiologist. She prescribed a beta blocker. That helped somewhat and it would decrease how far my chest was pounding for about an hour. I went to see the cardiologist yesterday and he said I have isolated myocarditis. He has me on halter monitor until Friday. I went this morning for blood work. I am also going for a cardiac MRI and EKG at the end of October. I was actually on the way to urgent care because originally the cardiologist said they could not see me until October 21st but I could not wait because my symptoms were getting worse until they called me and said they could see me earlier.
MYOCARDITIS	1723217-1	18-29 years	Myopericarditis: Symptomatic with chest pain beginning 24 hours after vaccination and persisting until treatment anti-inflammatory medication.
MYOCARDITIS	1726392-1	30-39 years	Myocardial infarction/myocarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1730233-1	18-29 years	Myocarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 21-year-old female 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 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 MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Ejection fraction: 50% LVEF-50%. On an unknown date, Troponin I: 4.4ng/ml 4.4ng/mL. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. Concomitant medications were not reported. Therapy for the event was not reported. It was reported that all patients recovered within 6 days of their presentation with complications. This analysis shows that myocarditis related to COVID-19 vaccine has an overall fast recovery with no short-term complications. This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS in a 21-year-old female patient after receiving the second dose of mRNA-1273. Based on the current available information and reporter¦s causality a causal relationship cannot be excluded. This case was linked to MOD-2021-317848, MOD-2021-317976, MOD-2021-317977, MOD-2021-317978 (Patient Link).; Sender's Comments: This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS in a 21-year-old female patient after receiving the second dose of mRNA-1273. Based on the current available information and reporter¦s causality a causal relationship cannot be excluded.
MYOCARDITIS	1730254-1	30-39 years	"Pericarditis; elevated left ventricular function; Myopericarditis; ""small heart attack"",type 2 myocardial infarction; ""felt like his heart would explode"", Felt like heart beating out of chest; ongoing chest pain; sweating (2nd dose); shakes (2nd dose); arm soreness (2nd dose); fever (felt hot); This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (""small heart attack"",type 2 myocardial infarction), CARDIAC DISCOMFORT (""felt like his heart would explode"", Felt like heart beating out of chest), LEFT VENTRICULAR DYSFUNCTION (elevated left ventricular function), MYOCARDITIS (Myopericarditis) and PERICARDITIS (Pericarditis) in a 34-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 025A21A and 011M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was reported. On 01-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 01-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 01-Mar-2021, the patient experienced HYPERHIDROSIS (sweating (2nd dose)), TREMOR (shakes (2nd dose)), PAIN IN EXTREMITY (arm soreness (2nd dose)) and PYREXIA (fever (felt hot)). On 04-Mar-2021, the patient experienced MYOCARDIAL INFARCTION (""small heart attack"",type 2 myocardial infarction) (seriousness criteria hospitalization and medically significant), CARDIAC DISCOMFORT (""felt like his heart would explode"", Felt like heart beating out of chest) (seriousness criterion hospitalization), LEFT VENTRICULAR DYSFUNCTION (elevated left ventricular function) (seriousness criterion hospitalization), MYOCARDITIS (Myopericarditis) (seriousness criteria hospitalization and medically significant) and CHEST PAIN (ongoing chest pain). On an unknown date, the patient experienced PERICARDITIS (Pericarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized from 04-Mar-2021 to 06-Mar-2021 due to CARDIAC DISCOMFORT and MYOCARDIAL INFARCTION, then until 06-Mar-2021 due to LEFT VENTRICULAR DYSFUNCTION, MYOCARDITIS and PERICARDITIS. The patient was treated with LISINOPRIL at an unspecified dose and frequency and CARVEDILOL at an unspecified dose and frequency. At the time of the report, MYOCARDIAL INFARCTION (""small heart attack"",type 2 myocardial infarction), CARDIAC DISCOMFORT (""felt like his heart would explode"", Felt like heart beating out of chest), LEFT VENTRICULAR DYSFUNCTION (elevated left ventricular function), MYOCARDITIS (Myopericarditis), PERICARDITIS (Pericarditis), HYPERHIDROSIS (sweating (2nd dose)), TREMOR (shakes (2nd dose)), PAIN IN EXTREMITY (arm soreness (2nd dose)) and PYREXIA (fever (felt hot)) outcome was unknown and CHEST PAIN (ongoing chest pain) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 04-Mar-2021, Troponin: 16 (High) Troponin was Peaked to 16 and returned to 6.8, 20X the normal amount of cardiac enzyme (troponin).. On an unknown date, Diabetes mellitus: negative (Negative) Negative. On an unknown date, Hypertension: negative (Negative) Negative. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medications were reported. Patient had undergone tests WBC, HDB, PLT, Cholesterol, HDL, Triglycerides and Cardiac Enzymes (troponin peaked at over 16, returned to 6.8). Patient was tested negative for diabetes, hypertension and no blockages. Patient did not had Covid-19 in the past including heart problems, myocarditis and pericarditis. He stated that he was placed in the ICU for 2 nights and was released on the third day (06Mar2021). For discharge treatment medications he was prescribed lisinopril and carvedilol for 2 months. The caller stated that he still has ongoing chest pain. Company comment: This case concerns a 34-year-old male patient with no reported medical history who experienced the unexpected event of hyperhidrosis, tremor and pain in the arm and the expected event of fever which occurred on the same day after the second dose of Spikevax and unexpected events of myocardial infarction, left ventricular dysfunction, cardiac discomfort, chest pain and expected events of myopericarditis and pericarditis 4 days post second vaccine dose. The rechallenge is not applicable as the events that occurred after the first dose were not reported for second dose. Causality assessment for the event was not provided by the reported. Myopericarditis, pericarditis and pyrexia are consistent with the current understanding of the mechanism of action of the vaccine. The benefit-risk relationship of Spikevax is not affected by this report This case was linked to MOD-2021-318862 (Patient Link).; Sender's Comments: This case concerns a 34-year-old male patient with no reported medical history who experienced the unexpected event of hyperhidrosis, tremor and pain in the arm and the expected event of fever which occurred on the same day after the second dose of Spikevax and unexpected events of myocardial infarction, left ventricular dysfunction, cardiac discomfort, chest pain and expected events of myopericarditis and pericarditis 4 days post second vaccine dose. The rechallenge is not applicable as the events that occurred after the first dose were not reported for second dose. Causality assessment for the event was not provided by the reported. Myopericarditis, pericarditis and pyrexia are consistent with the current understanding of the mechanism of action of the vaccine. The benefit-risk relationship of Spikevax is not affected by this report"
MYOCARDITIS	1730976-1	30-39 years	33 year old male with no past medical history received second dose of moderna shot 9/20/21 AM. Started feeling short of breath a few hours later. By the evening, patient experienced chest pain causing patient to seek medical attention at nearest emergency department. Patient was given 4 aspirin and pain was relieved. Troponin on arrival was 1.4 and peaked at 2.4. EKG NSR, ECHO normal. Chest xray normal. Pt diagnosed myocarditis and was admitted to hospital overnight for monitoring
MYOCARDITIS	1731144-1	18-29 years	Myocarditis. Hospitalized x 28 hours

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1731162-1	18-29 years	Myocarditis
MYOCARDITIS	1731306-1	18-29 years	Myocarditis
MYOCARDITIS	1731416-1	30-39 years	Developed myocarditis and had to be hospitalized during pregnancy.
MYOCARDITIS	1732243-1	40-49 years	COVID-19 vaccination induced myocarditis He received 2nd COVID vaccine (Pfizer) on 9-7-21. Unfortunately, a few days later he was admitted with severe chest pain and shortness of breath. He had profoundly elevated cardiac markers. CTPE protocol negative, cardiac cath clear, echo unremarkable. Ultimately he was felt to have vaccine-induced myocarditis.
MYOCARDITIS	1732314-1	30-39 years	Heart inflammation, fluttering, chest pain, palpitations
MYOCARDITIS	1732575-1	18-29 years	chest pain - myopericarditits
MYOCARDITIS	1733302-1	30-39 years	The morning following vaccination, I had shortness of breath, chest pressure, nausea and fatigue. I called Walgreens pharmacy where I received my vaccination thinking this was not a normal reaction. They told me to head to the urgent care. Once at the urgent care, they ran an ekg, which showed a possible incomplete right bundle branch block. They rushed me in an ambulance over to the nearest ER. Ran a full blood and metabolic panel, another ekg, and chest x-ray. All came back normal. Over the next few hours symptoms dissipated. Doc mentions the possibility of myocarditis. Tells me to come back to the ER if symptoms return. Symptoms come and go over the week but then come back strong. Check in to the same ER, they run the same tests in addition to an ultrasound on my heart. Tests return back normal. Doc recommends checking in with my primary care doc in a week and mentions that my body is most likely creating some kind of inflammatory response to the vaccine and that if this continues we may have to run more tests. A week later I see my primary care doc, still experiencing shortness of breath but not as severe throughout the week. Doc prescribes an albuterol inhaler and mentions if things don't clear up we may want to try prednisone. The doctor thinks I may have a mild case of myocarditis. Symptoms flared up again, I then startee prednisone. The shortness of breath seems combated, chest pressure/pain continues on and off. Doctor referred me out to a pulmonary specialist.
MYOCARDITIS	1733872-1	18-29 years	Myocarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 25-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 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 MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Echocardiogram: 55% (normal) left ventricular ejection fraction -55%. On an unknown date, Troponin I: 20.4 (ng/ml) (abnormal) 20.4 (ng/mL). For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. Concomitant medications were not reported. Therapy for the event was not reported. It was reported that all patients recovered within 6 days of their presentation with complications. This analysis shows that myocarditis related to COVID-19 vaccine has an overall fast recovery with no short-term complications. 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. This case was linked to MOD-2021-317975, MOD-2021-317976, MOD-2021-317977, MOD-2021-317978 (Patient Link).; 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.
MYOCARDITIS	1734505-1	18-29 years	Sever body aches, high fever, chills, elevated heart rate, myocarditis
MYOCARDITIS	1735422-1	18-29 years	Patient meeting case definition for MIS-A with evidence of myocarditis. She is 27 weeks pregnant, Estimated fetal weight 1116g Patient proceeded to progress to cardiogenic shock requiring inotropes and vasopressors. Her hospital course has been complicated by a ventricular fibrillation related cardiac arrest and acute respiratory failure from which she recovered and was successfully extubated. She was treated with aspirin 162 mg, 2.5 mg/kg of IVIG, 400 mg of Tocilizumab, 6 mg twice daily of dexamethasone followed by 1 mg/kg of methylprednisolone.
MYOCARDITIS	1736162-1	18-29 years	My symptoms occurred the following night of my first dose. Shortly after lying down I felt sharp chest pains as well as pains in my neck and shoulder area. Deep breaths were uncomfortable and my heart rate felt slightly elevated. I slowed down my physical activity a little as to not aggravate any symptoms. I assume it was a mild case of myocarditis that I slept off. I've felt fine since then but have not got the second dose yet.
MYOCARDITIS	1736770-1	18-29 years	On 9/23, pt developed palpitations and chest tightness while watching TV. Ambulance called, but symptoms resolved quickly and did not require treatment. Later that evening, he presented to ED after symptoms he developed. Troponin, BNP, D-dimer, and TSH were all within normal limits. Presents to ED on 9/26 with continuation of palpitations, later admitted to PICU for post vaccine myocarditis workup vs panic attack, all labs negative (serial troponin 19->30->32), normal BNP, and normal bedside ECHO. Started on Ibuprofen 400mg Q6h.
MYOCARDITIS	1736813-1	30-39 years	Patient presented to emergency room for possible reaction 2 days after 2nd dose vaccination and was subsequently cleared and discharged. Patient presented again on day 4 after vaccination with vomitting and chest pain. Patient was admitted to hospital for myocarditis, possibly related to 2nd dose administration of Comirnaty COVID-19 vaccine.
MYOCARDITIS	1736814-1	40-49 years	Patient reports feeling short of breath since receiving COVID vaccine in March. In September had a syncopal episode and had some chest discomfort, was hospitalized and diagnosed with myopericarditis. Patient feels this is related to her COVID vaccine. Resolved within 24 hours with pericarditis therapy.
MYOCARDITIS	1736993-1	40-49 years	9/16/2021 Began having fever, chills, muscle and body aches, headache and fatigue 9/22/2021 Sent for covid test; Negative 9/23/2021 Screened for having fever, chills, muscle and body aches, headache and fatigue 9/24/2021 Admitted to Hospital for continuation of testing from myocarditis 9/25/2021 Still having inflammation around her heart, and remains in the hospital
MYOCARDITIS	1737172-1	30-39 years	pt called monday 9/27/21 stating he was admitted to the hospital over the weekend and diagnosed with myocarditis and stayed for 2 nights.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1737393-1	18-29 years	The patient received the first dose of Pfizer COVID vaccine on 08/30/2021 and the 2nd dose on 09/23/2021. The patient presented to the emergency department on 09/25/2021 with complaints of chills, body aches, and chest discomfort since 09/24/2021. The patient also reported a cough, chest tightness relieved by leaning forward, 1 episode of vomitus, nausea, lightheaded and dizziness with standing. The patient was admitted, and is currently admitted at time of note. The patient was diagnosed with acute pericarditis and acute myocarditis.
MYOCARDITIS	1737590-1	18-29 years	Chest pain. Elevated troponin. Likely myocarditis
MYOCARDITIS	1740021-1	18-29 years	Myocarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 24-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. LITERATURE REFERENCE: COVID-19 Vaccine and Myocarditis. 2021;00:1-2 No Medical History information was 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 MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Echocardiogram: 65% 65%. On an unknown date, Troponin I: 18.94 ng/ml 18.94 ng/mL. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. Concomitant medications were not reported. Therapy for the event was not reported. It was reported that all patients recovered within 6 days of their presentation with complications. This analysis shows that myocarditis related to COVID-19 vaccine has an overall fast recovery with no short-term complications. This literature report concerns a 24 year old male patient who experienced myocarditis unknown duration after vaccination with second dose of mRNA-1273. The occurrence of the event is consistent with the current understanding of the mechanism of action of the vaccine (known to cause the event).The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to MOD-2021-317848, MOD-2021-317975, MOD-2021-317976, MOD-2021-317977 (Patient Link).; Sender's Comments: This literature report concerns a 24 year old male patient who experienced myocarditis unknown duration after vaccination with second dose of mRNA-1273. The occurrence of the event is consistent with the current understanding of the mechanism of action of the vaccine (known to cause the event).The benefit-risk relationship of mRNA-1273 is not affected by this report.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1740551-1	40-49 years	Acute myocarditis; Malaise; Dry cough; Myalgias; Headache; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute myocarditis) in a 44-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. LITERATURE REFERENCE: Case report: acute myocarditis following the second dose of mRNA-1273 SARS-CoV-2 vaccine. Rep. 2021;5(8):1-6 The patient's past medical history included Smoker (former smoker). Concurrent medical conditions included Obstructive sleep apnoea syndrome, Asthma and Obesity (BMI 30.9 kg/m2). Concomitant products included ALBUTEROL [SALBUTAMOL] and FLUTICASONE; SALMETEROL for an unknown indication. On 01-May-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 05-May-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (Acute myocarditis) (seriousness criteria hospitalization prolonged and medically significant). On an unknown date, the patient experienced MALAISE (Malaise), COUGH (Dry cough), MYALGIA (Myalgias) and HEADACHE (Headache). The patient was hospitalized from 05-May-2021 to 09-May-2021 due to MYOCARDITIS. The patient was treated with COLCHICINE on 06-May-2021 for Chest pain, at an unspecified dose and frequency. On 06-Jun-2021, MYOCARDITIS (Acute myocarditis) had resolved. At the time of the report, MALAISE (Malaise), COUGH (Dry cough), MYALGIA (Myalgias) and HEADACHE (Headache) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 05-May-2021, Angiocardiogram: abnormal (abnormal) showed very mild coronary artery disease. On 05-May-2021, C-reactive protein: 63.5 mg/l (High) 63.5 mg/L (reference range: =8.0?mg/L). On 05-May-2021, Cardiac ventriculogram left: 40% (abnormal) showed a mildly reduced ejection fraction of 40% with global hypokinesis that was most severe at the apex. On 05-May-2021, Echocardiogram: abnormal (abnormal) Showed a decreased left ventricular ejection fraction.Demonstrated borderline enlarged left ventricle with an estimated ejection fraction of 40û45%, mild-moderate generalized left ventricular hypokinesis, slightly worse at the apex, borderline enlarged right ventricle with mildly-moderately decreased systolic function, and no significant valve disease.. On 05-May-2021, Electrocardiogram: abnormal (abnormal) Electrocardiogram showed ST-segment elevation in the lateral limb and precordial leads. On 05-May-2021, Eosinophil count (0.03-0.48): 0.04 + 10(9)/l (normal) 0.04 + 10(9)/L. On 05-May-2021, Left ventricular end-diastolic pressure: 29?mmhg (High) markedly elevated at 29?mmHg. On 05-May-2021, Magnetic resonance imaging heart: acute myocarditis (abnormal) was compatible with acute myocarditis with patchy linear mid-myocardial enhancement of the septum and inferior walls at the base to mid-ventricle, sub-epicardial/mid-myocardial enhancement of the lateral wall at the mid-ventricle and apical lateral wall. There was associated myocardial oedema involving most of the myocardium and mild pericardial enhancement. On 05-May-2021, N-terminal prohormone brain natriuretic peptide: 1059 pg/ml (High) 1059 pg/mL (reference range: =51?pg/mL). On 05-May-2021, Physical examination: minimal lower extremity swelling (abnormal) showed minimal lower extremity swelling. On 05-May-2021, Red blood cell sedimentation rate (2-2): 12 mm/h (High) 12 mm/h. On 05-May-2021, Troponin T: 847 ng/l (High) 847 ng/L (reference range: =15?ng/L). On 05-May-2021, Vital signs measurement: normal (normal) temperature of 36.9 degrees Celsius, heart rate of 79 beats per minute, blood pressure of 90/72, respiratory rate of 12 breaths per minute, and oxygen saturation of 95%. On 05-May-2021, White blood cell count (3.4-9.6): 9.7 + 10(9)/l (High) 9.7 + 10(9)/L. On 06-May-2021, Echocardiogram: normal (normal) Repeat Transthoracic echocardiogram showing normalization of ejection fraction, and no regional wall motion abnormalities. On 06-May-2021, Troponin T: 675?ng/l (High) decreased to 675?ng/L the day after admission. On an unknown date, Chest X-ray: mild pulmonary oedema (abnormal) showed findings consistent with mild pulmonary oedema. On an unknown date, SARS-CoV-2 test: negative (Negative) Negative (COVID-19 nasal swab testing using polymerase chain reaction was negative). For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Acute myocarditis), MALAISE (Malaise), COUGH (Dry cough), MYALGIA (Myalgias) and HEADACHE (Headache) to be possibly related. Patient was in his usual state of health prior to getting the second dose of mRNA-1273 SARS-CoV-2 Vaccine. There was no family history of cardiovascular or autoimmune disease. Endomyocardial biopsy was not performed as the patient experienced mild symptoms, had no haemodynamic or electrical instability, and responded promptly to initial management. The patient was started on supportive therapy for the symptoms, including a brief course of intravenous diuretics for mild symptoms of congestion. Angiotensin-converting enzyme inhibitor and a beta-blocker therapy were commenced to treat systolic dysfunction. The patient was also initiated on colchicine to treat mild persistent chest pain, which was thought to be related to pericardial inflammation that resolved 4-5?days after presentation. The patient was discharged home after 5 days of monitoring without evidence of electrical or haemodynamic instability and with Class I symptoms. One month later, repeat echocardiogram showed normalization of the left ventricular ejection fraction (56%) and size, no regional wall motion abnormalities, and normal longitudinal peak systolic strain. The patient remained asymptomatic and off diuretics. This case concerns a 44-year-old male patient with a history of Obstructive sleep apnoea syndrome, Asthma and Obesity, who experienced the serious expected event Myocarditis. The event occurred approximately 4 days after the second and most recent dose of mRNA-1273 Moderna vaccine. The event was considered related to the study drug per the reporter's assessment. The event is consistent with the current understanding of the mechanism of action of the study medication. The benefit-risk relationship of mRNA-1273 Moderna vaccine is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 22-Sep-2021: Follow up received by safety on 22-Sep-2021 included an Email with FTA received from team and does not contain any new information.; Sender's Comments: This case concerns a 44-year-old male patient with a history of Obstructive sleep apnoea syndrome, Asthma and Obesity, who experienced the serious expected event Myocarditis. The event occurred approximately 4 days after the second and most recent dose of mRNA-1273 Moderna vaccine. The event was considered related to the study drug per the reporter's assessment. The event is consistent with the current understanding of the mechanism of action of the study medication. The benefit-risk relationship of mRNA-1273 Moderna vaccine is not affected by this report.
MYOCARDITIS	1740847-1	18-29 years	First day heart palpitations began along with chest tightness. Day 2 pain in heart region began developing further with continued palpitations and chest tightness. By Day 4, was admitted to ER and diagnosed with costocondritis and heart block. All symptoms remaining along with immense fatigue, cardiologist diagnosed myocarditis.
MYOCARDITIS	1741602-1	18-29 years	myopericarditis
MYOCARDITIS	1741662-1	30-39 years	Adverse Events: shortness of breath, chest pressure and tightness, chills, fever, fatigue, tiredness, cough, chest tightness when stand Outcome: Myocarditis,
MYOCARDITIS	1741713-1	30-39 years	Severe chest pains, myocarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1743000-1	18-29 years	Severe chest pain, myocarditis, irregular heart beat, fever
MYOCARDITIS	1743008-1	40-49 years	Sharp Chest Pain, Pressure & Tightening. All Day Long. It subsides sometimes when taking Motrin Ibuprofin
MYOCARDITIS	1743523-1	18-29 years	Acute Myopericarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute Myopericarditis) in a 25-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 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, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (Acute Myopericarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 1 day due to MYOCARDITIS. The patient was treated with COLCHICINE for Myopericarditis, at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Acute Myopericarditis) outcome was unknown. Possible DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Bacterial test: negative (Negative) Negative. On an unknown date, Body mass index: 28 kg/m2 Body mass index28 kg/m2. On an unknown date, C-reactive protein (0-10mg/dl): 96 mg/dl (abnormal) C-reactive protein was elevated at 96 mg/dl.. On an unknown date, Echocardiogram: - 21.0% TTE Global longitudinal strain - 21.0%. On an unknown date, Ejection fraction: 60% (normal) TTE showed an LVEF of 60% and no pericardial effusion.. On an unknown date, Electrocardiogram: abnormal (abnormal) 12-lead ECG showed diffuse PR segment depression and PR segment elevation in lead aVR, consistent with acute pericarditis.. On an unknown date, Magnetic resonance imaging heart: abnormal (abnormal) CMR performed 1 week after hospital discharge showed subepicardial LGE and myocardial edema in the lateral LV segments, - 19.6% (normal) GLS by TTE and CMR was normal (< -18%). and 59% CMR LVEF 59%. On an unknown date, Red blood cell sedimentation rate (0-15 mm/hr): 24 mm/hr (High) Erythrocyte sedimentation rate 24 mm/hr. On an unknown date, SARS-CoV-2 test: negative (Negative) Negative. On an unknown date, Troponin I (0.006 ng/ml-0.060 ng/ml): 17 pg/ml (abnormal) serum cardiac troponin was elevated at 17 pg/ml. On an unknown date, Viral test: negative (Negative) Other Viral Serologies including Adenovirus, Rhinovirus, influenza/ Parainfluenza, Respiratory Syncytial Virus, Mycoplasma pneumoniae, Chlamydia pneumoniae not detected. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Acute Myopericarditis) to be possibly related. Patient had no coronary artery disease risk factors or cardiac comorbidities. Patient with no known prior health problems presented to the emergency department 3 days after receiving his second dose of the Moderna COVID-19 vaccine with chest pain and dyspnea. Other symptoms included generalized body aches, nausea, headache, chills, and fatigue. No cardiac rub was reported. CMR findings of the patient met updated criteria for acute myocarditis. Patient's length of stay at hospital was reported as 1 day and was discharged home in stable clinical condition. Author stated that longer clinical follow-up may help understand if the CMR abnormalities observed are temporary in the setting of a high inflammatory state or longer-lasting, and whether they help predict any clinically-relevant adverse events or deterioration in cardiac function. Author concluded that in conjunction with other recently published case series and national vaccine safety surveillance data, this case series suggests an association between acute myocarditis and COVID-19 vaccination in young males and highlights a potential pattern in accompanying CMR abnormalities. This case concerns literature review of a 25 year old male who experienced the serious listed event of Myocarditis 3 days after the second dose of Moderna COVID-19 vaccine. Re-challenge is not applicable as it is the second dose and causality is possible in the article. Benefit-risk relationship of Moderna COVID-19 vaccine is not affected by this report..; Sender's Comments: This case concerns literature review of a 25 year old male who experienced the serious listed event of Myocarditis 3 days after the second dose of Moderna COVID-19 vaccine. Re-challenge is not applicable as it is the second dose and causality is possible in the article. Benefit-risk relationship of Moderna COVID-19 vaccine is not affected by this report.
MYOCARDITIS	1743737-1	30-39 years	"myocarditis; pericarditis; This is a spontaneous report from a non-contactable consumer (patient). A 33-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on 09Sep2021 10:00 (Batch/Lot number was not reported) as single dose (at the age of 33-years-old) for COVID-19 immunization. Medical history included none. The patient was not pregnant. No known allergies. Not diagnosed with COVID prior to vaccination. No other vaccines in four weeks. Concomitant medications included metoprolol and piroxicam (PAXIL [PIROXICAM]). The patient reported that, ""On Sunday night I was diagnosed with pericarditis but was unconfirmed. Went to the ER and was confirmed with myocarditis."" The event started on 12Sep2021 04:15 AM. Adverse event resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization. The patient was hospitalized for 1 day. The patient underwent lab tests and procedures which included investigation: pericarditis on 12Sep2021, SARS-CoV-2 test: negative on 12Sep2021 (Nasal swab). Therapeutic measures were taken as a result of the event which included Tylenol and colchicine and indomethacin. The outcome of the event was not recovered. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected."
MYOCARDITIS	1744670-1	18-29 years	Moderna COVID shot 1 given 3/13/21 and shot 2 given 4/11/21. Patient developed some vague back pain for last 2 days starting 6/19/21 intermittently between the shoulder blades. Patient states in last 24 hours he noticed increasing shortness of breath and shoulder pain worsened with exertion. Patient was found to have suspected myocarditis induced NSTEMI + Heart Failure with Reduced Ejection Fraction to 40%. Patient now requires several medications including ASA, carvedilol, lisinopril, KCl, and ivabradine. Patient only other past medical is obesity (BMI ~45), and family hx of elderly onset CAD of a maternal grandfather who smoked.
MYOCARDITIS	1746150-1	30-39 years	Chest pain with tachycardia and associated shortness of breath starting the day after vaccination and lasting for 4 weeks. Treated with aspirin and NSAIDS for 1 month. Suspected myocarditis as diagnosis
MYOCARDITIS	1748030-1	30-39 years	This is a spontaneous report from a contactable consumer (patient). A 34-year-old male patient received BNT162B2 ((PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection; lot number: FC3181 and expiration date: not reported), via an unspecified route of administration, in Left Arm, on 19Aug2021 at 09:00 (at the age of 34-year-old) as DOSE 1, SINGLE for covid-19 immunization in Pharmacy or Drug Store. No Medical history has been reported. No known allergies. The patient's concomitant medications were not reported. The patient didn't receive any other vaccines within 4 weeks prior to the COVID -19 vaccine. The Patient had not been diagnosed with COVID-19 prior to vaccination and had not been tested since the vaccination. The patient experienced tightness in upper left chest and Myocarditis dull pain on 20Aug2021. No treatment was received for the adverse events. The outcome of the events was not recovered at time of report. No follow-up attempts are needed. No further information is expected.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1749418-1	30-39 years	Developed soreness, weakness starting day after vaccine. Went to ED and received myocarditis diagnosis.
MYOCARDITIS	1749899-1	30-39 years	I have exp significant chest pain I was diagnosed with Myocarditis. I have been treated at the hospitalized for 3 days given Colchicine.
MYOCARDITIS	1752834-1	40-49 years	A 44-year-old man presented with chest pain and ST-segment elevation 4 days after receiving the second dose of mRNA-1273 SARS-CoV-2 Vaccine. Emergent coronary angiogram showed minimal coronary artery disease. Cardiac magnetic resonance imaging confirmed acute myocarditis. Diagnosis of vaccine-associated myocarditis was made given the temporal relationship and supportive treatment initiated. The patient was started on supportive therapy for his symptoms, including a brief course of intravenous diuretics for mild symptoms of congestion. Angiotensin-converting enzyme inhibitor and a beta-blocker therapy were commenced to treat systolic dysfunction. He was also initiated on colchicine to treat mild persistent chest pain, which was thought to be related to pericardial inflammation that resolved 4?5?days after presentation. He was discharged home after 5?days of monitoring without evidence of electrical or haemodynamic instability and with NYHA Class I symptoms. One month later, repeat echocardiogram showed normalization of the left ventricular ejection fraction (56%) and size, no regional wall motion abnormalities, and normal longitudinal peak systolic strain. He remained asymptomatic and off diuretics.
MYOCARDITIS	1753375-1	18-29 years	Admitted for suspected myocarditis. Patient received the first dose of Moderna COVID vaccine, 2 weeks later patient received the TDAP and Typhoid vaccines, then 2 weeks later on Friday 7/23 patient received second dose of the Moderna COVID vaccine - on 7/25 patient developed stabbing chest pain rated it a 7/10 on the pain scale at which point he went to his local ER and was transported to another medical facility for further evaluation and management due to concerns for myocarditis. Cardiology visualized regions of epicardial delayed gadolinium enhancement consistent with myocarditis. Chest pain resolved with ibuprofen. Follow-up with cardiology in 2-3 weeks.
MYOCARDITIS	1753537-1	30-39 years	First Pfizer vaccine administered 8/25/21, Developed substernal chest pressure 8/26/21-8/27/21, presented to Hospital on 8/28/21 AM
MYOCARDITIS	1753944-1	18-29 years	Myocarditis. Patient developed chest pain and shortness of breath with moderate intermittent symptoms lasting 2 weeks. He is referred to cardiologist.
MYOCARDITIS	1754166-1	30-39 years	Myocarditis symptoms (heart arrhythmias) when heart rate became elevated due to exercise. This lasted about a month and a half after the second vaccine dose.
MYOCARDITIS	1754769-1	40-49 years	Heart Inflammation, Shortness of Breath, decrease in physical fitness for about 3 months starting shortly after 2nd dose of Pfizer (I may have gotten Myocarditis)
MYOCARDITIS	1756533-1	18-29 years	Patient received Moderna dose #2 on September 23 (first dose received 8/24/2021). The following day he reports developing a fever. Three days post-vaccine (9/26) the patient reported chest tightness while getting ready to exercise. This pain did resolved. The following night the patient was awakened by crushing chest pain that radiated to his jaw and shortness of breath. EMS was called and the patient presented at Hospital emergency department. Upon arrival, the patient had diffuse, minimal ST elevations on EKG and an elevated troponin. His chest discomfort was partially alleviated. He was given aspirin 81 mg and colchicine 0.6 mg twice daily was initiated. The patient also received (see continuation) 40 mEq of potassium to replete electrolytes (potassium level upon arrival 3.4 mmol/L). The patient received 600 mg ibuprofen three times daily and 2 fentanyl 25 mcg injections to alleviate pain. Care was supportive in nature. A cardiac MRI was performed (results summarized in Item 19). As a result, the patient was prescribed metoprolol succinate 12.5 mg twice daily, ibuprofen was discontinued, and colchicine was continued. On the morning of 9/29, the patient felt symptom-free and was discharged with metoprolol succinate 12.5 mg twice daily and will be following closely with cardiology for follow-up.
MYOCARDITIS	1756723-1	18-29 years	Myocarditis. Chest pain started at 5am, approximately 19 hours after vaccination. Patient's symptoms mimicked those of a hear attack. Patient taken to the hospital on Thursday morning after shortness of breath developed. Pain was radiating down his arm and to his back. Patient was admitted on Thursday after being at the ER.
MYOCARDITIS	1757229-1	30-39 years	Myocarditis causing 3 days in hospital, severe shortness of breath, chest pain, dizziness, lightheaded, near syncopal episodes, brain fog
MYOCARDITIS	1757253-1	30-39 years	Myopericarditis, extreme fever (105+ degree), muscular soreness, acute coronary syndrome
MYOCARDITIS	1757386-1	18-29 years	myocarditis with chest pain 2 days after 2nd dose, patient left AMA
MYOCARDITIS	1757437-1	40-49 years	9/13 Myocarditis started 1 hour after moderate and lasted a week but contacted Primary Physician on Friday 9/17 of symptoms . He said it was normal so no need for any tests per the office. On 9/26 eye developed eye floaters and went to Ophthalmologist. After examination he said I had Posterier Vitreous Detachment. I went to another specialist and he said I had some retinal bleeding and said maybe retinal tear or detachment soon.
MYOCARDITIS	1757575-1	30-39 years	Myocarditis - Chest pain, heart palpitations, shortness of breath, blood pressure increased to 160/105, pulse increased to 115-120.
MYOCARDITIS	1758692-1	18-29 years	per Cardiology, patient developed Myopericarditis from covid vaccine. Patient received 2nd shot of Pfizer on 9/30/21 and within 24h developed chest pain in left upper chest radiating towards his back, sharp and burning in nature. Admitted to hospital on 10/2. Still admitted as of today 10/4.
MYOCARDITIS	1758704-1	18-29 years	Acute chest pain found to have myocarditis
MYOCARDITIS	1758766-1	18-29 years	Myopericarditis. Pt had chest pain was seen at the hospital. Had echocardiogram which showed normal EF, Myopericarditis. Was sent home with Colchicine and Ibuprofen but had not picked it 5 days later when he came for follow-up. Pt was feeling well at follow-up. Was told to pick up meds and also was referred to Cardiologist.
MYOCARDITIS	1759065-1	30-39 years	Presented to ED with shortness of breath and edema. Echocardiogram showed increased thickness of his pericardium which was considered to represent myocarditis or pericarditis. Patient had no prior history of cardiac events.
MYOCARDITIS	1759122-1	40-49 years	i will never ever get my 2nd shot. i had the same inflammation in my heart and lungs as i did when i had the virus. i told my doctor i have the antibodies but he told me to still get the shot. i am not happy with him, or you guys and our government forcing people to get this vaccine. you are going to kill people. and what for? money?? you guys are a joke along with this administration. treating people like lab rats for money and power. this isnt going to last much longer. my cardiologist has said alot of people like me, 41 and completely healthy are getting side effects. but nope, you guys and the media wont talk about it. you will get yours.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1760659-1	18-29 years	Chest pain started on 10/3/21.
MYOCARDITIS	1761268-1	18-29 years	MYOCARDITIS
MYOCARDITIS	1761329-1	30-39 years	CHF, and myocarditis.
MYOCARDITIS	1761615-1	18-29 years	acute myocarditis/heart failure requiring ICU admission after vaccine
MYOCARDITIS	1761635-1	30-39 years	Myocarditis or Pericarditis. Inflammation in the pectoral muscle and tissue surrounding the heart. Pain, difficulty breathing normally, inflammation, soreness.
MYOCARDITIS	1761833-1	18-29 years	Acute Myocarditis
MYOCARDITIS	1762024-1	30-39 years	patient presented to ED (discharged 1 week prior) with new fever, chills, n/v/body aches, sore throat. Has no known history of prolonged QTc, and during beginning of admission, she was noted to have intermittent sinus bradycardia and prolonged QTc. On 8/16, rapid response was called for pause dependent R on P leading to TdP which required shocks x2, two rounds of CPR, and amiodarone. Likely her QTc prolongation and episode of TdP are multi-factorial in etiology with contributions from potential underlying genetic predisposition, QT-prolonging medications, transient electrolyte abnormalities iso HD, and bradycardia. In the context of her prolonged QTc and TdP, she was taken off multiple QT-prolonging medications, including quetiapine, citalopram, odansetron, compazine, and remdesivir, and she was initially treated with isoproterenol with goal HR >65. EP was consulted who felt that a PPM was not indicated and to instead pursue medical management. Since discontinuation of these medications and initiation of treatment, her QTc and bradycardia have improved. However, on 8/23 overnight she was noted to have newly prolonged PR interval that has persisted. Per EP, this is a rate dependent PR prolongation. 8/28 with 3-4 second pause on rhythm strip in setting of increased vagal tone with 2-3 p waves that did not conduct, suggestive of ongoing significant conductive disease. HR down to 30s in the evening, asymptomatic, sinus with rare Mobitz 1. Feel that this is likely due to myocarditis and not a consequence of steroids. PR interval now normalized and QTc as well in setting of bradycardia. 09/01, patient continues to be bradycardic (mid 40s - low 50s) but asymptomatic at rest or with exertion.
MYOCARDITIS	1762038-1	18-29 years	Patient experienced rapid heart rate starting on May 25, 2021. I took him to the ER on May 26, 2021. They tried a couple of different methods to get his heart rate back to normal and were finally successful after shocking his heart. They administered several tests to find out why his heart rhythm had been so fast. They diagnosed him as having acute idopathic myocarditis. He was placed on Metoprolol for 3 months and fitted for a Life Vest that he wore for 30 days. On June 28th, patient had another MRI and it showed that the myocarditis was reduced. He continued with the Metoprolol. On September 3rd, he took a heart stress test, and was allowed to go off of the Metoprolol.
MYOCARDITIS	1762489-1	40-49 years	First dose- fevers, chills for 24 hours Second dose less than a month later myocarditis
MYOCARDITIS	1762867-1	18-29 years	Myocarditis - developed chest pain, shortness of breath quite suddenly the morning of 10/5/2021.

Symptoms	VAERS ID	Age	Adverse Event Description
			"As per cardiologist's note on 10/3/21: ""Cardiology was asked to urgently evaluate this 38-year-old male not previously known to my service who was brought into the emergency room at hospital after presumed cardiac arrest. Patient's recent history is quite complex and much of this information was obtained after cardiology's initial evaluation of patient. In short patient had received a second Pfizer COVID-19 vaccination yesterday which was Saturday, October 2, 2021. Patient had not had any reaction to first vaccination dose. Patient also denies Covid 19 infection previous to vaccination. Patient at approximately 3 AM woke with chills and rigors which was concerning to his wife however patient reassured her that he was okay and that this was just simply reaction to the vaccination. At approximately 5 AM patient had extreme chills rigors and apparent loss of consciousness but regained consciousness after approximately 45 seconds to a minute. Patient was slow to respond initially however did not exhibit any evidence of a postictal state. Patient had no loss of bladder or bowel function, no tongue biting. And although only was confused for a few moments after the event. Patient also did not complain any shortness of breath or chest pain although he felt weak. Patient had another similar episode for which wife called EMS however patient responded and patient deferred transfer to emergency room. Patient was shortly thereafter found unresponsive by wife once again. Patient this time was having tonic-clonic activity with questionable urinary incontinence. Patient was intubated in the field and in route received 4 shocks from an AED device. There are no strips available at this time for perusal however that may be a moot point as later patient had witnessed ventricular tachycardia and fibrillation. Please see critical care consultation which accompanies this dictation. Cardiology evaluated patient shortly after presentation to the ER as a good Samaritan gesture as I was not formally involved with the case. At this time I did a courtesy bedside echocardiogram using the emergency room's basic Sonos equipment. Obviously the initial concern was possible myocarditis post mRNA vaccination. Echocardiogram at that time showed robust, normal left ventricular function with ejection fraction of proximally 60%. As the patient story was extremely suggestive of arrhythmic nature, not neurologic I suggested to the emergency room physician that amiodarone 150 mg bolus to be given as it had not been given in the field. Ultimately cardiology was asked to formally evaluate and continue to treat. Anecdotally patients mother is known to our practice. Of note patient does have a past medical history of migraines, but is not on any medications . Patient has not to anyone's knowledge taken any possible offending agents which could precipitate ventricular tachycardia and or torsades . As per the family, the patient is active physically without history of tobacco EtOH or illicit drug use. Patient exercises quite regularly and leads what would be considered a very healthy lifestyle. His brother describes having a very violent reaction to the Covid 19 Johnson & Johnson vaccination however he attributed that to the fact that he had had Covid several months prior. Patient did have symptoms of what could be considered a generalized flulike illness beginning several days prior to presentation but was not was not characterized by the wife or family as a major illness of any sort Patient had 2 additional cardiac events which will be described in more detail in separate progress note, however in summary patient was witnessed to go into torsades and required defibrillation x2. Patient was rebolused with amiodarone and additional IV magnesium given. Patient proxy an hour later became fairly hypotensive and initially after discussion with cardiac electrophysiology it was initially felt that we would want to avoid pressors as they may precipitate further arrhythmias and plans were made for intra-aortic balloon pump to be placed. Patient's blood pressure dropped precipitously and small doses of Neo-Synephrine given by cardiology without any further ventricular arrhythmias. Patient did well on just very low-dose Neo-Synephrine was monitored by cardiology on transfer to ICU within the ICU. Decision to place intra-aortic balloon pump defer at this time after discussion with intensivist and cardiac electrophysiology. Of note when patient became hypotensive propofol was discontinued and during that time patient was seen to wake fully, before given IV Ativan"" On 10/4/21, the patient was discharged to Medical Center for more advanced cardiac care. On 10/4/21 (day of transfer), a consulting cardiologist documented the following: ASSESSMENT AND PLAN: Migrane headaches VT/VF arrest Syncope Seizure Acute hypoxic respiratory failure ? Severe Myocarditis s/p COVID vaccine ? Brugada Syndrome Hypotension Bradycardia CHF, acute systolic VT/VF storm in setting of ? severe myocarditis vs brugada syndrome with reduced EF EKG reviewed Initial Echo 10/3 EF 55, mild TR Repeat Echo 10/4 EF 20, global hypokinesis of LV LHC 10/4 showed normal coronaries IABP placed, 1:1; TVP settings: A-paced rate 70, output 0.8, sensing 3.0 On IV Amiodarone and Lidocaine drips Plan to transfer today for possible Impella placement. The history is also suggestive of Brugada VT storm as he came with a fever after vaccine. The baseline EKG has incomplete RBBB and episodes of spontaneous VF HE does have BBR VT, fascicular VT or CPVT on any of these episodes Likely diagnosis is either Brugada or severe myocarditis. Would recommend Isuprel along with PO quinidine which are not available at facility Possibly will also need ventricular biopsy to rule out myocarditis.""""
MYOCARDITIS	1765011-1	**30-39 years**	His heart is being squeezed, she thinks may be its Myocarditis; Felt like someone was squeezing his heart; Still feeling bad; This is a spontaneous report from a contactable consumer via a Pfizer-sponsored program support. A 48-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in the left arm on 21Sep2021 15:00 (Batch/Lot number was not reported) (at the age of 48-years-old) as DOSE 1, SINGLE for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient had no prior vaccination within the last four weeks. On 21Sep2021, the patient went to get his first dose of the Pfizer covid 19 vaccine and an hour later, felt like someone was squeezing his heart. The patient was still feeling bad. The reporter stated that the pharmacist said it was all in his head, she did not refer to doctor or anything. It has been twelve hours and it was a constant feeling. The reporter stated that her fiance (patient) did not have a health care provider and they would have to seek ER or urgent care. The reporter states obviously this was an effect from the vaccine and asked if there was any coverage that is provided. This was something they were not expecting. The reporter stated that patient has been feeling like his heart is being squeezed, she thought may be it's myocarditis, she was not quite sure do she needed to make a report of this, she also wanted to know about if Pfizer has any assistance risk precast associated for taking treatment. The reporter informed that reason for her call was mainly because they had called to pharmacist at the (Withheld) where he got the vaccination and he forced him that he did not need to seek medical assistance nor for and that was all in his head, reporter just wanted to put it out there because Pfizer told reporter that he should be taking medical assistance, whereas the pharmacist saying otherwise so this is like a huge concern especially given that the vaccine is so new so what is the thing we should do and are the pharmacist are even been trained on telling patients what to do after administering this product. Reporter stated further that her reason to call to figure out what we need to do, she was not calling just to report the fact that he was having issue, and wanted to know what the next step was. The outcome of the events was not recovered. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.
MYOCARDITIS	1767465-1	**40-49 years**	

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1767604-1	18-29 years	"Myocarditis; Fibromyalgia development; Chest pain; palpitations; Joint pain; Fatigue; Muscle aches; This is a spontaneous report from a non-contactable consumer (the patient). A 24-year-old non-pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was unknown due to misplaced/discarded) via an unspecified route of administration on 25Aug2021 08:30 at age of 24-year-old at single dose for COVID-19 immunisation. The patient had no medical history (reported as ""None never""). No known allergies. The patient had no COVID prior vaccination. The patient's concomitant medications were not reported. There were no other vaccine in four weeks. On 28Sep2021, the patient experienced myocarditis, fibromyalgia development, chest pain, palpitations, joint pain, fatigue and muscle aches. The events resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Life threatening illness (immediate risk of death from the event), Disability or permanent damage. No treatment received for the events. COVID-19 test=Nasal Swab was taken on 15Sep2021 with negative result. The outcome of the events was not recovered. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected."
MYOCARDITIS	1767628-1	18-29 years	headache myocarditis
MYOCARDITIS	1768574-1	30-39 years	9-26-2021 2100 Left upper chest pain. Felt like I layed on my arm wrong. Took 1gm tylenol and a warm bath. Pain Resolved. 9-27-2021 0330 Pain returned took 1gm Tylenol and 400mg Ibuprofen pain did not resolve. 0430 Pain began to radiate down left arm went to Hospital. Triage took EKG that showed Inferior MI. Sat in waiting room pain resolved. After 1 hour left facility to seek help at another facility. Pain returned EKG showed STEMI Troponins + d-dimer+. Sent to Cath Lab at medical center. No occlusions found. Diagnossed with Focal Myocarditis.
MYOCARDITIS	1768647-1	18-29 years	19 y/o male presented to ER 4 days after receiving 2nd dose of vaccine for chest pain. Pt had elevated troponin, d-dimer and mildly elevated ESR. CT, CXR, Echo normal. EKG revealed NSR with right axis deviation, incomplete RBBB and ST segment abnormalities. Pt was admitted where troponin was trended and still elevated. Pt was diagnosed with myocarditis and prescribed colchicine.
MYOCARDITIS	1768730-1	18-29 years	Chest pain. Feels like symptoms of myocarditis.
MYOCARDITIS	1768740-1	18-29 years	Myopericarditis. Symptoms included chest pain, shortness of breath, dyspnea on exertion starting 2 days after the 2nd dose of Moderna COVID-19 vaccine.
MYOCARDITIS	1771482-1	40-49 years	On Monday morning I started feeling how my arm was getting swollen and red. I thought it was a normal reaction. At 7PM I felt like I was out of breath and someone was squeezing my heart. The next morning I went to a store to ask if this was a normal reaction and they told me to go to the ER. I went to the ER and they did an echocardiogram. Then I was admitted to the hospital. I was having so much pain in my chest. They did a bunch of heart tests and they said my heart was inflamed. They also provoked me a heart attack to see if everything was ok. I was 2 days at the hospital. They told me I could go home. They gave me Lisinopril and Aspirin. Yesterday I felt like a liquid running down my armpit to my chest. My chest still hurts a lot.
MYOCARDITIS	1771844-1	30-39 years	Chest pain, elevated cardiac enzymes, myocarditis
MYOCARDITIS	1772053-1	30-39 years	37yo M with 6 days of diffuse, constant chest pain after receiving J&J vaccine on 16JUN. Patient reporting SOB and increased symptoms when laying flat. Patient hypertensive on exam, otherwise vitals wnl. CV/PULM exam unremarkable. EKG nsr. Concern for possible post vaccination pericarditis vs myocarditis vs much lower concern for PE. Patient counseled on findings and escorted to the ED for further evaluation and treatment. Patient will f/u after clearance from ED. Pt was sent to Medical Center. Pt was given a cardio referral. Had a full lab work up, and x-rays. Pt has been seen in clinic multiple times for follow up and continued chest pain. Pt also reports extreme fluid retention.
MYOCARDITIS	1772160-1	30-39 years	myocarditis
MYOCARDITIS	1772244-1	40-49 years	30 minutes after injection, began feeling strange sensation in left side of chest (12 pm Friday). Sensation continued and became mildly painful Friday evening. Mild pain began Saturday, with shortness of breath developing Saturday afternoon. Serious difficulty breathing onset Saturday night. Car was broken so considered calling 911 for ambulance, but hesitated due to $5k health insurance deductible. Quickly researched myocarditis, saw treatment included NSAIDs, and took two Advil. Within one hour, breathing returned to near-normal and went to bed. Stayed on Advil through Sunday night when symptoms seemed to resolve. On Monday did telehealth consult with Medstar doctor who confirmed suspected Myocarditis and recommended ER consult to rule out other causes or permanent damage. Went to ER on Tuesday for chest exam, x-ray, blood panel, EKG, blood marker to rule out blood clot in lung. ER Dr interpreted all tests as normal and discharged with diagnosis of strange reaction to COVID vaccine and recommended to watch for worsening or resolution of symptoms. Symptoms returned Thursday, so began taking Advil regularly (1 pill every 4 hours). Present (10/8/21): Normal breathing can only be maintained by taking 1 Advil every four hours. If medication stops, breathing difficulty returns, along with chest pain.
MYOCARDITIS	1773162-1	30-39 years	Acute Myopericarditis - started having a tight chest and numb arm after second vaccine dose. Then had a stabbing sharp pain to my heart and couldn?t breathe. Had to rush to hospital and be put in emergency room for 2 days with medication to treat pain and the myopericarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1773506-1	30-39 years	weird chest pain; heart was racing; blood pressure was crazy high; slept a lot; super tired; he had Myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (he had Myocarditis) in a 35-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 025J20-2A and 030L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 22-Dec-2020, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 19-Jan-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In December 2020, the patient experienced MYOCARDITIS (he had Myocarditis) (seriousness criterion medically significant). On 21-Dec-2020, the patient experienced HYPERSOMNIA (slept a lot) and FATIGUE (super tired). On 27-Dec-2020, the patient experienced CHEST PAIN (weird chest pain), PALPITATIONS (heart was racing) and HYPERTENSION (blood pressure was crazy high). On 22-Dec-2020, HYPERSOMNIA (slept a lot) and FATIGUE (super tired) outcome was unknown. At the time of the report, MYOCARDITIS (he had Myocarditis), CHEST PAIN (weird chest pain), PALPITATIONS (heart was racing) and HYPERTENSION (blood pressure was crazy high) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In December 2020, Blood pressure measurement: 135-138 (Inconclusive) blood pressure was crazy high for him(135 to 138) no medications. mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) and mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosing remained unchanged. Patient heart was racing so he tried breathing exercises but it continued to end of March. While this was happeing had weird chest pain feeling. Patient felt very bad On a scale of 1 to 10 was a 9/10 the first 3 weeks. Then went to 7 for a month, then to 6 in may. 4/3 for July to June and now at about a 2. No cardiac test was done. 1st 2nd week January labs came back normal. Did not have heart test done and labs came back normal.patient Had no symptom like this before vaccine and no treatment was given no history of COVID 19 infection or Myocarditis/pericarditis. No concomitant and treatment information was provided. It has been reported that symptoms started a week or so after first dose. Rechallenge was unknown. Company Comment: This case concerns a 35-year-old male patient, with no reported relevant medical history, who experienced the serious expected AESI of Myocarditis .The event occurred on unknown date after receiving first dose of Spikevax. The rechallenge was unknown for the event, as there is only information available about the first dose. The benefit-risk relationship is not affected by this report.; Sender's Comments: This case concerns a 35-year-old male patient, with no reported relevant medical history, who experienced the serious expected AESI of Myocarditis .The event occurred on unknown date after receiving first dose of Spikevax. The rechallenge was unknown for the event, as there is only information available about the first dose. The benefit-risk relationship is not affected by this report.
MYOCARDITIS	1775029-1	18-29 years	Heart/chest pain, suspected myocarditis or pericarditis
MYOCARDITIS	1775749-1	30-39 years	Had chest pain, and EKG elevation - initially thought STEMI- had cardiac catheterization which showed normal coronary arteries. had troponin elevation with peak troponin 1.31. ECHO showed focal WMA. Cardiac MRI showed LGE indicative of myocarditis. Treated for acute myopericarditis, with Motrin and Colchicine for pericarditis. Symptoms resolved and was discharged
MYOCARDITIS	1775944-1	18-29 years	told her not to get the 2nd dose; chest pain in heart; shortness of breath; extreme fatigue; Myocarditis; staying in bed the whole time; inflammation; she wasn't feeling better; pericarditis; started feeling weak; This spontaneous case was reported by a consumer and describes the occurrence of ANGINA PECTORIS (chest pain in heart), DYSPNOEA (shortness of breath), ASTHENIA (started feeling weak), FATIGUE (extreme fatigue), PERICARDITIS (pericarditis) and MYOCARDITIS (Myocarditis) in a 22-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 COVID-19 (Patient had Covid 19 over the summer and her symptoms began on 1st week of July with a positive Covid test on July-2021) in July 2021. Previously administered products included for Fever: Advil and Tylenol. On 07-Sep-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 08-Sep-2021, the patient experienced ANGINA PECTORIS (chest pain in heart) (seriousness criteria disability and medically significant), DYSPNOEA (shortness of breath) (seriousness criterion disability), FATIGUE (extreme fatigue) (seriousness criterion disability) and MYOCARDITIS (Myocarditis) (seriousness criteria disability and medically significant). In September 2021, the patient experienced ASTHENIA (started feeling weak) (seriousness criterion disability), PERICARDITIS (pericarditis) (seriousness criteria disability and medically significant), BEDRIDDEN (staying in bed the whole time), INFLAMMATION (inflammation) and MALAISE (she wasn't feeling better). The patient was treated with COLCHICINE for Inflammation, at a dose of .6 milligram twice a day. At the time of the report, ANGINA PECTORIS (chest pain in heart), DYSPNOEA (shortness of breath), ASTHENIA (started feeling weak), FATIGUE (extreme fatigue), PERICARDITIS (pericarditis), MYOCARDITIS (Myocarditis), BEDRIDDEN (staying in bed the whole time), INFLAMMATION (inflammation) and MALAISE (she wasn't feeling better) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Chest X-ray: abnormal (abnormal) myocarditis and pericarditis. On an unknown date, Echocardiogram: abnormal (abnormal) diagnosed with pericarditiss. On an unknown date, Electrocardiogram: abnormal (abnormal) diagnosed with myocarditis. Also diagnosed pericarditis as well after looking at the same echocardiogram by 2nd cardiologist.. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medication was reported. It was reported that on 08-Sep-2021, 18 to 20 hours after the 1st dose, patient started having chest pain in her heart, shortness of breath, extreme fatigue. She went to urgent care on 08-Sep-2021, the doctor diagnosed her with myocarditis and prescribed steroids. About a week and half after the symptoms began, she wasn't feeling better even after staying in bed the whole time, started feeling weak and went to see the 1st cardiologist who diagnosed her with pericarditis after doing an echocardiogram and EKG. Three days later she went to a 2nd cardiologist to get a 2nd opinion. He diagnosed pericarditis as well after looking at the same echocardiogram and prescribed treatment to alleviate the inflammation. The 2nd cardiologist also did 2 blood tests to check for damage and blood clotting. The 2nd cardiologist also told her not to get the 2nd dose and that it would take about 6 months for the inflammation to go away. Most recent FOLLOW-UP information incorporated above includes: On 30-Sep-2021: Follow up received and included no newinformation; Sender's Comments: This case concerns a 22 year-old female patient with reported history of covid-19, who experienced the unexpected serious events of dyspnoea and angina pectoris, and the expected but serious events of pericarditis and myocarditis. The event occurred 2 days after the first dose of mRNA-1273 vaccine for all the reported events, whit the exception of pericarditis, which occurred a week and a half after vaccination. The rechallenge was unknown for all the events, since they are not recovered/not resolved, and no information about second dose is provided. The medical history of Covid-19 infection remains as a confounder and a risk factor for the events of myocarditis and pericarditis. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1776780-1	30-39 years	I received my 1st dosage of the Pfizer shot on April 5th 2021 and my 2nd dosage on 27 APR 2021, both at the medical cente. Starting around mid August, I started feeling and suffering from Myocarditis and Pericarditis and thus having heart palpitations. This has affected me on a daily basis....and on a nightly basis, preventing me from getting a full night's rest. I usually sleep every night around 4 hours, due to the fact that I am always waking up due to my abnormal breathing. On a daily basis, I have been affected by: changing in breathing, little difficult in breathing, being out of breath, pounding heart, feelings of enlarged heart, shortness of breath, being tired and needing to take a break throughout the day. Please note that even though I suffer from these conditions for a couple of months now, nothing has been too severe whereas I feel like I need immediate medical attention.
MYOCARDITIS	1779410-1	40-49 years	Patient had left sided chest pain and was seen. Had lab work done and prescribed Naproxen and Tramadol. Diagnosed with pleuritic chest pain and told to follow up with PCP for suspected myocarditis. Seen for follow up visit.
MYOCARDITIS	1782522-1	30-39 years	Myopericarditis requiring hospitalization. Chest pain symptoms started 4 days after patients COVID Pfizer booster. Initial vaccination series was 12/17/2020 and 1/8/2021. Patient's substernal chest pressure, positional with improvement sitting forward as well as EKG changes showing diffuse ST elevations all support pericarditis. Chest pain improve with colchicine and ibuprofen.
MYOCARDITIS	1782938-1	30-39 years	Subject: Patient VAERS: Myopericarditis June 10, 2021 and July 10, 2021 patient experienced severe chest pain & fatigue, this was relieved within 24 hours with bedrest and Advil. On September 11, 2021 patient reports sudden severe left side chest pain, back pain, shortness of breath, severe fatigue, and Dyspnea. EKG showed ST elevation at a local medical clinic. patient was sent to Medical Center ER where he was admitted from Sept. 14-Sept. 16,2021 with a diagnosis of Myopericarditis. EKG ST elevation in multiple leads, echocardiogram, chest x-ray, cardiac MRI w contrast, elevated troponin levels and elev. CRP levels we?re consistent with Myopericarditis. Treatment: bedrest, medication?s Colchicine & high-dose ibuprofen. discharge plan: cardiologist ordered no work for 3 months and continued treatment w high dose Colchicine & ibuprofen, activity restriction As this 37-year-old male has no known cardiac history and no risk factors for CAD, was active, and employment includes a very physical job it is suspicious and concerning that 8 weeks after his Pfizer vaccine (2nd dose) he Experienced his first chest pain & his first Cardiac symptoms with subsequent hospitalization for Myopericarditis. Please contact me with any questions: Practitioner Please confirm your receipt of this vaccine adverse event report by email to (private) Thank-you
MYOCARDITIS	1782954-1	30-39 years	Excessive chest pain for 2 days and then chest pain off and on for the next 4 months.
MYOCARDITIS	1783822-1	18-29 years	chest pain with elevated troponin - myocarditis, admitted to hospital
MYOCARDITIS	1785289-1	40-49 years	Systemic: Cardiac Disorder (diagnosed by MD)-Mild, Systemic: Hypertension-Mild, Systemic: Hyperventilation-Mild, Additional Details: pt had covid in march 2021, received moderna vaccine on 09-17-2021, she experienced high bp, and myocarditis
MYOCARDITIS	1787922-1	18-29 years	myocarditis. TEE demonstrated reduced EF of 35-40%.
MYOCARDITIS	1788375-1	30-39 years	Acute myocarditis
MYOCARDITIS	1790865-1	30-39 years	Myocarditis; headache; body aches; joint pain; Fatigue; This is a spontaneous report from a non-contactable consumer or other non hcp. A 36-years-old non pregnant female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Left on 07Sep2021 09:00 (Lot Number: FC3181) as single dose (at the age of 36) for covid-19 immunisation. Medical history was none. No known allergies. There were no concomitant medications. No other vaccine in four weeks. The patient experienced myocarditis on 14Sep2021 18:15, headache on 14Sep2021 18:15, body aches on 14Sep2021 18:15, joint pain on 14Sep2021 18:15, fatigue on 14Sep2021 18:15. No treatment received. No covid prior vaccination. Unknown if covid tested post vaccination. The events outcome was not recovered. No follow-up attempts are possible. No further information is expected.
MYOCARDITIS	1793549-1	30-39 years	Patient states that he received his first dose of the Moderna vaccination on October 10. The next day he began having myalgias, chills, and headache. 2 days later, he developed chest pain and shortness of breath. He had a fever to 103 deg F at home. Chest pain is described as tightness, located in the midsternal region with some radiation to the neck. He reports this is worse with bending forward. The pain has been constant. He feels as though he is unable to take a deep breath. He had COVID in 1/2021 - with positive COVID-19 test on 1/18/2021. He presented to the ED and was noted to have elevated WBC and cardiac troponin. CTA chest was negative for pulmonary embolism. He was diagnosed with acute myocarditis. There was improvement in the chest discomfort, albeit still present, at the time of discharge. Symptomatic treatment recommended.
MYOCARDITIS	1793596-1	18-29 years	He developed chest tightness, pressure, shortness of breath and chest fullness. His chest discomfort was described as tightness and a full feeling. His shortness of breath was worse at night when he felt that he had to consciously breath rather than it being an effortless unconscious process. He saw a pulmonologist-not responsive to antibiotics and bronchodilators. He had a normal CXR and a normal CT scan of chest without contrast. His pulmonary function tests were OK. Pulmonologist sent him to a cardiologist. He had an echocardiogram which was consistent with myocarditis, His pericardium was OK. It took an additions 3 weeks to get a cardiac MRI. His symptoms resolved during that period and his MR was normal.
MYOCARDITIS	1793739-1	18-29 years	Myocarditis. Patient presented with chest pain, troponin leak, and EKG findings consistent with myocarditis. Symptoms stabilized and troponins were down trending. Was able to discharge safely home.
MYOCARDITIS	1793875-1	18-29 years	"Myocarditis/Pericarditis Developed extreme chest pain as if ""heart is on fire"" approximately 30 hours after first Moderna vaccine. Shortness of breath. Before this, I could run 6 miles 5 times a week with no difficulty. Now, I cannot even tolerate walking at work. Symptoms continue to persist. Presented to ED and was admitted to hospital 10/09/21. Further detail under Item 19. Was started on 3 month course of colchicine by cardiology while in hospital. No relief to date. Day 11 of symptoms today. Presently cannot complete activities of daily living or go to work. Very concerned about whether I will make full recovery from this and how long these symptoms will persist for."
MYOCARDITIS	1794162-1	30-39 years	After the first 2-3 hours I started chest pain as well as too many stitches in the side of the area of my hear. Also a difficulty to breathe and cardiac agitation. Call 911 and they told me to keep calm and if the effects continued second I should go to a medical center in my hometown. For about more than 1 month and a half my chest hurt a lot, having quite aggressive and continuous pains, I went to the doctor and he made the observation to avoid the second dose since possibly due to myocarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1794771-1	18-29 years	Pt, 18 yo male, right out of high school, in excellent heath, is a firefighter recruit. 10/04/21 - Felt like his chest was burning. Said he had heartburn. 10/08/21 - While in the middle of EMT class, he almost passed out. Senior firefighters drove him directly to local Medical center for treatment after they checked his heart rate and blood pressure. He was diagnosed with MYOCARDITIS, given a series of oral steroids and an inhaler. He was also tested for Covid19 (PCR) on 10/08/21 and his results came back NEGATIVE on 10/10/21.
MYOCARDITIS	1794782-1	18-29 years	Myocarditis and Pericarditis After mRNA COVID-19 Vaccination
MYOCARDITIS	1794932-1	18-29 years	Myocardist, tachycardia, syncope
MYOCARDITIS	1795058-1	18-29 years	Myocarditis
MYOCARDITIS	1795488-1	30-39 years	Common cold symptoms (cough, runny nose, etc.) within 48 hours of vaccine. Symptoms continued to worsen over the next two weeks; migraines, high fever, chills, sweats, fatigue, dizziness, diarrhea etc. Week 5 (October 5th) symptoms significantly increased - vomiting, diarrhea, high fever, dizziness, chills, sweats, etc. October 16th - symptoms continued, but severe chest pain started. Went to the hospital at 7pm with a 103 fever. 10/16 - Troponin I level tested three times: 1.83 on 10/16, 4.50 on 10/17, & 3.66 on 10/17. Vomiting, diarrhea, high fever, dizziness, chill, and sweats continued for entire hospital visit. Antibiotics given on 10/17; no change. Both Covid tests negative. Echocardiogram done on 10/18 - myocarditis confirmed. Sent home on 10/19 with anti-inflammatory drugs to take for 10-14 days.
MYOCARDITIS	1795567-1	18-29 years	Shortness of breath Myocarditis Fever Chills Dizziness Muscle spasm Torticollis Weakness
MYOCARDITIS	1796176-1	30-39 years	I received a 3rd dose of the Pfizer-BioNTech COVID-19 vaccine on the afternoon of Wednesday (9/22/21). I experienced some muscle aches and fever on Thursday (9/23/21) and Friday (9/24/21). On the evening of 9/24/21 at around 9:00 PM, I experienced some chest pain. By the morning of 9/25/21, the pain had become severe and I visited the emergency room. After being evaluated in the emergency room as described below, I was admitted to the hospital. A number of tests and diagnostics (also described below) was conducted. I was diagnosed with acute myocarditis / perimyocarditis. I was prescribed Colchine (3 months), Prednisone (tapering over 14 days), Ibuprofen (as required to treat inflammation), and Famotidine (as a prophylactic for my stomach). Follow up appointments with cardiologist and a clinician were scheduled for 10/5 and 10/6. Follow-up lab ordered as described below. Follow up with doctor scheduled in December.
MYOCARDITIS	1797677-1	18-29 years	Patient developed chest pain 2 days of after COVID 19 vaccine received on 13 October 2021. He went to the ER and was admitted to the hospital with a positive troponin and diagnosis of myocarditis on 16 October 2021. He had a normal echocardiogram and symptoms resolved and he was discharged on 17 October 2021

Symptoms	VAERS ID	Age	Adverse Event Description
			Myopericarditis; fever; chills; myalgia; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myopericarditis) in a 22-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. Family history included Autoimmune disorder (Patient endorsed a family history of autoimmune disorders (her mother has autoimmune thyroid disease, but she does not recall the exact diagnosis).). 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, the patient experienced MYOCARDITIS (Myopericarditis) (seriousness criteria hospitalization and medically significant), PYREXIA (fever), CHILLS (chills) and MYALGIA (myalgia). The patient was treated with COLCHICINE for Myopericarditis, at a dose of 0.6 milligram and IBUPROFEN for Adverse event, at a dose of 600 milligram. At the time of the report, MYOCARDITIS (Myopericarditis), PYREXIA (fever), CHILLS (chills) and MYALGIA (myalgia) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Angiogram: abnormal (abnormal) showed a trace left pleural effusion and opacities of lung bases suggestive of atelectasis without acute pulmonary embolism.. On an unknown date, Antinuclear antibody positive: positive positive with 1:1280 titer, and a speckled pattern and antiûSjogren's-syndrome-related antigen A autoantibodies were also positive.. On an unknown date, Body temperature: 38.8 degree c 38.8 degree C. On an unknown date, C-reactive protein: 129.1 mg/l 129.1 mg/L. On an unknown date, Echocardiogram: abnormal showed a left ventricular ejection fraction of 60û65% and trace tricuspid regurgitation. No pericardial effusion or other acute findings were noted.. On an unknown date, Electrocardiogram: abnormal (abnormal) showed sinus tachycardia with borderline right axis deviation and non-specific T wave abnormalities in inferior leads without PR or ST-segment changes.. On an unknown date, Fibrin D dimer: 6.30 ¦g/ml 6.30 ¦g/mL. On an unknown date, Heart rate: 127 beats/min 127 beats/min. On an unknown date, Magnetic resonance imaging heart: abnormal (abnormal) cMRI with gadolinium enhancement was performed to diagnose myopericarditis. cMRI showed a mildly reduced left ventricular ejection fraction of 48% with mild global hypokinesis.. On an unknown date, Red blood cell sedimentation rate (0-22): 50 mm/hr 50 mm/hr. On an unknown date, Troponin I (0-0.028): 0.164 ng/ml elevated at 0.164 ng/mL and was trended to a peak of 3.897 ng/ mL 10 h after admission, with a subsequent downtrend to 3.186 ng/mL 15 h after admission.. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myopericarditis), PYREXIA (fever), CHILLS (chills) and MYALGIA (myalgia) to be possibly related. There was diffuse circumferential hyperenhancement of the pericardium suggestive of acute pericarditis. On T2-weighted short tau inversion recovery images, hyperenhancement of the apical septal walls was noted as suggestive of myocardial edema. A diagnosis of acute myopericarditis was made, prompting initiation of colchicine 0.6 mg daily (for three months) and 600 mg ibuprofen three times daily (for two weeks). She reported improvement in chest pain, followed by resolution by the time of a two-week outpatient follow-up visit. Although the patient did not undergo myocardial biopsy, clinical presentation, laboratory results, and MRI findings are suggestive of probable post-COVID vaccine myopericarditis triggered by an underlying, subclinical predisposition for autoimmunity. Concomitant product use was not provided by the reporter. Company Comment: This case concerns a 22 year-old, female with Family history of Autoimmune disorders, who experienced the expected serious event of myocarditis. The event occurred approximately 1 days after the second dose of mRNA-1273 Moderna vaccine. Lab data reported: Troponin I: elevated at 0.164 ng/mL, peak of 3.897 ng/ mL 10 h after admission, with a subsequent downtrend to 3.186 ng/ml; cMRI showed a mildly reduced left ventricular ejection fraction of 48% with mild global hypokinesis; Electrocardiogram: showed sinus tachycardia with borderline right axis deviation and non-specific T wave abnormalities in inferior leads without PR or ST-segment changes; Echocardiogram: showed a left ventricular ejection fraction of 60û65% and trace tricuspid regurgitation The rechallenge is N/A (no more doses are expected) The benefit-risk relationship of mRNA-1273 Moderna vaccine in not affected by this report. Family history of autoinmune disorders could be a potentially risk factor. Most recent FOLLOW-UP information incorporated above includes: On 13-Oct-2021: Follow up received by safety 13-Oct-2021 has Email and contain new information. Updated patient details, medical history, family history, and lab data in patient tab. Added additional events in events tab and treatment drugs in product tab.; Sender's Comments: This case concerns a 22 year-old, female with Family history of Autoimmune disorders, who experienced the expected serious event of myocarditis. The event occurred approximately 1 days after the second dose of mRNA-1273 Moderna vaccine. Lab data reported: Troponin I: elevated at 0.164 ng/mL, peak of 3.897 ng/ mL 10 h after admission, with a subsequent downtrend to 3.186 ng/ml; cMRI showed a mildly reduced left ventricular ejection fraction of 48% with mild global hypokinesis; Electrocardiogram: showed sinus tachycardia with borderline right axis deviation and non-specific T wave abnormalities in inferior leads without PR or ST-segment changes; Echocardiogram: showed a left ventricular ejection fraction of 60û65% and trace tricuspid regurgitation The rechallenge is N/A (no more doses are expected) The benefit-risk relationship of mRNA-1273 Moderna vaccine in not affected by this report. Family history of autoinmune disorders could be a potentially risk factor.
MYOCARDITIS	1800279-1	**18-29 years**	
MYOCARDITIS	1800817-1	**18-29 years**	Myocarditis - pt presented with chest pain, positive troponin (peak 6.8). echo -normal LV function. Cardiac MRI - suggestive of myocarditis
MYOCARDITIS	1801322-1	**18-29 years**	Patient was admitted fir chest pain and found to clinically as well as supported by Cardiac MRI have signs of myocarditis vs myopericarditis. Patient remained stable and did not require ICu admission, pressors, or emergent intervention. he was treated with NSAIDS and Colchicine and discharged with cardiac follow up and activity restriction to 1A activities.
MYOCARDITIS	1801797-1	**18-29 years**	June 30, 2021 hospitalized with elevated troponin, life-flighted to HCF, diagnosed with myocarditis on July 7, 2021. Was seen in the emergency room in March for the same symptoms as she was hospitalized for in June. At that time, the ED provider thought she just had a terrible case of gastroenteritis and did not run any heart-related labs. Based on the symptoms, we suspect it may have been an undiagnosed case of myocarditis. Latest cardiac MRI on Oct 11, 2021 shows improvement in myocarditis but not yet complete resolution. Also shows late gadolinium enhancement which may indicate an irregular heart rhythm. Orders placed for a stress test. I am Pts mom. I am not a provider, but I am an executive for a HCF. I am reporting on the advice of our medical director because of the continued problems with her heart. That may be an indicator that the March event was also a heart event.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1803551-1	18-29 years	Myocarditis; cannot do strenuous work or exercise for a month; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Myocarditis) in a 24-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 022C21A and 022C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 31-Aug-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 01-Oct-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 05-Oct-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). In October 2021, the patient experienced IMPAIRED WORK ABILITY (cannot do strenuous work or exercise for a month). The patient was hospitalized from sometime in October 2021 to sometime in October 2021 due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis) was resolving and IMPAIRED WORK ABILITY (cannot do strenuous work or exercise for a month) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In October 2021, Electrocardiogram: normal (normal) EKG looked normal. In October 2021, Troponin: high (High) High troponin levels. No concomitant medications were provided. Patient had no prior history for the symptoms nor a history of COVID-19 infection. He had no medical or family history for myocarditis/pericarditis. Patient experienced strong chest pain in the morning. He would rate the pain about 7 out of 10; 10 being the strongest pain. Walking or stretching would not make it better or worse. It was a constant stable pain. It was quite noticeable. The pain lasted 2-3 hours. The symptoms started on 05 Oct 2021 from 7 AM to 10:30 AM. The symptoms repeated everyday. On 06 Oct 2021, at about 9 AM to10:30 AM, the pain was less than on 05 Oct 2021. On 07 Oct 2021, it was less noticeable, but he could still feel the pain. Patient was kept under observation for a day and then they discharged him. He felt better and he did not have any symptoms now. He could not do strenuous work or exercise for a month. The hospital summary suspected the second dose of Moderna COVID-19 vaccine as the cause. Patient received an injection in his belly that made his blood flow better. He was given a blood thinner injection. He reported that the hospital told him he could take Tylenol but he never did. Company Comment : This case concerns a 24-year-old male patient with no relevant medical history, who experienced the serious expected event of Myocarditis. The event occurred approximately 5 days after the Moderna COVID-19 Vaccine. The patient had high troponin levels and EKG was normal. The patient was under observation for a day then got discharged. The rechallenge was not applicable as the event occurred after the second dose. The patient received the second dose approximately a month after the first dose. The benefit-risk relationship of COVID-19 Vaccine is not affected by this report.; Sender's Comments: This case concerns a 24-year-old male patient with no relevant medical history, who experienced the serious expected event of Myocarditis. The event occurred approximately 5 days after the Moderna COVID-19 Vaccine. The patient had high troponin levels and EKG was normal. The patient was under observation for a day then got discharged. The rechallenge was not applicable as the event occurred after the second dose. The patient received the second dose approximately a month after the first dose. The benefit-risk relationship of COVID-19 Vaccine is not affected by this report.
MYOCARDITIS	1804479-1	18-29 years	Myocarditis: elevated ST ; troponin leak; overnight hospitalization
MYOCARDITIS	1804508-1	30-39 years	39-year-old male who was admitted with a 1 day history of chest pain on 5/15/21. Initial labs showed elevated troponin with diffuse ST changes consistent for myopericarditis. Patient had his second dose of the Pfizer Covid vaccination on May 12. Patient was initiated on colchicine with improvement in his symptoms. Echocardiogram performed showing normal LV function with no significant valvular abnormalities. Patient was seen by cardiology, plan for 3-month treatment with colchicine and high-dose ibuprofen for at least 2 weeks until CRP has normalized. Patient will be on PPI while continuing his medications. Outpatient cardiac MRI will be completed. Patient discharged home in stable condition.
MYOCARDITIS	1806172-1	40-49 years	When he was due for his second shot, he got covid itself. So he couldn't get the second vaccine.. He faired ok after first shot except tired, short of breath quicker than normal, irritable, ... When he got Covid he slept for three days straight....Everything escalated from there. Sitting back I can see now that he was retaining fluid for a good month or more. I had to take him to the er, he couldn't breath...on Oct.10th 9:00 pm, EKG showed something weird right away... I will send all paper work from his labs...At the end of it a week in the hospital in congestive heart failure at 42... Catherization showed his arteries are completely clear. Its Cardio Myopathy, myocarditis. he lost 15 lbs of fluid on lasics. He had to come home with a vest that has a defribrulator in it for three months. And worse yet, he doesn't have health insurance. He was signed up to go on in November during open enrollment.
MYOCARDITIS	1806534-1	18-29 years	The evening after receiving 2nd Covid vaccine my son developed chills. The next day he was fatigued, left arm was sore from shot, headache, and muscle aches. Day 3 in addition to the symptoms listed he developed chest pain. Day 4 the chest pain was so intense he asked to go to urgent care. He said he could feel it was his heart and the pain was a constant.
MYOCARDITIS	1808119-1	30-39 years	ADVERSE EVENT: MYOPERICARDITIS Patient received 2nd dose of Pfizer Covid-19 vaccine on 10/19/21. On 10/21/21 at 8pm, patient experienced chest pain 7/10 that did not resolve with famotidine. He presented to the ED and was found to have ST changes in V2-V6 and elevated troponins. Patient was taken for an emergency diagnostic cath. The cath did not show any severe stenosis in major cardiac vessels, findings were consistent with probable myopericarditis. Patient was monitored in the ICU for monitoring post cath. He will be medically managed with aspirin and colchicine. Patient is hospitalized at the time of reporting this event.
MYOCARDITIS	1808304-1	30-39 years	myopericarditis
MYOCARDITIS	1808553-1	30-39 years	Symptoms lasted for a couple of weeks after the second dose of the Pfizer COVID19 vaccine. Symptoms included: Full body aches, joint pain, hot and cold flashes, headache, soreness at injection site, heart palpitations (thought to be from myocarditis after Drs visit), slight chest pain/tightness when breathing deeply, fatigue, neck pain, dizziness, light headed, fever, light sensitivity.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1810620-1	40-49 years	She was taken off of life support 2 weeks ago; found her unresponsive in her home; heart inflammation; This is a spontaneous report from a Pfizer-sponsored program a regulatory authority via a contactable consumer. The consumer reported similar events for three patients. This is the first report. A 42-year-old female patient received bnt162b2 (COMIRNATY Lot number was not reported) via an unspecified route of administration on an unspecified date (at 42-year-old) as DOSE 2, SINGLE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously received the first single dose of bnt162b2 (COMIRNATY Lot number was not reported) on an unspecified date for covid-19 immunisation. The consumer stated that no past medical history that he is aware of. Her daughter found the patient unresponsive in her home after her second dose of the Pfizer BioNTech Covid-19 vaccine and was diagnosed with heart inflammation. She was taken off of life support 2 weeks ago. The outcome of the events was unknown. The lot number for the vaccine BNT162B2, was not provided and will be requested during follow up.; Sender's Comments: Linked Report(s) : US-PFIZER INC-202101377482 same reporter and drug, different patient and similar event;US-PFIZER INC-202101377481 same reporter and drug, different patient and similar event; Reported Cause(s) of Death: Unknown cause of death
MYOCARDITIS	1810646-1	40-49 years	mycardatis; Chest pains; high blood pressure; skipping heartbeat; This is a spontaneous report from a contactable consumer (patient). A 41-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), the first dose via an unspecified route of administration, administered in left arm on 07Sep2021 at 02:30 (Batch/Lot Number: FC3183) as single dose for covid-19 immunisation. The patient medical history was not reported. There were no concomitant medications. The patient experienced mycardatis on 08Oct2021, chest pains on 08Oct2021, high blood pressure on 08Oct2021, skipping heartbeat on 08Oct2021. The patient was hospitalized for the events for 6 days. Treatment received for the events included blood pressure and heart medicines (as reported). The events were reported as serious due to hospitalization and life-threatening. The patient underwent lab tests and procedures which included blood pressure: high on 08Oct2021. Therapeutic measures were taken as a result of mycardatis, chest pains, high blood pressure, skipping heartbeat. The outcome of the events was recovered with sequel on an unspecified date. Follow-up attempts are completed. No further information is expected.
MYOCARDITIS	1810869-1	30-39 years	Myocarditis
MYOCARDITIS	1813471-1	18-29 years	Myocarditis
MYOCARDITIS	1813645-1	18-29 years	Myocarditis Patient presented w/ chest pain X 2 days. ECG w/ ST elevations, no depressions, PR depressions. Echo showed small amount of pericardial fluid. Troponin positive.
MYOCARDITIS	1813767-1	40-49 years	Started with back pain, went to arm numbness, chest pain started after about a half hour of back pain. went to ER, diagnosed with pericarditis, myocarditis
MYOCARDITIS	1814142-1	18-29 years	Myocarditis - chest pain while performing timed military swim test.Admitted over night and discharged. 15/16OCT
MYOCARDITIS	1814846-1	40-49 years	"This is the second time I have received this vaccine as a ""booster"". Within two weeks my blood pressure is through the roof and my pulse around 120 with chest pains. I am told this is myocarditis by an ER doc. The state is full of misinforming pinheads that do not take this seriously. Censorship is illegal and not disclosing this data to the public is a liability for these doctors and the government that helps them hide this. IF I GET CHF BECAUSE OF BEING IGNORED I WILL SUE ALL LIABLE PARTIES AND NAME THE DOCTORS, GOVERNMENT, AND THE MANUFACTURER AND WILL ORGANIZE A CLASS ACTION LAWSUIT!!! THANKS TO THE MISINFORMATION AND HIDING THESE ADVERSE EFFECTS NO ONE WILL PUT A SHOT IN THE ARMS OF MY CHILDREN!!!!"
MYOCARDITIS	1815372-1	18-29 years	Myocarditis; Severe chest pain and inflammation around the heart. Lasted about a week and a half and symptoms occurred 2-3 days after the second dose.
MYOCARDITIS	1815445-1	18-29 years	19 y.o. man with with chest pain, diffuse ST elevations, and elevated troponin likely due to myopericarditis. Most likely cause is recent administration of 2nd dose of Pfizer COVID vaccine. ST changes non dynamic. Chest pain controlled shortly after admission. Echocardiogram demonstrated normal systolic function with no wall motion abnormalities. Treating with high-dose NSAIDs and colchicine. Neither Coronary CTA nor cardiac MR not available on the weekend thus will arrange for cardiac MR to be done week of 10/25/2021. Largely asymptomatic with downtrending troponin, minimal chest pain after onset (resolution in a few hours)
MYOCARDITIS	1816450-1	30-39 years	A. fib c RVR, CHF, myocarditis. Diltiazem. Shipped to higher level of care. Sxs: SOB, CP
MYOCARDITIS	1817872-1	30-39 years	About two weeks after receiving my second dose, I was walking my dog and I felt like my body became heavy. I was short of breath also. The next day, I was at work. I took my patient to the mall and I couldn't continue walking so we had to leave. The following day, I felt like I was choking if I tried to drink something. My oxygen dropped to 85. The chest pain was constant. By 04/11, I couldn't get down the hallway without stopping three times. My husband took me to the ER and I was given a prescription for my asthma. I went to get the prescription filled and noticed that my breathing was even worse. My husband took me back to the local HCF and two minutes after being taken back, there was a cardiac alert for me. They performed the EKG and I had congestive heart failure and a heart attack. I had pericarditis, possible pneumonia, myocarditis and pleural effusion. I was so short of breath, they had me on 10-20 liters of oxygen and it was not helping. They tried to rush me to have a triple bypass surgery, but I declined. I later found out that I have small arteries that wouldn't last during a bypass. I decided to get another opinion, so I went to another HCF and I ended up having to get 5 stents in my heart. My heart is now at 24-26%. I no longer have any faith in myself, I lost my self esteem, I lost my job, my voice, my vision, my house and my mother because of this vaccine. I am crying all of the time and currently living at a hotel. This has turned my world into a whirlwind.
MYOCARDITIS	1818265-1	30-39 years	my sister went to the er on July 20th with what seem to be a illergic reaction... she said she was itching all over and was swelling. They sister passed away on July 26th from myocarditis which is stated o. The cdc website a direct side effect of the moderna shot.
MYOCARDITIS	1821212-1	18-29 years	Patient admitted with myopericarditis to Hospital 11 days after vaccination. Started having pleuritic chest pains the day after vaccination.
MYOCARDITIS	1822434-1	40-49 years	Received vaccine Saturday afternoon. Sunday morning while lying in bed, developed: -high heart rate -heavy, labored breathing -pulse oximetry showed oxygen saturation dropped down to 90 Symptoms are consistent with myocarditis or pericarditis
MYOCARDITIS	1825278-1	40-49 years	On 9/21/2021, 4 days after receiving the shot I had chest pressure and pain. I went to the emergency room where my EKG showed abnormal and my Troponin levels were elevated. I was transported to a surgical hospital and spent 2 days there after being diagnosed with Myocarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1825718-1	18-29 years	myo/pericarditis beginning Tuesday, 10/26 upon waking. Left chest pain, midclavicular line around 4th-6th intercostal spaces, ~6-7/10 when moving, 0/10 when stationary. Pain increases when laying down. ibuprofen PRN
MYOCARDITIS	1825776-1	18-29 years	Left side chest pain began Monday October 25 2021 Reported to ER around 11am Admitted to hospital with elevated troponins and ckrs, normal ekgs and chest xrays Myocarditis diagnosis confirmed
MYOCARDITIS	1825863-1	30-39 years	Return of myocarditis and syncope (dull chest pain continuously abs tight stabbing pain attacks a few times daily from the second day 11/10/2021- continues til now (28/10/2021) Severe nausea (near constant lasting from the night of the injection until now - over 18 days- low rare is constant and several times each day I feel so nauseous I am faint) and vomiting- for reference it is extremely unusual for me to vomit even with severe nausea. There has also been reduced capacity to think clearly and exaxustion but this is probably from the stress of the above and not independently correlated to the vaccine (I don?t have health insurance and so cannot go to doctor for care about this)
MYOCARDITIS	1827203-1	40-49 years	Strokes; Blood clots; Myocarditis were diagnosed; Pericarditis were diagnosed; Heart blocks; Started with arrithmias 5 days after; Felt sick like flu 2 days after; This spontaneous case was reported by a consumer and describes the occurrence of ARRHYTHMIA (Started with arrithmias 5 days after), CEREBROVASCULAR ACCIDENT (Strokes), THROMBOSIS (Blood clots), MYOCARDITIS (Myocarditis were diagnosed) and PERICARDITIS (Pericarditis were diagnosed) in a 43-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 020F21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 26-Aug-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 28-Aug-2021, the patient experienced INFLUENZA LIKE ILLNESS (Felt sick like flu 2 days after). On 31-Aug-2021, the patient experienced ARRHYTHMIA (Started with arrithmias 5 days after) (seriousness criterion medically significant). On an unknown date, the patient experienced CEREBROVASCULAR ACCIDENT (Strokes) (seriousness criterion medically significant), THROMBOSIS (Blood clots) (seriousness criterion medically significant), MYOCARDITIS (Myocarditis were diagnosed) (seriousness criterion medically significant), PERICARDITIS (Pericarditis were diagnosed) (seriousness criterion medically significant) and ATRIOVENTRICULAR BLOCK (Heart blocks). At the time of the report, ARRHYTHMIA (Started with arrithmias 5 days after), CEREBROVASCULAR ACCIDENT (Strokes), THROMBOSIS (Blood clots), MYOCARDITIS (Myocarditis were diagnosed), PERICARDITIS (Pericarditis were diagnosed), ATRIOVENTRICULAR BLOCK (Heart blocks) and INFLUENZA LIKE ILLNESS (Felt sick like flu 2 days after) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No concomitant medication were reported. Treatment medication included Beta-blockers. The patient used a heart monitor for 3 weeks. Company comment: This case concerns a 43 year-old female patient with no reported medical history, who experienced the expected serious events of Myocarditis (AESI) and Pericarditis (AESI) and the unexpected serious events of Cerebrovascular accident (AESI), Arrhythmia (AESI), and Thrombosis. The event of Arrhythmia occurred 5 days after the first dose of mRNA-1273 vaccine and the other events occurred an unknown number of days after the first dose. Details of clinical presentation, diagnostic criteria, and clinical course for the events were not provided. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This case concerns a 43 year-old female patient with no reported medical history, who experienced the expected serious events of Myocarditis (AESI) and Pericarditis (AESI) and the unexpected serious events of Cerebrovascular accident (AESI), Arrhythmia (AESI), and Thrombosis. The event of Arrhythmia occurred 5 days after the first dose of mRNA-1273 vaccine and the other events occurred an unknown number of days after the first dose. Details of clinical presentation, diagnostic criteria, and clinical course for the events were not provided. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	1829076-1	40-49 years	Chest pain - onset post-vaccine day 10, June 9th, 2021. Diagnosed with LeftVentrical Elevated Diastolic Pressure (LV EDP) = Myocarditis = on July 2nd, 2011, by Dr. Hospital via Cardiac Catheterization. Intermittent Chest Pain still occuring sporadically. Being followed by Dr.
MYOCARDITIS	1829267-1	40-49 years	Approx 4 days post second COVID-19 vaccination dose patient with increase headaches and excessive fatigue. Pt was seen twice at treatment facility and determined on second visit concern for myocarditis was warranted. Currently member is being evaluated for diagnosis.
MYOCARDITIS	1829428-1	18-29 years	Pt went to walk in clinic on 10/28/21 for c/o chest discomfort and cough. Sent to local ER for eval. At ER he reported body aches, back pain, cough, n/v, on 10/27/21. On 10/28/21 started with chest pain described as heaviness, worse when laying down. Denied SOB, palpitations, etc. Troponin level elevated to 8 then increased to 10. Cardiology consult to ER and ECHO done. DX: myocarditis secondary to covid vaccine. Transferred to Hospital.
MYOCARDITIS	1831925-1	18-29 years	25 YR OLD MALE PRESENTS TO ED WITH CHEST PAIN, TIGHTNESS AND SHORTNESS OF BREATH SINCE HE RECIEVED SECOND COVID SHOT 2 DAYS AGO. PT NOTES HAS TO TAKE SHALLOW BREATHS DUE TO PAIN IN CHEST WHEN A NORMAL BREATH IS TAKEN. PT HAD BLOODWORK, RESPIRATORY PANEL, EKG, XRAY COMPLETED HERE IN THE ED. BLOODWORK RESULTS SHOWED AN ELEVATED TROPONIN AT 159(OVER 22 IS POSITIVE.) WITH A SECOND 2 HOUR TROPONIN ADDITIONALLY ELEVATED AT 176. IMPRESSION FROM XRAY SHOWS NORMAL CHEST XRAY BUT FINDINGS REPORTED IMAGE WAS OBSCURED BY OVERLYING WIRES FROM HEART MONITOR. WBC BLOODWORK SHOWED ELEVATED AT 16.1 (RANGE 1.1-6.1) MONOCYTES ELEVATED AT 2.6 (RANGE .2-1.0) IMMATURE NEUTROPHILS ELEVATED .06 (RANGE .00-.04) MD SUSPECTS MIOCARDITIS HEART ECHO SCHEDULED FOR TOMORROW. PT CURRENTLY ADMITTED WITH NO COMMUNICATED DISCHARGE DATE UNTIL ECHO RESULTS.
MYOCARDITIS	1832314-1	30-39 years	myocarditis-like symptoms

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1836139-1	30-39 years	Patient developed arrhythmias; Myocarditis; This spontaneous case was reported by a physician and describes the occurrence of ARRHYTHMIA (Patient developed arrhythmias) and MYOCARDITIS (Myocarditis) in a 30-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 dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced ARRHYTHMIA (Patient developed arrhythmias) (seriousness criteria hospitalization and medically significant) and MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, ARRHYTHMIA (Patient developed arrhythmias) and MYOCARDITIS (Myocarditis) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant product was provided. No treatment information was provided. Company's comment: This case concerns a 30-year-old, male patient with no previous relevant medical history reported, who experienced the unexpected events of arrhythmia and myocarditis. The events occurred on an unknown number of days after an unknown number of doses of mRNA-1273. The rechallenge was unknown since no information regarding the number of the doses was disclosed. The benefit-risk relationship of mRNA-1273 is not affected by this report. Further information was requested.; Sender's Comments: This case concerns a 30-year-old, male patient with no previous relevant medical history reported, who experienced the unexpected events of arrhythmia and myocarditis. The events occurred on an unknown number of days after an unknown number of doses of mRNA-1273. The rechallenge was unknown since no information regarding the number of the doses was disclosed. The benefit-risk relationship of mRNA-1273 is not affected by this report. Further information was requested.
MYOCARDITIS	1836394-1	40-49 years	Myocarditis with PVC
MYOCARDITIS	1842176-1	40-49 years	inflammation of heart muscles/tissues; pain around heart; pain; This is a spontaneous report from a contactable consumer (patient). A 50-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) dose 2 via unspecified route on 03Apr2021 single dose for covid-19 immunization at 49-year-old. Medical history included the patient was taken to ER for stroke in Jun2019. No concomitant medications. The patient previously received varenicline tartrate (CHANTIX) for quit smoking from 03Nov2019 and had stroke; first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) for covid-19 immunization in Mar2021 at 49-year-old. 09Aug2021, the patient had an ER visit due to pain in chest-CT Scan, EKG, Labs etc. Now on medications for inflammation of heart muscles/tissues, caused admission to hospital. Pain appeared several times throughout the day still. The patient couldn't do simple things without pain around heart. Outcome of the event inflammation of heart muscles/tissues was not resolved, outcome of the other event was unknown. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.
MYOCARDITIS	1842916-1	30-39 years	Suspect myocarditis - dull constant chest pain, increased cardiac CRP level
MYOCARDITIS	1842982-1	18-29 years	Heart inflammation (myocarditis). Chest pain, tightness, occasional shortness of breath.
MYOCARDITIS	1843221-1	18-29 years	Chest pain. Elevated troponins in ER. Myocarditis or pericarditis.
MYOCARDITIS	1846880-1	40-49 years	Severe myocarditis, left anterior fascicular block. No positive outcomes. Severe myocarditis lasted for one week and then scar tissue developed causing a left anterior fascicular block and delayed conduction through the ventricles.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1848820-1	40-49 years	Overview û No Major health issues entire life, not sick at all for 2 years before Pfizer vaccine. 1st dose = 7/11/21, 2nd dose 8/1/21 3 days flu like symtoms immediately after vaccine, went away 8 days after 2nd dose mild breathing issues Breathing issues got progressively worse for next 3-4 weeks, to point where it was hard to breath 3rd-4th week after 2nd dose chest pain and pressure, start of extremities getting cold (feet, hands, legs, ears, nose) 5th week after vaccine û heart issues û Tachycardia/ Arrhythmia / Blood work abnormal, starting to feel extreme fatigue, headaches, Brain Fog, Dizziness Severe Heart Issues Persisted for 4-5 weeks (breathing issues slightly subsided as soon as heart issues started) 9th week after 2nd dose û Tachycardia started to subside, new neurological issues started 9th week after 2nd dose û Complete numbness, sometimes mild paralysis in arms, numbness in feet, arthritis in hands and feet, tingling and heat sensation of spine and brain, Brain Fog and Dizziness, Extreme fatique 10th week to 13th week after 2nd dose û Continuation of numbness in arms, feet û arthritis getting worse in hands and feet, brain fog / dizziness more frequent , extremities still very cold every day I have seen PCP, cardiologists, neurologist, pulmonologist, and rheumatologist Diagnosis by cardiologist is vaccine induced ongoing cytokine storm / myocarditis and pericarditis Diagnosis by rheumatologist is vaccine induced ongoing autonomic never system disorder and antiphospholipid syndrome Diagnosis by pulmonologist is severe allergic reaction to vaccine Negative Covid PCR Tests (9/10/21, 9/21/21, 9/26/21, 10/2/21, 10/10/21, 10/24/21) Tests ------ EKGs (about 10 tests over 2 months' time) Blood Labs - multiple blood labs over 2-3 months period Chest x-Ray Echocardiogram (heart) Holter monitor Cerebrovascular duplex exam Lower Extremity Benous Color Duplex Scan Lower extremity Arterial Ultrasound Spect cardio Stress Test w/ perfusion Liver ultrasound Cardiac MRI MRI of brain Electromylogram Table Test (for Pots) Medications given Dexamethasone 4mg Pulmiicort flexinhaler Hydroxychloroquine 400 mg /day Clonazepam û 2mg Montelukast 10 mg Cyclobenzaprine 10mb Famotidine 20mg Nebulizer / Albuterol Blood Work û Abnormal results only (note there are about40-50 more tests for various auto immune and others that were negative) Abnormal Blood Results (from 9/10/21) AST û 31 Normal ALT û 49 H PROTEIN TOTAL û 8.2 H Abnormal Blood Results (from 9/22/21) HOMOCYSTIEN û 17.5 H AST û 44 H ALT û 111 H û very high WHITE BLOOD CELL COUNT û 12.0 H HEMOGLOBIN û 17.7 H HEMATOCRIT û 50.3 H ABSOLUTE NEUTROPHILS û 8940 H AB(IGG) - >750 H û Suggestive of past Epstien-Barr EBV NUCLEAR AG (EBNA) û 413.00 H û Suggestive of past Epstien-Barr SARS COV 2 AB(IGG) SPIKE,SEMI QN - >20 H VITAMIN D25-OH TOTAL, IA û 29 L ANA Screen IFA û NEGATIVE SARS COV 2 AB (IgG), NUCLEOCPSID, QL û NEGATIVE SARES CoV 2 AB (IgM), SPIKE, QL - NEGATIVE Abnormal Blood Results (from 9/29/21) AST û 30 Normal ALT û 68 H WHITE BLOOD CELL COUNT û 9.5 Normal HEMATOCRIT û 48.1 N ABSOLUTE NEUTROPHILS û 6859 N Abnormal Blood Results (from 10/13/21) û Over 40 Blood Tests ordered ANA Screen IFA û POSITIVE ANA TITER û 1:40 H CARDIOLIPIN AB (IGM) -26.4 H B2 GLYCOPROTEIN I (IGM) AB û 24.4 H ALBUMIN û 5.0 H IMMUNOGLOBULIN E û 313 H CREATININE, RANDOM URINE- 416 H ALT û 59 H ABSOLUTE NEUTROPHILS û 3229 N Symptoms ---------- Trouble Breathing (8/9 û Present) Chest Pain (8/20 û Present) Arrhythmia/Tachycardia (9/9 û 10/14) Myocarditis / Pericarditis (diagnosis by cardiologist 9/14 û Present) Possible Liver Issues - Abnormal ALT levels bloodwork Possible Kidney Issues - Abnormal levels CREATININE, RANDOM URINE bloodwork Autonomic Nervous disorder û HRV analysis suggestive, bloodwork suggestive (9/30-present) Twitching legs, arms, misc. back and upper leg muscles Complete Numbness of both Arms, numbness of Feet, Legs Tingling of toes and feet and ankles and arms, feeling of heat sensations in nerves Twitching of muscles in random areas such as lower back, random areas in legs, nerve pain in arms and feet Tingling and heat feeling of lower spine and spine in back of neck, also at times in head Brain Fog / Dizziness Continuous Icy Cold toes, Ankles, - coldness in upper ankles, coldness in fingers, Nose, ears (9/20-present) Continuous random Fogginess / Dizziness (9/20-present) Continuous Extreme Fatigue (9/20-present) Continuous arthritis - ankles, feet, knees (9/20-present) Pain in tendons and muscles, especially in ankles, feet, knees .. also in areas of past very old injuries Possible POTS, where heartrate at times randomly increases 30 bmp while standing , then decreases 30 bpm while sitting (no confirmed diagnosis, as it only happens at random times) History of symptoms and dates of doctors visits 2nd Pfizer Vaccine dose administered 8/1/21 8/2-8/6 û Flu Like symptoms (fever, chills, fatigue, normal post vaccine side effects, but longer duration than usual) 8/9-9/9 û Trouble Breathing - Asthma like issues starting gradually 1st week, then getting progressively worse and worse week by week 8/20-9/9 û Started Experiencing chest pain (along with severe trouble breathing) û chest pain day by day got progressively worse and worse, developed mild Cough. I thought this would go away over time, but by 1st week of September (4-5 weeks into 2nd dose), breathing got very bad to point where it was extremely hard to breath and chest and heart area hurting very much 9/9/2021 û Visit PCP (DO / PA-C) Diagnosis û Asthmatic Bronchiti / Covid-19 suspect û Recommended covid-19 test Prescriptions : Azithromycin 5 days, Singlair , Albuterol, Nebulizer Covid Test Followup Negative Rapid on 9/9, Negative PCR on 9/10 9/10 û Heart started hurting with tremendous pain, extreme heart and chest muscle pains, feeling of heart attack symptoms and Myalgia in chest / heart area - Went to Urgent Care, 9/10 û Visit (Urgent Care) EKG û Abnormal Blood Labs Ordered (CBC, CMP) Chest x-Ray EKG abnormal û Recommended seeing Cardiologist immediately 9/10-9/14 û Extreme chest pain, heart palpitations, shortness of breath, foggy brain, dizziness 9/14/21 û Visit (Cardiologist) Initial diagnosis EKG TTE w/ Doppler, complete Holter Monitor (24 hours) Diagnosis showed sinus rhythm 102 bpm, sinus tachycardia, possible left atrial enlargement , left anterior fascicular block, Poos R progression in V1, V2 Bpm spiking to 140-150 bmp while in doctors office Cardiac Murmur, unstable angina, non ST elevation (NSTEMI) myocardial infarction Prescriptions: Pulmicort, Famotidine, Decadron (Dexemethozone) û 3 day prescription 9/14/21-9/22/21 û continuation of Extreme chest pain, heart palpitations, tachycardia, shortness of breath, foggy brain, dizziness 9/22/21 - Visit (Cardiologist) Assessments: Myocarditis Unstable angina Palpitations Shortness of breath Abnormal EKG Myocardial Infarction Tachycardia Bradycardia Atrial premature depolarization Cold Extremities (especially feet, hands, ears) Labs / Blood work ordered Cardiac MRI ordered Chest x-Ray ordered Liver Ultrasound 9/22/2021 û Visit PCP (DO / PA-C) 9/22/21-9/29/21 û continuation of Extreme chest pain, heart palpitations, tachycardia, shortness of breath, foggy brain, dizziness, Cold Extremities (especially feet, hands, ears) 9/23/2021 - Visit (Cardiologist) Assessments: Shortness of breath Chest Pain Palpitations Abnormal EKG Tachycardia Non-ST elevation myocardial infarction Elevated Blood Pressure 9/29/21 - Visit (Cardiologist) Assessments: Shortness of breath Chest Pain Palpitations Abnormal Liver Function Blood Results Elevated white blood Cell Count Abnormal EKG Abnormal result of other cardiovascular studies Tachycardia Bradycardia Non-ST elevation myocardial infarction Elevated Blood Pressure Labs / Blood work ordered Sputum Cytology Urinalysis complete Blood Culture 9/30/21 û Start of Neuropathy symptoms and start of nervous system 9/30/21 û Right Arm completely started to go numb while sleeping and right foot and toes 10/05/21 - Visit (Cardiologist) Assessments: Shortness of breath Chest Pain Palpitations Abnormal EKG Tachycardia Non-ST elevation myocardial infarction Elevated Blood Pressure 10/06/2021 û Visit PCP (DO / PA-C) 10/06/21 - Visit to (Cardiologist) Assessments: 10/08/21 - Visit to (Cardiologist) 10/11/21 û Visit to (Neurologist) Assessments: Numbness in feet and legs and in both arms Tingling of feet and hands, feeling of heat in feet , ankles up to knees Tingling / Numbness generally focused on complete right side of body, however still some feeling in left side Brain Fog Cold Extremities (especially feet, hands, ears) 10/12/21 û Visit to (Rheumatologist) û 1st visit Assessments: Numbness in feet and legs and in both arms Tingling of feet and hands, feeling of heat in feet , ankles up to knees Tingling / Numbness

Symptoms	VAERS ID	Age	Adverse Event Description
			generally focused on complete right side of body, however still some feeling in left side Cold Extremities (especially feet, hands, ears) Brain Fog Brain MRI - Negative 10/13/2021 û Visit PCP (DO / PA-C) 10/18/21 û Visit to (Neurologist) Assessments: Numbness in feet and legs and in both arms Tingling of feet and hands, feeling of heat in feet , ankles up to knees Tingling / Numbness generally focused on complete right side of body, however still some feeling in left side Cold Extremities (especially feet, hands, ears) Eletromylogram Test û Negative 10/25/21 û Visit to (Cardiologist) Assessments: Chest Pain /Heart Pain Trouble Breathing Cold Extremities (especially feet, hands, ears) Numbness in feet and legs and in both arms Tingling of feet and hands, feeling of heat in feet , ankles up to knees Tingling / Numbness generally focused on complete right side of body, however still some feeling in left side Brain Fog 10/26/21 û Visit Post Covid Clinic Assessments: Chest Pain /Heart Pain Trouble Breathing Cold Extremities (especially feet, hands, ears) Numbness in feet and legs and in both arms Tingling of feet and hands, feeling of heat in feet , ankles up to knees Tingling / Numbness generally focused on complete right side of body, however still some feeling in left side Brain Fog They did nothing for me.. they said that clinic was for covid patents, and not for vaccine side effects and to take dexamethasone prescribed by rheumatologist and said if I wanted to follow up I could in 6 weeks 10/26/21 û Vist to (Pulmonologist) Assessments: Chest Pain /Heart Pain Trouble Breathing Cold Extremities (especially feet, hands, ears) Numbness in feet and legs and in both arms Tingling of feet and hands, feeling of heat in feet , ankles up to knees Tingling / Numbness generally focused on complete right side of body, however still some feeling in left side Brain Fog Said he thinks this is an allergic reaction to vaccine. Said to stay on course with moderate doses of steroids and pulmicort. 10/27/21 û Visit to (Cardiologist) Table Test (Pots) û Negative table test results
MYOCARDITIS	1849723-1	**30-39 years**	Went into cardiac arrest on 10/29/21 had echocardiogram done and found myocardis/micardis
MYOCARDITIS	1850829-1	**18-29 years**	Received Moderna vaccinations in Jan/Feb, then received Pfizer booster in August (8/18/21); admitted 11/2/2021 with new myocarditis, also dx with RSV; unclear etiology. Probably viral. Presentation with RSV positive culture ?RSV myocarditis in adults is rare.
MYOCARDITIS	1851821-1	**40-49 years**	Myocarditis and associated shortness of breath. Fatigue. Feels of pounding heart.
MYOCARDITIS	1853232-1	**30-39 years**	This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 36-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. LITERATURE REFERENCE: Myocarditis in the setting of recent COVID-19 vaccination. Case Rep. 2021 The patient's past medical history included Gastroesophageal reflux disease. 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 MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Magnetic resonance imaging heart: abnormal (abnormal) Cardiac MRI supported Myocarditis. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. This literature reported three patients who presented with chest pain after receiving either the BNT162b2 Pfizer/BioNTech or mRNA-1273 Moderna/NIH vaccine. Clinical presentation, biomarker supported Myocarditis Concomitant medications were not reported Treatment medications were not reported Company Comment: This is a literature review case concerning a 36-year-old, male patient with medical history of Gastroesophageal reflux disease, who experienced the unexpected serious (hospitalization and AESI) event of Myocarditis. The event occurred after the second dose of Moderna COVID 19 vaccine, unknown time to onset. Clinical presentation, biomarker, and cardiac MRI supported myocarditis. The rechallenge is not applicable. The benefit-risk relationship of Moderna COVID 19 vaccine is not affected by this report.; Sender's Comments: This is a literature review case concerning a 36-year-old, male patient with medical history of Gastroesophageal reflux disease, who experienced the unexpected serious (hospitalization and AESI) event of Myocarditis. The event occurred after the second dose of Moderna COVID 19 vaccine, unknown time to onset. Clinical presentation, biomarker, and cardiac MRI supported myocarditis. The rechallenge is not applicable. The benefit-risk relationship of Moderna COVID 19 vaccine is not affected by this report.
MYOCARDITIS	1853517-1	**40-49 years**	High Blood Pressure & high vitals. Dizziness. Fatigue. Diagnosis was Myocarditis. Treatment is a Beta Blocker. And only mild exercise for at least 6 months.
MYOCARDITIS	1854041-1	**40-49 years**	First Dose (4/28/2021): Severe Lethargy for about 12 to 24 hours after. Second Dose (5/19/2021): Initially, slight lethargy. Later, as days and weeks progressed, inflamed hands and joints and muscle soreness. Then I was in ER on 7/8/2021, with high blood pressure, arrhythmia, tachycardia, light headedness, and other symptoms consistent with myocarditis and pericarditis.
MYOCARDITIS	1854205-1	**40-49 years**	Myocarditis symptoms, pain around my heart especially when lying down in bed. Fatigue, soreness in upper left chest and underarm
MYOCARDITIS	1854276-1	**18-29 years**	Patient received his second dose of COVID vaccine on 10/29. On 10/30 he developed substernal chest pain that was sharp and intermittent. He also developed shortness of breath, fatigue and body aches. Patient was admitted to the hospital for observation and started on ibuprofen and colchicine. The cardiologist diagnosed him with myocarditis secondary to the vaccine. Patient was seen in a follow up appointment on 11/9 where he reported significant improvement in his chest discomfort and shortness of breath.
MYOCARDITIS	1854356-1	**30-39 years**	Wednesday November 3rd 2 pm (after 2nd shot) arm hurting. Thursday November 4th, joint muscle pain full body. Thursday night fever/chills. Friday November 5th minor chest pains, slight fever. Saturday November 6th 4 am major chest pain, unable to breathe. Went to emergency room. Diagnosed as pericarditis myopericarditis due to 2nd covid shot. High levels of troponin released by heart due to inflammation of heart lining and possible muscle damage.
MYOCARDITIS	1854788-1	**18-29 years**	Myocarditis was the main concerning symptom experienced the day after vaccination. The symptom started around 14 hours after the vaccination. Advil was taken for general pain relief. Within 24 hours, the Myocarditis was gone.
MYOCARDITIS	1857209-1	**18-29 years**	After my second Phizer shot I had the Myocarditis and Pericarditis side effects it was about
MYOCARDITIS	1857624-1	**18-29 years**	Generalized symptoms and side effects of vaccine 1-3 days after vaccine administration. Chest pain and worsening shortness of breath 3 days after vaccine. Chest pain began to worsen and became excruciating. Patient was diagnosed with myocarditis and experienced a STEMI verified by EKG on the morning of 8/14/2021.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1858034-1	30-39 years	Left chest pain within a few hours of shot, along with malaise, diaphoresis. Accompanied by fatigue, chills, fever, nausea, headache over next 48 hours. Other symptoms resolved after 48 hours with rest and 500-650 mg Tylenol 2-3x/day, except chest pain, pleuritic at times, associated at times with nausea, retching, cough, fatigue. Chest pain was 3-5/10 and intermittent, until escalated to 10/10 and awoke me from sleep 60 hours after shot, no longer pleuritic but crushing, associated with sense of doom, nausea/vomiting, and radiation to left ear. This episode lasted about an hour and returned to 1-2/10 pain after 650 mg Tylenol by the time I reached the ED. Found to have elevated troponin, and cardiac MRI identified myoperciarditis. Admitted for 1 night. Being treated with colchicine and ibuprofen (initially aspirin given contra-indication to NSAIDS due to history of idiopathic angioedema).
MYOCARDITIS	1860551-1	18-29 years	Patient developed chest pain this week and was seen in the emergency department. Patient has had intermittent chest pain since arrival. Diagnosed with myocarditis with troponin 4500
MYOCARDITIS	1861241-1	18-29 years	I have noticed decreased sex drive and impotence. Ejaculation had become increasingly harder to reach. I also have signs and symptoms of myocarditis and pericarditis.
MYOCARDITIS	1861623-1	18-29 years	It began around 2:30 am 11/08/21 I awoke to diarrhea stomach pains and began using the toilet while I was on the toilet I began to feel nauseas. I began vomiting while still using the restroom. Once I had finished using the restroom and vomiting I began having chest pains. The chest pain would not subside and it increased when I tried to lay back down. I decided to go to the ER where they discovered and abnormal EKG and elevated troponin levels. I was given Tramadol in the ER to help with the pain and given a chest x-ray then I was checked in to a hospital room and stayed from 11/08/21-11/09/21. The doctors believed I was suffering from myocarditis or pericarditis. During my visit my blood levels were examined every few hours and my heart was monitored through an EKG. I was given morphine when my pain increased around 12 pm on 11/08/21 and then tramadol at the end of 11/08/21 when my head was throbbing. The cardiologist did an ultrasound of my heart to see if the inflammation visible on the x-ray was pericarditis or myocarditis. On 11/09/21 I was told the inflammation had decreased on its' own which lead the doctors to believe it was the result of the booster covid vaccine I received 11/05/21. The cardiologist told me I have microscopic damage to my heart muscles based on the elevated troponin levels and she believes I have pericarditis. I was released from the hospital with instructions of resting, not exercising, and eating a heart healthy diet. I have a follow up appointment with my PCP on 11/23/21 and my cardiologist said to make an appointment with her in a month. They prescribed Tramadol for me to take home in case of more chest pain in the future.
MYOCARDITIS	1861859-1	30-39 years	On 10/17/21, I went to urgent care due to chest pain. EKG was abnormal. I was taken to hospital. I was diagnosed with myocarditis and released the next day. All testing was negative for COVID. The official diagnosis was for myocarditis caused by a virus - It wasn't linked to either Covid or the vaccine, but I thought it was worth reporting this.
MYOCARDITIS	1862385-1	40-49 years	In July 2021. After 1 month after my 2nd moderna dose on June 2nd. I started getting bloated every day. I had swelling in my legs and feet and abdomen suddenly. My stomach had hardened. 2 prev medical professionals told me to take metamucil and prolosic for heartburn. My 3rd and 4th doctors did ultra scans on my testicles which were swelled . Then a ct scan that showed the abdomen swelling(the prev docs would not believe me). I was diagnosed with heart failure on 10/7/21, then a cancer doctor told me on 11-09-21 that my lymph nodes were swollen and i had myocarditis. I never had any medical issues my whole life until i took this moderna shot. Now i have heart meds the rest of my life.
MYOCARDITIS	1863948-1	18-29 years	Myocarditis; This is a spontaneous report from a contactable consumer (parent). A 24-year-old male patient received the second dose of bnt162b2 (BNT162B2, batch/lot number was not reported), via an unspecified route of administration, administered in Arm Left on 2021 (in May2021 or beginning of Jun2021, administered around 17: 00 or 18:00) (at the age of 24-years-old) as DOSE 2, SINGLE for COVID-19 immunisation. The vaccine was administered at a hospital. The patient did not receive any vaccine within four weeks prior to receiving bnt162b2. There patient had no relevant medical history or concomitant medications to report. The reporter stated that the patient has been a healthy kid. The patient previously received the first dose of bnt162b2 (BNT162B2), on May2021 (administered around 17: 00 or 18:00) (at the age of 24-years-old) as DOSE 1, SINGLE for COVID-19 immunisation; he had no reaction to first dose aside from sore arm. The reporter stated that her son had the second vaccine in May2021 or beginning of Jun2021 and experienced myocarditis after the second vaccine dose. He was in the hospital and he is fine for right now. The reporter stated that the patient is stuck with a (currency amount) bill. The reporter was asking about compensation. Two days after his second dose of the vaccine is when he was diagnosed with myocarditis on an unspecified date in 2021. When querying treatment, she reported that he went to the doctor that morning since he was having chest pain, shortness of breath, and dizziness and the doctor gave him a nitro spray in his mouth and sent him off by ambulance. He was given something in the hospital to relax the heart muscle and he was monitored closely. She does not think he was given a lot of medications in the hospital. The patient had EKG (electrocardiogram), echo, and blood draws. The doctors were watching levels in the blood draws, and knows one blood level was high, she is not sure what the name of the blood level for the heart that was high. She stated that the patient had an unusual spike in EKG. The adverse events required a visit to the emergency room and physician office. The patient was followed-up with regular GP (general practitioner) and he had a few follow-ups with the cardiologist. The patient was also hospitalized for 2 days. Outcome of the event myocarditis was recovered on an unspecified date in 2021. The lot number for BNT162B2, was not provided and will be requested during follow up.
MYOCARDITIS	1865004-1	30-39 years	Starting around the 12 of Spetember I would say, I started to have chest pain in my right side and down my right arm. It would come on strong and last 5-10 mins or so. The only thins that would help is to drink water, put my arms up and over my head and walk around. This was happening at least once or twice a day all week. I then went to the ER on 9/17/21 after talking with a nurse at my doctor's office. Since I had chest pains, wish I did not after receiving the hospital bill. When as the ER they did not ask me if has covid, or if had been vaccinated. They checked my vitals and blood pressure, they were going to do an EKG but decided not to. I had chest x-ray of the front and side. They said that I had a muscle virus, but this was not written on the paper work for diagnosis. I thought it seemed like myocarditis possibly becasue i heard this from the doctor on TV and looked it up and it seemed like most of the sympstoms I had. I'm sure my symptoms could fall into many things. I was subscribed flexaral and something else for any infection and to take it easy for that day and the next. I did not take all the flexaral as it was use as needed. Since then I have not had the chest pain as I did before, but for the last week or two I have had some pain in my back shoulder blade, it also runs down to my left elbow. At times I feel as i get winded easier then i used to.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1865364-1	18-29 years	SYMPTOMS: July 29th, 2021 Chest Pain (heaviness) July 31st, 2021 Palpitations / Arrhythmia July 29th-October 17th: Continued chest pain, and palpitations ongoing; seems to be aggravated with physical activity; however palpitations can occur when lying down as well. Chest heaviness on and off (bricks on chest), would often persist a maximum 3 days. October 18th-Nov 4th; CONSTANT chest heaviness, sometimes burning sensation, sharp pain with physical activity and palpitations with physical activity, and when lying down. November 5th-Present Day; chest heaviness and pain. Worse in the evening. Palpitations while lying down, or when stressed/engaging in physical activity. Standing and walking more than a few minutes is strenuous. DATES Emergency Visits: July 29th, Aug 7th, Sept 11th, Sept 13th, Oct 19th, Oct 27th; 2021 Begin seeing Cardiologist: Aug 14th Hospitalized: October 27th-November 2nd TESTS Aug 14th 48 hour Holter Monitor -Diagnosed with Extrasystole -Beta Blockers Prescribed: Bisoprolol (to be taken as needed) Aug 17th Blood-test -elevated CRP: 25 Sept 23rd MRI - small amount of Fluid in Tissue around heart Oct 27th ECG -ventricular tachycardia Nov 2nd MRI -myo-pericarditis IMPRESSION: 1. Normal biventricular size and global systolic function. 2. In comparison to prior study, and in addition to the nonspecific inferior hingepoint LGE, there is subtle/low intensity subendocardial LGE at the mid to basal inferior segments of the left ventricle. This finding, in retrospect, could have been present in the prior examination, as described (image quality in the current study is improved). No positive T2-weighted criterion to suggest ongoing myocardial inflammation. Stable mild pericardial enhancement. Overall, findings are suggestive of pericarditis with minimal myocardial involvement. 3. Stable small pericardial effusion. Initial Interpretation By: (Privacy) Verified By: (Privacy) Reviewed With: (Privacy) CURRENT MEDICATION (started October 29th) Bisprolol 5mg Naproxen 250mg Colchicine 0.6mg Pantoprazole 40mg
MYOCARDITIS	1865960-1	18-29 years	Fever, chills? ultimately now have myocarditis. Chest pain. Rapid heart beat.
MYOCARDITIS	1867128-1	18-29 years	Myocarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 19-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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 4 days due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Magnetic resonance imaging heart: abnormal (abnormal) cardiac MRI Findings typical of myocarditis of other causes. In 2021, Troponin: 6.8 plus minus 4.1 ng/ml mean peak troponin I, 6.8 plus minus 4.1 ng/mL. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. No concomitant information were reported. Treatment information was not provided. These 5 patients were all males with age ranging from 16 to 19 years (mean, 17.2+/-1.0 years) who presented within 4 days of the second dose of COVID-19 mRNA vaccine. All 5 patients had a favorable hospital course and were discharged in stable condition with improved or resolved symptoms after mean hospitalization length of 4.8 days This case concerns a 19-year-old, male patient with no relevant medical history reported, who experienced the expected serious AESI event of Myocarditis. The event occurred approximately at an unknown day after the second dose of Moderna COVID-19 vaccine. The rechallenge was not applicable since the events happened after the second dose and no additional dosing is expected. The benefit-risk relationship of Moderna COVID-19 vaccine is not affected by this report. Reporter did not allow further contact Most recent FOLLOW-UP information incorporated above includes: On 03-Nov-2021: Follow up received by safety 04-Nov-2021 included an Email and does not contain any new information. Only reporter details are updated.Updated lab test in patient tab and Hospitalized info event tab from initial report.; Sender's Comments: This case concerns a 19-year-old, male patient with no relevant medical history reported, who experienced the expected serious AESI event of Myocarditis. The event occurred approximately at an unknown day after the second dose of Moderna COVID-19 vaccine. The rechallenge was not applicable since the events happened after the second dose and no additional dosing is expected. The benefit-risk relationship of Moderna COVID-19 vaccine is not affected by this report.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1867690-1	18-29 years	A 24 year old female with G4 P3 pregnancy 25+/-2 weeks presented with 5 day history of fever, bilateral chest pain pleuritic in nature, exertional shortness of breath, sweating and palpitation,1 day after receiving the second dose of PFIZER ûBiontech COVID vaccine. She had recovered from COVID-19 infection [RT-PCR RT value :25.7]requiring home isolation 9 months prior to the current admission and is on thyroxine 100 mcg for hypothyroidism. In the emergency department, she was afebrile, hypotensive and desaturating-SPO2-80-85% requiring high flow nasal oxygen therapy. She had bilateral bronchial breath sounds and crepitations. Chest X ray revealed right lower lobe consolidation with extensive diffuse infiltrates. Computerised tomogram pulmonary angiogram scan had shown dilated pulmonary trunk[3.35 cm], right lower lobe consolidation with associated bilateral diffuse area of ground glass consolidation with a few enlarged mediastinal lymph nodes and mild pleural effusion with no major pulmonary embolism. White blood cells count 22.09 x10^9/L with neutrophils % 77 %, lymphocytes 10 %, monocytes 4 %, band forms 8.0 % and atypical lymphocytes 1.0 % and C-reactive protein level of 344.66. Thyroid stimulating hormone, electrolytes, platelets count, coagulation profile, liver function and renal function tests were in normal limits. Echocardiogram on day 2 showed normal left ventricular systolic function, ejection fraction>55%, normal chamber dimension, normal valves with no evidence of raised pulmonary artery pressure, left ventricular clot or pericardial effusion. The cardiology referral team recommended initiation of therapeutic dose of enoxaparin for myocarditis in view of non specific ST-T changes and mild rise in troponin-I [4.700 ng/Ml]. On day 2 of hospital admission, due to persistent tachypnea and a PaO2/FiO2 ratio of ?100 (PEEP ? 5 cmH20)on high flow nasal cannula and non invasive ventilation, she was electively intubated. Antibiotics were escalated to meropenem and vancomycin in view desaturation, white blood cells count 22.09 x10^9/L and C-reactive protein 356. She was also initiated on prednisolone at 1mg/kg/day once daily. Three serial endotracheal tube secretion cultures, two serial blood cultures and urine culture were sterile. Mycobacterium tuberculosis RT-PCR , acid fast bacilli smear and pneumocystitis jirovecii antigen from deep tracheal aspirate were negative.4 serial samples for COVID-19 RT PCR and 2 COVID -19 antigen samples were negative. Legionella pneumophilia ,Mycoplasma Pneumoniae, Coxiella Burnettii, Chlamydia Pneumoniae, Adenovirus, respiratory syncitial virus, Influenza A, Influenza B, Parainfluenza IgG and IgM antibodies were seronegative. GROUP A, C, G-Streptococcus were not isolated from the throat swab culture. Trichomonas vaginalis, Gardnerella Vaginalis, Candida Species and Group B Streptococcus were not isolated from high vaginal swab. Cytomegalovirus, Epstein-Barr virus, hepatitis B serology, Hepatitis C and human immunodeficiency virus serology were negative. Anti nuclear antibody, complements, anti-cardiolipin, anti _2-glycoprotein,anti phospholipid antibody,total immunoglobulins and rheumatoid factor screening test were negative. Consecutive procalcitonin levels from the deep nasal swab and endotracheal tube sent for ten days were negative. She was extubated on day 8 of ICU admission. Consent for lung biopsy and broncheoalveolar lavage was refused in view of her improving parameters. Steroid was tapered and stopped over two weeks with no relapse.S he was discharged to the ward on day 11 of ICU admission on nasal cannula 3L/min and discharged from the hospital on day 14 on room air with good fetal movements.
MYOCARDITIS	1869464-1	18-29 years	cardiac arrest with ventricular fibrillation due to acute myocarditis Went into cardiac arrest at home. Compressions performed until first responders arrived, took over compressions, administered 3 doses of epinephrine with shocks in between doses (VFIB). Sinus rhythm restored and transported to BSW ER. Spent 6 days in ICU, 3 days on Med Ward. Fitted with Zoll Life Vest and discharged. Prescribed MAGOX 400 mg daily, metoprolol 50 mg daily. Scheduled for follow-up with Cardiology and Cardiac Rehab.
MYOCARDITIS	1869703-1	30-39 years	Reports 11/12 with fever to 103.5 resolved 24 hours. On 11/15 woke with chest pain, evaluation at hospital with ECG mild ST elevations, elevated troponin. Probable vaccine associate myopericarditis.
MYOCARDITIS	1869869-1	30-39 years	It started with sore arms and chest pains on my left side, and I went to my doctor because I had shortness of breath and chest pain, Swollen lymph nodes of the left. Friday it got worst, all on my left breast area, got lab work done. Last week it came back really bad on Wednesday, Went to ER, chest tight and pain -sharp pain, tightening in chest. Did labs and test acute carditis and was given meds. Sunday went back in ER tingling and numbness on right foot. Carditis was the same but had confirmed that it was a reaction to the med that was given. I was advised to stop taking these meds. These were Colchicine, Indomethacin, Pantoprazole. Still having chest pains and hard to breath with inflammation of the heart. ER visit was twice.
MYOCARDITIS	1870073-1	30-39 years	chest pain, fever, general malaise, diaphoresis
MYOCARDITIS	1870916-1	30-39 years	Beginning 24 hours after the vaccine, I had shortness of breath, chest pain and increased heart rate. I did not have these reactions with prior doses. I went to urgent care, and they transferred me to the emergency room. They discharged me 10 hours later, and told me it was mild myocarditis. I had symptoms for 6 days. I still have slight shortness of breath and rapid heart rate when exerting myself.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1872556-1	30-39 years	Myocarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 31-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 dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization prolonged and medically significant). The patient was hospitalized for 3 days due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. Possible The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. Concomitant product and treatment medication use was not provided by the reporter. All cases occurred within 2 weeks of a dose of the COVID-19 mRNA vaccine with the majority occurring within 3 days (range 1-13 days) following the second dose (6/7 patients, 86%). Overall, cases were mild, and all patients survived. Myocarditis was a rare adverse event associated with COVID-19 mRNA vaccines, and in adult males it occurs with significantly higher incidence than the background population rate. Recurrence of myocarditis after a subsequent mRNA vaccine dose was not known at this time. Company Comment: This literature-study case concerns a 31-year-old male patient with no relevant medical history who experienced serious expected event of myocarditis. The event occurred 2 days after the second dose of the Moderna COVID-19 vaccine. Regarding clinical manifestation, the patient's only symptom reported was chest pain. No comorbidities were reported. The patient was hospitalized for 3 days due to the event. Per author, this case of myocarditis was mild and the patient received aspirin, lisinopril and metoprolol as a corrective treatment for the event. Patient's MRI was unremarkable 5 days after the onset. The event was considered resolved. since the event occurred after the second dose so, no rechallenge was done and recurrence was not applicable. The benefit-risk relationship of drug is not affected by this report. This case was linked to MOD-2021-380876, MOD-2021-380877, MOD-2021-380878 (Patient Link). Reporter did not allow further contact; Sender's Comments: This literature-study case concerns a 31-year-old male patient with no relevant medical history who experienced serious expected event of myocarditis. The event occurred 2 days after the second dose of the Moderna COVID-19 vaccine. Regarding clinical manifestation, the patient's only symptom reported was chest pain. No comorbidities were reported. The patient was hospitalized for 3 days due to the event. Per author, this case of myocarditis was mild and the patient received aspirin, lisinopril and metoprolol as a corrective treatment for the event. Patient's MRI was unremarkable 5 days after the onset. The event was considered resolved. since the event occurred after the second dose so, no rechallenge was done and recurrence was not applicable. The benefit-risk relationship of drug is not affected by this report.
MYOCARDITIS	1872557-1	18-29 years	This literature-study case was reported in a literature article 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 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 MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. Possible For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. No relevant concomitant medications were reported. No treatment information was provided. All cases occurred within 2 weeks of a dose of the COVID-19 mRNA vaccine with the majority occurring within 3 days (range 1-13 days) following the second dose (6/7 patients, 86%). Overall, cases were mild, and all patients survived. Myocarditis was a rare adverse event associated with COVID-19 mRNA vaccines, and in adult males it occurs with significantly higher incidence than the background population rate. Recurrence of myocarditis after a subsequent mRNA vaccine dose was not known at this time. This literature case concerns a 22-year-old male patient with no details on relevant medical history, who experienced the expected serious event/AESI of Myocarditis after mRNA- 1273 Moderna vaccine. The event occurred within 2 weeks after the second dose of mRNA- 1273 vaccine. The case was mild. Very limited information is avaliable at this moment. The rechallenge is not applicable, since the event was reported exclusively after the second dose. The benefit-risk relationship of mRNA- 1273 vaccine / Moderna COVID-19 Vaccine is not affected by this report. This case was linked to MOD-2021-380819, MOD-2021-380877, MOD-2021-380878 (Patient Link). Reporter did not allow further contact; Sender's Comments: This literature case concerns a 22-year-old male patient with no details on relevant medical history, who experienced the expected serious event/AESI of Myocarditis after mRNA- 1273 Moderna vaccine. The event occurred within 2 weeks after the second dose of mRNA- 1273 vaccine. The case was mild. Very limited information is avaliable at this moment. The rechallenge is not applicable, since the event was reported exclusively after the second dose. The benefit-risk relationship of mRNA- 1273 vaccine / Moderna COVID-19 Vaccine is not affected by this report.
MYOCARDITIS	1872558-1	40-49 years	Myocarditis; This literature-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 44-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. LITERATURE REFERENCE: Myocarditis following COVID-19 mRNA Vaccine: A case series and incidence rate determination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. Possible The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be possibly related. No concomitant information were reported. Treatment information was not provided. All cases occurred within 2 weeks of a dose of the COVID-19 mRNA vaccine with the majority occurring within 3 days (range 1-13 days) following the second dose (6/7 patients, 86%). Overall, cases were mild, and all patients survived. Myocarditis was a rare adverse event associated with COVID-19 mRNA vaccines, and in adult males it occurs with significantly higher incidence than the background population rate. Recurrence of myocarditis after a subsequent mRNA vaccine dose was not known at this time. Company Comment: This is a literature study case concerning a 44-year-old, male patient with unknown medical history, who experienced the unexpected serious (medically significant and AESI) event of Myocarditis. The event occurred approximately with unknown latency after a dose of Moderna COVID 19 vaccine. The rechallenge is not applicable. The benefit-risk relationship of Moderna COVID 19 vaccine is not affected by this report. This case was linked to MOD-2021-380819, MOD-2021-380876, MOD-2021-380878 (Patient Link). Reporter did not allow further contact; Sender's Comments: This is a literature study case concerning a 44-year-old, male patient with unknown medical history, who experienced the unexpected serious (medically significant and AESI) event of Myocarditis. The event occurred approximately with unknown latency after a dose of Moderna COVID 19 vaccine. The rechallenge is not applicable. The benefit-risk relationship of Moderna COVID 19 vaccine is not affected by this report.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1872941-1	40-49 years	Patient got the Covid booster two days ago. Started feeling bad the next day with fever, aches and now tonight some shortness of breath and chest pain. Anterior chest pain a bit worse with deep breathing. Mild cough and that makes it worse as well. No nausea or sweating. Been using aleve twice a day and that has not been helpful. Not coughing anything up. Gave her a nitro in the ER and it did seem to help her pain. patient had serial cardiac enzymes and EKG's during her stay. Cardiologist consultation, echocardiogram. Diagnosed with vaccine induced myocarditis. secondary diagnosis was NSTEMI. patient placed on heparin infusion. Recommend outpatient stress test upon discharge.
MYOCARDITIS	1873192-1	30-39 years	Starting in June, I had terrible congestion. I tried to get in to my regular doctor for what we thought was allergies, but her schedule didn't allow. The congestion got worse, and my heart rate was climbing. July 7th I went in to Primary Care and they took an ray and found fluid in my lungs, so they tried treating it as pneumonia. The antibiotics did not work. I went back for a recheck July 19th and they sent me to the ER for a CT scan where they found I had fluid around my heart, and suspected myocarditis. I was transported to the hospital where they confirmed the myocarditis with a decreased ejection fraction (29%). I spent a few nights there. We have to date found no underlying cause, no viral infection, no lifestyle issues, in the months leading up to it that we're aware of, and no genetic factors. It is non ischemic. I am on a course of daily heart medicines and am in a life vest defibrillator. The only non routine thing that I did leading up to this was get vaccinated.
MYOCARDITIS	1873447-1	40-49 years	Diagnosed with myocarditis and pericarditis - Hospitalized from 10/23/21 to 11/3/21 and inpatient rehabilitation from 11/3/21 to 11/11/21. Treatment with antibiotics and anti-inflammatory drugs.
MYOCARDITIS	1876917-1	18-29 years	Suspected myocarditis. Developed chest pain and exertional dyspnea about 48 hours after vaccination. Gen 5 troponin, CRP elevated. Normal ECG.
MYOCARDITIS	1877582-1	40-49 years	SX: HIGH FEVER, HIGH BLOOD PRESSURE DX: MYOCARDITIS INFLAMMATION LAB TESTS: HIGH TROPONIN, ELEVATED INFLAMMATION MARKERS, ECG SHOWED MYOCARDITIS INFLAMMATION TX: HOSPITAL ADMISSION X 4DAYS IV FLUIDS/ELECTROLYTES ANTIBIOTICS DISCHARGE MED: CARVEDILOL OUTCOME SYMPTOMS IMPROVING BEFORE DISCHARGE
MYOCARDITIS	1877653-1	18-29 years	Pt reported chest pain at midnight on Friday, 11/5; presented to ER on Saturday, 11/6 after intermittent chest pain. Saturday?s chest pain was non-relenting; pt admitted to hospital. He received a NSAID on 11/6 in the am and 11/7 at approx 1am, with an asa in between. Pt received nitroglycerin between 1am-2am on 11/7, as well as oxygen due to non-reduction of chest pain with nsaid administration. Pt remained hospitalized until 11/9, and followed proper with his cardiologist, on 11/17. The pt was discharged without meds.
MYOCARDITIS	1877735-1	30-39 years	On 11/10/21, I received the Pfizer vaccine at 10:00 am. Later that day I experienced a headache. 11/11/2021, I was achy, had a headache, and mild fever/chills. 11/12/2021 I felt better, but later that afternoon around 5:00 pm I started to get achy again. By 6:00 pm, I had strong chest pains, and had my wife take me to the ER. At the ER, I had severe chest pain that hurt more with respirations and movement. The doctors/nurses put in an IV and administered NARCAN, morphine, sodium chloride, oxyCODONE, ZOFRAN ODT, REGLAN, melatonin, aspirin and famotidine . They completed a physical exam. I had the following tests: comprehensive metabolic panel, d-dimer quantitative, troponin 1, c-reactive protein (inflammation), complete blood count with differential. They also completed a CTA Chest X-Ray, EKG, TTE, Telemetry monitoring, and an echocardiogram. The diagnosed me with Pericarditis, Myocarditis due to the Pfizer vaccine. This resulted in taking the following medications at home: 975 mg of Aspirin (3 times a day), 0.6 mg colchicine (daily), and 20 mg Pepcid (daily).
MYOCARDITIS	1880721-1	18-29 years	Per patient phone call, she stated that she had new onset chest pain about 4 hours after the vaccine was administered. Pain then fluctuated throughout the night. She called our pharmacy the next morning to seek advice. I advised that she should contact her primary care provider immediately to see if they could perform an evaluation, preferably including an EKG. I said if that was not an option she should seek out an urgent care or emergency department for further evaluation. I checked back in on her today, Thursday November the 18th, and she stated that her PCP could not see her that day, but instructed her to go the the ED if the pain worsened. She says that it did worsen about 2 hours later, so she presented to the medical facility. Per the patient, she states that she was told she did have heart inflammation, and was provided high dose steroids and was then observed for several hours before being discharged. The Dr said that it was inconclusive whether or not the vaccine was responsible for the inflammation. She says that she is now feeling better at this moment.
MYOCARDITIS	1880853-1	30-39 years	myocarditis/ still ongoing
MYOCARDITIS	1881193-1	18-29 years	Strong heart pain (roused from sleep, unable to fall back asleep), diagnosed as myopericarditis. Most symptoms faded within 4 hours, possibly due to hospital intervention.
MYOCARDITIS	1884290-1	30-39 years	Patient developed chest pain and shortness of breath starting 36-48 hours after receiving booster shot. Patient had diffuse ST changes on EKG and elevated troponins suggestive of peri/myocarditis.
MYOCARDITIS	1885194-1	18-29 years	Chest pain, SOB, palpitations, fatigue and dizziness. Cardiologist told her she had myocarditis.
MYOCARDITIS	1885266-1	30-39 years	Moderate Myocarditis. Chest pain lasted for approximately 7 days

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1885391-1	30-39 years	I had a Moderna vaccination. After about 40 minutes I was experiencing severe shortness of breath and dizziness. At the time I thought is was normal as from what I have read. It went away in a few hours. Two weeks later I went to get my second shot and they wouldn't administer as I told them what my reaction was. July 23, I experienced a very sharp stabbing-like sensation in my heart region. I was not able to breathe as well. We called emergency call they came in did an EKG, and said everything looked OK. After some time the sensation went away, but we still decided to go to ER and see what was that horrible feeling. ER ran a full blood test along with chest xrays and Troponin istat. They said that there no no sign of a heart attack. The next day I was not able to walk at all. I simply could breathe normally. Sharp stabbing pinching pain in my heart region would not go away. I made an appt with my physician. He was told me that he thinks I have MYOCARDITIS inflammation of the heart and referred me to go see a cardiologist. It took me a long time to make an appt with a cardiologist. at this point its been over 2 months. i could not walk for no more than 20 min before I had to completely stop and nothing was going away. The doctor told me we need to do 3 tests to rule out Myocarditis. ECHO, STRESS TEST, AND HOLTER. after those tests were done the doctor couldn't catch anything so he suggested a 4 test TELEMETRY monitor a device I have connected to me for 7 days and I would press the button when symptoms arise. Three and a half months later the doctor has fully diagnosed me with MYOCARDITIS due to induced vaccination of modern. I am officially exempt from vaccination now. It has been 4 months. I actually reported to you guys once before I got a call from a lady, I returned her call she never got back to me . I am shocked and baffled that she didn't. I have suffered through hell during this time and MY guess wasn't even properly documented. I am reaching out again as you should document this officially. MYOCARDITIS IS SERIOUS AND COULD CAUSE DEATH AND PERMANANT HEART DAMAGE.
MYOCARDITIS	1885542-1	18-29 years	I51.4 - Myocarditis, unspecified
MYOCARDITIS	1885721-1	30-39 years	Myocarditis, 2 day hospital stay, medication
MYOCARDITIS	1885818-1	18-29 years	Patient had fever and myalgia following the vaccine. Symptoms got better but on day 3 he developed chest pain and progressed with SOB. He presented to the ED and working diagnosis is perimyocarditis . Patient is still hospitalized
MYOCARDITIS	1886129-1	18-29 years	Chest pain onset 8 hours prior to presenting to hospital. Myocarditis confirmed by abnormal troponin and cardiac MRI demonstrating myocardial edema, late gadolinium enhancement, systolic dysfunction.
MYOCARDITIS	1886183-1	30-39 years	chest pain and shortness of breath for 2 days after 1st dose of Moderna Vaccine
MYOCARDITIS	1887914-1	18-29 years	2nd Covid dose given at 1000hrs on 16Jun2021. On 17Jun2021, 1700hrs reported to Hospital ER with c/o substernal chest tightness/pressure, +SOB. Was discharged from ER stable and referred to Primary care provider listed above. On 18Jun2021, pt had recurring chest pain/tightness symptoms and returned to ER. Pt was noted to have positive Troponins with symptoms and was transferred by EMS to Hospital. He was admitted to the Cardiology service where subsequently he received a Cardiac Catherization and a Cardiac MRI. Pt was admitted for 2 days; discharged on 20Jun2021 with Dx: Myocarditis. Pt to follow up with Cardiology.
MYOCARDITIS	1888304-1	18-29 years	Myocarditis diagnosed. Presented symptoms of chest pain.
MYOCARDITIS	1888430-1	18-29 years	The next day after the 2nd pfizer covid vaccine Sunday November 7th, 2021, I had chills and minor body aches. Then on Monday November 8th I started having chest pain, the pain and discomfort continued to Tuesday November 9th, The chest pain was increasing and stated sweating and felling nauseated so i went to an urgent care, they did an EKG and it came back negative so they called an ambulance and i was transferred to Hospital. At the Hospital they completed 2 other EKGs and all came back abnormal, so they checked for troponin level and it came back 18. The cardiologist suggested that a cardiac Cath is necessary to rule out heart attack. the cardiac Cath came back negative, but the cardiac MRI confirmed myocarditis. The diagnosis was myocarditis after all the test and finding by the cardiologist..
MYOCARDITIS	1895564-1	40-49 years	Myocarditis + pericarditis
MYOCARDITIS	1896520-1	30-39 years	2 weeks and 2 days following the vaccine I started having heart palpitations, chest pain, fatigue, and shortness of breath. I went to the ER where I was found to have an abnormal EKG. I?ve been followed by a cardiologist and am taking metoprolol. He did an echocardiogram and a holter monitor and told me that I have myocarditis.
MYOCARDITIS	1897050-1	30-39 years	Patient is a 32 y.o. male with no significant medical history who was admitted from the ED for chest pain. Patient has minimal medical comorbidities. Patient reported substernal chest pain that has awoke him from sleep. He reported that he had a viral type symptoms earlier this week including a sore throat, body aches, an intermittent headaches that lasted for a couple a days. During this time he had a strep test on 10/28/2021 which was negative. These symptom resolved. Patient had his 1st COVID-19 vaccination (Pfiszer) on 10/19/2021. In the ED, initial VS included: Blood pressure 119/70, heart rate 68, respiratory rate 17, oxygen saturation 99% room air, and temperature 36.7¦ C. The initial 12 lead ECG showed: Sinus rhythm at 86 bpm with ST elevation consistent with early repolarization particularly predominant in his inferior and lateral leads. Laboratory tests were notable for: Hemoglobin 15.0, hematocrit 44.4, leukocytes 6.4, platelets 268, sodium 138, potassium 5.4, BUN 13, creatinine 0.81, glucose 91, and initial high sensitivity troponin markedly elevated at 574. 2 hour troponin increased to 707. 6 hour troponin was 841 and was trended daily. Subsequent troponins were 661, 430. CRP was slightly elevated, down trended prior to discharge. Sed rate was elevated at 27 at the time of admission. Daily EKG were obtained, ST elevation resolved. Cardiac MRI was obtained on 11/01/2021. MR findings are consistent with acute myocarditis with myocardial edema and corresponding scattered foci of sub pericardial delayed enhancement in the LV. LV is of normal size with preserved systolic function, calculated LVEF 53%. RV is normal size and systolic function, no delayed enhancement seen in the RV free or inferior walls. Consultation to discuss vaccine recommendations in this setting. At this time it is recommended that he not receive mRNA vaccinations. His history, presentation, physical and diagnostic findings consistent with myocarditis were discussed with MD. He recommends no specific day-to-day restrictions. Patient was advised to avoid competitive sports for 3 months and to follow up with a cardiac MRI in 3 months as well as a follow-up in a clinic. If symptoms of recurrent chest discomfort or dyspnea, he should be seen sooner.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1897243-1	30-39 years	I recieved the booster moderna vaccine on 11/18/21. On 11/19/21 I felt tired all day nothing major. Then around 4pm my whole body started shaking, my chest hurt, I was cold and then hot, I was breathing really fast as well. I called 911 and they came and I went to the ER. At the ER they ran a bunch of tests and determined it was myocarditis caused by the Moderna vaccine. I was then admitted to the hospital for observation overnight. The next day 11/20/21 I got a ultrasound of my heart and it was determined that it was normal and that I could go home.
MYOCARDITIS	1897744-1	18-29 years	Myocarditis
MYOCARDITIS	1897893-1	30-39 years	Myocarditis, duration post vaccine 5 months - two days after second vaccine total body collapse. Fever, racing heart, body pains, nausea, vomiting, diarrhea, heart inflammation, heart pain
MYOCARDITIS	1900015-1	30-39 years	Left a numb, chest pain, heart palpitations, heart inflammation.
MYOCARDITIS	1900051-1	18-29 years	Came to ER with cheats pain, shortness of breath, fatigue, nausea, vomiting and head ache. Found to have sinus tachycardia in the 130s-140s. Admitted to rule out myocarditis. Later that day developed fever.
MYOCARDITIS	1904144-1	18-29 years	Received injection on Saturday, November 13 at 12:25 p.m. Symptoms began with fever, body aches about 10 hours after injection. Fever subsided the next day but body aches remained, some chest pain. On Monday, body aches reduced but chest tightness remained, exacerbated with physical activity. Tuesday morning around 8:30 a.m. I was woken up by intense aching in shoulders, neck, and back, along with further chest pain and nausea. Could not get comfortable in any position, attempted to treat with ibuprofen which did not resolve symptoms. Went to urgent care and had an abnormal EKG, received 4 baby aspirin. Transferred to Hospital, given stronger ibuprofen and Colchicine. Symptoms improved, although heart rate remained irregular. The next morning experienced heart issues similar to the day before, accompanied by vomiting. Proceeded to take Colchicine but not ibuprofen out of concern for kidneys. Troponin and creatinine levels were elevated. Diagnosed as myopericarditis as a result of the COVID-19 vaccine booster shot.
MYOCARDITIS	1904191-1	40-49 years	severe headache, pressure in chest and abnormal thumping of my heart. I was wide awake for 36 hours, and I normally sleep without issues. I went to urgent care four days after experiencing heart issues. They detected an irregularity and sent me to the emergency room. This was on 11/20. I was released but still feeling strange with heart palpitations. I will see the doctor on Monday, 11/29
MYOCARDITIS	1904452-1	30-39 years	Myocarditis- severe chest pain for two days
MYOCARDITIS	1905296-1	40-49 years	Patient with asthma, hyperlipidemia and recent COVID-19 vaccination who presents with episodes of self resolving chest pain shortness of breath as well as elevated troponin. On exam, patient is well-appearing and speaking in full sentences. Heart regular rate and rhythm and lungs are clear to auscultation bilaterally. Abdomen soft, nontender nondistended. No notable leg swelling or leg asymmetry on exam. Vital signs within normal limits, oxygen saturation of 99% on room air. EKG normal sinus rhythm with a rate of 94, normal axis and intervals, no ST elevations or depressions. Differential diagnosis includes pulmonary embolism, myocarditis/pericarditis from recent COVID-19 vaccination, asthma. Low suspicion for ACS at this time as patient is otherwise relatively healthy. Heart score is 3. Patient recently obtained a chest x-ray that was negative for pneumothorax, pneumonia, or other acute pathology. Will hold off on repeat chest x-ray at this time. Will obtain lab work including CBC, BMP, delta troponin, as well as D-dimer. Will obtain bedside echo to evaluate for obvious pericardial effusion.
MYOCARDITIS	1905685-1	18-29 years	Myocarditis
MYOCARDITIS	1910680-1	30-39 years	4 days after receiving 2nd dose of Pfizer COVID-19 vaccine, patient developed significant left-sided chest pressure, dyspnea, heart racing and was taken via EMS to hospital 11/21/21 and was admitted until 11/23. Had heart catheterization, echo, CXR, CTA that were suggestive of myocarditis. Was thought to be related to vaccination per patient's report/hospital.
MYOCARDITIS	1912915-1	30-39 years	Inflammation of the heart. Borderline enlarged. Hard to breathe, light headed easily. This started between getting the first and second shot. I was not informed this was a possible side effect and was allowed to get the second vaccine.
MYOCARDITIS	1913253-1	18-29 years	Chest tightness - myocarditis - armpit swelling
MYOCARDITIS	1913387-1	18-29 years	Myocarditis
MYOCARDITIS	1915855-1	18-29 years	Pt diagnosed with acute myocarditiits. Admitted for monitoring. No signs of clinical decompensation at this time.
MYOCARDITIS	1915862-1	18-29 years	MRI confirmed myocarditis with positive troponin
MYOCARDITIS	1916129-1	30-39 years	The patient presented to Hospital on 8/3/2021 with chief complaint of chest pain. He received a second dose of COVID-19 Pfizer vaccine on 7/31/2021. By that evening he began experiencing migraines, low-grade fever, and alternating hot and cold feeling. Sunday evening he started feeling a weird sensation in his chest that eventually developed into a pressure that radiated down his left arm. The patient noted a significant family history of heart disease with his father having multiple heart attacks and stents prior to the age of 54. In the ED high-sensitivity troponin was elevated at 2538.2, and D-Dimer 472. EKG was without progressive ischemic changes. In the ED, the patient received Toradol, morphine, and heparin infusion. He was admitted to cardiology service. Echocardiogram showed mildly reduced LV function with EF 40-45%, mild global hypokinesis. MPI with lexiscan was non-ischemic. Chest pain was felt to be secondary to myocarditis felt most likely secondary to COVID vaccination. He was started on metoprolol and lisinopril. HS-troponin peaked at 8273, downtrending. He was placed on Lasix which was switched to Aldactone. HS trop decreasing 394 at discharge. Outpatient monitor was placed prior to discharge due to increased risk of arrhythmia related to his myocarditis. As of 08/19/2021, the patient is feeling well. He denies recurrent chest pain, pressure, or tightness. No exertional dyspnea. He has noted increased fatigue. He has went back to work but has difficulty working a full day due to fatigue. Blood pressures are well controlled. No dizziness, syncope, or near syncope. The patient has been monitoring his sodium and fluid intake closely. Weights are down about 15 pounds since hospitalization. The patient turned in his cardiac monitor yesterday. He denies palpitations. Heart rate is mildly elevated today which he attributes to walking in from the parking lot and being called back right away.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1916622-1	18-29 years	Patient received 2nd Pfizer vaccination on 11/13/21. He developed chest pain that evening which prompted him to go the ED on 11/14/21. ECG without ischemic changes, high sensitivity troponin >1000. Echo on 11/14 showed normal biventricular function without wall motion abnormalities. Diagnosed with myocarditis
MYOCARDITIS	1916851-1	30-39 years	Presented with subjective fevers, chest pain, and progressive DOE for 3 days before presenting to ED on 11/30/21. EKG and troponin positive, likely perimyocarditis. Treated with NSAIDs and colchicine. Improved with treatment.
MYOCARDITIS	1916929-1	40-49 years	Within a couple of minutes of the shot I became light headed. This subsided within 10 minutes. I never have issues with needles or other injections. I experienced mild myocarditis over the next several days but it eventually went away. I noticed that I was dizzy and had a loss of coordination for at least a week after getting the Covid shot. These symptoms did improve but lasted about 1 week. 5-6 days after the shot I noticed blurry vision in my right eye and the development of myodesopsia (floaters). The blurry vision improved over the course of the month but the myodesopsia still persists. I have never had vision problems and have always had 20/15 vision prior to the Pfizer covid vaccine. My vison in my right eye has degraded to 20/20 and the floaters are still present 3 1/2 months after the vaccination.
MYOCARDITIS	1917269-1	30-39 years	"received call from patient thurs Oct 14th notifying us of her concerns and side effects she was experiencing. started noticing side effects about 7 hours after receiving vax then throughout the night. She is currently taking ibuprofen Q4 hours to keep pain/discomfort at bay. things she described feeling include: ovaries feel like they are on fire/feel like bowling balls, fever, migraines, major soreness, extremely short of breath, parts of body going numb, had a hard time getting from her bedroom to the bathroomf or 2 days, 17 hours of spasms-abdomen, upper and lower back, legs, feet cramping ""contraction-like"". She is making it through the day with the ibuprofen. 10/18 she left a message stating she saw her doctor and was told because of her endometriosis and PCOS that her body is essentially taking longer to absorb the vaccine. an EKG was done which she says shows left side of her heart has a little bit of inflammation which could be contributing to her pain and breathing difficulty. Patient states she is having ""bleeding"" and is not supposed to be and has not had this while on Mirena in the past. She is experiencing intense ovary pain and in lower back and still hard to breathe and taking shallow breaths and then body triggers her to take deep breaths. Having hot flashes ""not because of endometriosis. I had this all under control before the vaccine""she stated. She also reported that she is still experiencing the same symptoms that she had the previous weeks. She says she did have covid19 1 year ago. She has a log of what she has experienced by the hour."
MYOCARDITIS	1919283-1	40-49 years	Within 30 min I had sharp chest pains .very intense sweating high blood pressure high heart rate and an abnormal ekg a week later..2 weeks later was placed on an anti inflammation med for suspected myocarditis
MYOCARDITIS	1919904-1	18-29 years	Is chest pain, exhaustion, fluttering in the heart, Passed out Admitted to the hospital for 7 days, they found low ejection fraction with myocarditis.
MYOCARDITIS	1920216-1	18-29 years	Developed left-sided chest pain around 8pm on 11/19, pain worsened when laying down. Presented to emergency department on 11/20 after 16 hours of intermittent chest pain that did not resolve after taking ibuprofen. Diagnosed with myopericarditis and pericardial effusion. Was able to be discharged after 3 nights in hospital. Prescribed medications for treatment and lifestyle modifications for 3-6 months. Follow up appointments and tests with cardiologists to monitor heart function over time.
MYOCARDITIS	1920329-1	18-29 years	Patient developed chest pain, presented to ED on 10/23, noted to have elevated troponin. She had negative diagnostic imaging including coronary CTA, CT-PE, and TTE. Diagnosed with myocarditis in the setting of elevated Troponin and negative imaging. Symptoms stabilized 24 hours after onset. She obtained a cardiac MRI one month after onset of symptoms that did not reveal any inflammation or scarring in the heart, thought to be indicative of resolved myocarditis
MYOCARDITIS	1921794-1	40-49 years	Covid long haul with MRI brain changes, neurological symptoms, myocarditis, tachycardia, chest pain, fatigue, memory loss, joint pain
MYOCARDITIS	1922523-1	18-29 years	Acute Myopericarditis after First Dose of mRNA-1273 SARS-CoV-2 Vaccine Treatment included lisinopril once daily, colchicine twice daily, and ibuprofen every 8 hours
MYOCARDITIS	1923535-1	30-39 years	Myocarditis; loss of feeling in face, particularly in the forehead
MYOCARDITIS	1923828-1	40-49 years	My ankles started hurting and we're swollen for 3-4 weeks. When I tried to get a booster the pharmacist at pharmacy suggested that I consult my doctor because I might have been having myocarditis reaction to the COVID-19 vaccine.
MYOCARDITIS	1924166-1	18-29 years	Myocarditis started 4 days after vaccination: chest pain, nausea, exhaustion Went to ER and admitted to the hospital on 12/1/21 Discharged on 12/2/21
MYOCARDITIS	1924565-1	40-49 years	Several episodes of heart paid beginning 5/24/21, around 2 weeks after my second dose. I have had several visits to urgent care and now am seeing a cardiologist on 12/20/21 for further investigation. I have suspected myocarditis.
MYOCARDITIS	1925196-1	18-29 years	Myocarditis, chest pain, elevated troponin. Patient presented to ED on 11/29/2021 with 3 day history of chest pain. Patient stated he started to feel sick in the evening after he had his COVID-19 booster shot. He reported pain in the middle of the chest, radiating to the left. EKG showed ST elevation in ant leads, labs showed elevated trops of 234. CPK 427, CPK MB 26, CRP cardiac marker 54. Mild elevated LFTs. Hba1c 5. on admission. patient was taken to cath lab for LHC, which revealed a normal ejection fraction and normal coronaries. Patient was discharged on 11/30/21 but came back on 12/1/21 with complaints of recurrent chest pain. He admits the pain is somewhat worse with deep inspiration but not movement. He describes it as a midsternal pain that can radiate to his left arm, occurs and resolves spontaneously.
MYOCARDITIS	1925224-1	18-29 years	Chest pains that woke me up on during a weekend night (either Saturday or Sunday). Pain went away about an hour later. Occasional chest pains continued. Went to ER on Tuesday, and was admitted. Primary diagnosis was acute myocarditis. Also had a fever (around 101 degrees, but varied) for 2 days following the vaccine, but no fever after those 2 days. I also had arm soreness for about 2 days following the vaccine.
MYOCARDITIS	1925601-1	18-29 years	myopericarditis (mild) managed as outpatient with colchicine, ibuprofen. Patient ongoing symptoms with slight improvement at follow up doctor's visit 12/2/21
MYOCARDITIS	1925909-1	18-29 years	Myocarditis and was admitted in hospital for chest pain with notably elevated troponin after getting a booster/3rd dose of Moderna vaccine
MYOCARDITIS	1927280-1	18-29 years	Myocarditis Troponin = 12 Required hospital admission Sxs = severe, worsening chest pain beginning approximately 24hrs following booster dose
MYOCARDITIS	1928873-1	40-49 years	After the first shot: pain in feet and joints, After the second shot: Continued, worsened joint pain, myocarditis Treatments have included several rounds of prednisone, chiropractor, acupuncture, herbalist prescribed preparations, and a current prescription to Celebrex issued by rheumatoligist

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1928912-1	40-49 years	I am a RN and with my first Phizer vaccine 5/23/21 developed Tachycardia 120-130 bpm/ Fever lasting 48 hours, Lymphedema and joint pain lasting ~3 months. I did not seek care at that time due to short staff at work and taking advise from my clinic providers that the symptoms would go away. I did not get 2nd booster until October because I was waiting for lingering symptoms to subside and then it became manditory at work. With my 2nd vaccine I developed fever and tachycardia 12 hours after receiving vaccine 140-160 bpm and fever that lasted ~48 hours. I went to a local hospital ER for treatment. I was given fluids, Toradol, and Metoprolol and discharged after monitoring in ER. Since this second vaccine I have developed Chronic shortness of breath and chest pain with activity, I was assessed by Cardiologist on 10/29/21 and was given diagnosis of Myocarditis. I have a pending CT angiogram and MRI of heart and was started on Cozaar as of 12/6/21.
MYOCARDITIS	1929408-1	18-29 years	On 3/10/2021 patient got dose 1, Pfizer, EN9581. On 4/1/2021 patient got dose 2, Pfizer ER 8733. I saw the patient in cardiology clinic on 12/2/2021, and noted the correlation of vaccination with myopericarditis within 30 days, so am filling out the report. Patient present to the Hospital on 4/27/2021 with chest pains. Labs showed a rising troponin with peak troponin 5.1 ng/ml (not high sensitive, so this is significantly elevated, with normal <0.04), with cardiac cath and MRI and echo all done at the time. Conclusion was probable viral myocarditis. See cath and MRI results below. Tested pos for mononucleosis (also pos for this in 3/2020 though so may have been prior infection) and neg for other respiratory viruses including COVID and flu in 4/2021. Of note, did see rheumatology in 2019 for knee pains and had labs to assess for for autoimmune disease here (ANA, ENA, complement levels, RF) and all were normal.
MYOCARDITIS	1929837-1	18-29 years	Patient presented with chest pain that started the day after his Covid booster vaccine. He was found to have elevated troponin (EKG non-ischemic, no arrhythmia; BP and HR normal) and was diagnosed with myocarditis. No other possible cause of myocarditis was found. Specifically, he had no illness or sick contacts in the preceding weeks, a viral RNA PCR panel was negative (including Covid, Influenza A H1, Influenza A H3, Influenza B, RSV A, RSVB, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Rhinovirus, Metapneumovirus, Adenovirus), HIV was negative, and he had no signs/symptoms/history of rheumatologic disease. His pain is improving without treatment. He has no s/sx of heart failure. A TTE was completed, result pending.
MYOCARDITIS	1932240-1	18-29 years	Palpitations occurring 8 hours after shot. Constant chest pain and light headedness for two weeks, sometimes shortness of breath. 1 event of walking in a store and getting short of breath, heart racing and light headedness near the point of passing out. Shortness of breath doing any activity. Presumed case of myocarditis after bloodwork completed. Echocardiogram schedule 12/17 to confirm.
MYOCARDITIS	1932739-1	30-39 years	Developed myocarditis. I take 25mg of Metrprolol daily. Immediately after vaccination I felt violently ill. From May until September I had consistent dizzy spells, almost fainting, high blood pressure, and chest tightness. Body temperature changed as I was always very hot.
MYOCARDITIS	1935775-1	18-29 years	Patient presented to ED on 10/13/21 with complaint of intermittent chest pain x 3 days. Patient has no past medical history. Patient received COVID-19 vaccine about one week prior to start of chest pain. CTA chest was negative for PE. Initial troponin was elevated at 13.17, troponin peaked at 23.84. Echo revealed LV ejection fraction of 68% with normal RV systolic function. No tachy or brady arrhythmias noted during hospitalization. Patient diagnosed with myopericarditis likely secondary to recent COVID-19 vaccine.
MYOCARDITIS	1936068-1	18-29 years	Chest pain began 1 day post vaccine. ECG with subtle ST elevation. hs-Troponin 840 and trending down on presentation 12/7. EF normal. By criteria, probable myocarditis; low risk
MYOCARDITIS	1936103-1	30-39 years	1) Acute myopericarditis 8/8/21 - Had Pfizer COVID vaccine 8/6/21 -- > He started having CP 2 days later and found to have acute pericarditis - On 8/20/21 he started methylprednisaolone --- and then started prednisone 8/27/21 (taking 50 mg today). - On 8/27/21 - I told him we'd prefer to avoid using steroids given higher risk of recurrent pericarditis associated with steroid use. I told him guidelines recommend a low dose slow taper of steroids if steroids are used. I ran case by colleague who recommended stopping steroids quickly -- I discussed options of how to handle steroids with patient (stop now, finish short course he has, vs slow taper)- and he prefers to complete the short steroid course he has over the next couple of days. If symptoms recur, I told him every effort should be made to avoid steroids - Will continue Indomethacin 50 mg TID for 2 weeks and then lower dose to 25 mg TID - continue famotidine for GI protection - Continue colchicine 0.6 mg BID for 3 months at least (longer if recurrent symptoms) - Echo today 8/27/21 shows resolution of pericardial effusion seen at hospital - On 9/13/21 - Again emphasized importance of avoiding steroids (he took prednisone past couple of days). Will have him continue indomethacin 25-50 TID for now and colchicine 0.6 BID and add Protonix for GI protection. - On 9/28/21 - Still having break through pain -- > try to increase indomethecin to 50 mg TID and continue colchicine 0.6 BID and use Tramadol for breakthrough pain. And will also refer to another doctor for possible immunosuppressant therapy. - On 10/19/21 - He saw doctor-- no changes in meds. He is doing better past couple of weeks. Will continue colchicine another month - to get him 4 months of therapy. Can wean off of indomethacin in a couple of weeks. - Will check a cardiac MRI
MYOCARDITIS	1936352-1	40-49 years	9/1/2021 - post vaccine ~ 7 hours: lethargy, muscle and body aches - extremely painful, hurt to sleep, chest pressure, shortness of breath, heart palpitations. 48 hours post vaccine - all symptoms except SOB, chest pressure and heart palps resolved. Sought Cardiovascular work up - EKG normal, resting heart rate 100 (completely abnormal for myself), elevated BP. Per Cardiologist - presentation appeared to be in line with myocarditis. Recommended f/u if symptoms do not resolve.
MYOCARDITIS	1936356-1	18-29 years	I received my third Pfifer shot on 11/05/2021. I had previously had an adverse reaction with my second shot 03/22/21 where I developed very painful pleurisy and went to the hospital. Because of this reaction to the second dose, I went to my doctor and asked if I should get the third. I was advised that there was a study researching long-term issues amongst males 18-40 but since I was not in this demographic and my issues did not go past the one day, that it would be safe for me to get the third vaccine. A few days after my third shot I developed chest pain and cramps. It was similar to the pain I had when I went to the hospital, but not painful enough to go to the hospital. I went to family practice again where I had blood tests done and an ekg. I was also prescribed a medication to address myocarditis. The pain persisted with medication but at the following appt I was given pain medication and recommended to use an inhaler. I have a pending echocardiogram but am switching doctors before scheduling. I continued to have pains after this
MYOCARDITIS	1936478-1	18-29 years	Treated in ER for chest pain, diagnosed with myocarditis.
MYOCARDITIS	1936707-1	18-29 years	NSTEMI -> myocarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1937994-1	30-39 years	chest pain; diagnosed with myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of CHEST PAIN (chest pain) and MYOCARDITIS (diagnosed with myocarditis) in a 31-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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced CHEST PAIN (chest pain) (seriousness criterion hospitalization) and MYOCARDITIS (diagnosed with myocarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 2 days due to CHEST PAIN and MYOCARDITIS. At the time of the report, CHEST PAIN (chest pain) and MYOCARDITIS (diagnosed with myocarditis) outcome was unknown. No concomitant medication details was reported. No treatment medication details was reported. For mRNA-1273 (COVID 19 Vaccine) (unknown route), the reporter did not provide any causality assessments. On an unknown date the patient was diagnosed with myocarditis 3-4 days after getting the second dose of the Moderna vaccine and was hospitalized for 2 days. Company comment: This case concerns a 31-year-old male patient with no previous medical history, who experienced the unexpected serious event of Chest pain and the serious expected event of Myocarditis (AESI). The events reportedly, occurred 3-4 days after the patient received the second dose of the mRNA-1273 vaccine. The exact dates of vaccination and the start dates of the events were not provided. The patient was hospitalized. The outcome of the reported events remained unknown at the time of this report and no further information regarding the clinical course of the events was provided. The reported event of Chest pain could have been occurred in the setting of Myocarditis. The re-challenge is not applicable having in mind that the events developed after the second dose of the vaccine. The benefit-risk relationship of the mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This case concerns a 31-year-old male patient with no previous medical history, who experienced the unexpected serious event of Chest pain and the serious expected event of Myocarditis (AESI). The events reportedly, occurred 3-4 days after the patient received the second dose of the mRNA-1273 vaccine. The exact dates of vaccination and the start dates of the events were not provided. The patient was hospitalized. The outcome of the reported events remained unknown at the time of this report and no further information regarding the clinical course of the events was provided. The reported event of Chest pain could have been occurred in the setting of Myocarditis. The re-challenge is not applicable having in mind that the events developed after the second dose of the vaccine. The benefit-risk relationship of the mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	1938767-1	30-39 years	"covid test result=Positive; covid test result=Positive; myocarditis; heart arrhythmia; tachycardia; This is a spontaneous report received from a contactable reporter (Consumer or other non HCP). The reporter is the patient. A 31-year-old female patient (not pregnant) received bnt162b2, administered in arm right, administration date 16Mar2021 09:00 (Batch/Lot number: unknown) at the age of 31 years as dose 1, single for covid-19 immunisation. Relevant medical history included: ""Hypothyroidism"" (unspecified if ongoing); ""known allergies: latex"" (unspecified if ongoing). The patient was not diagnosed with COVID-19 prior to vaccination. Concomitant medication(s) included: LEVOTHYROXINE. The patient did not receive any other vaccines within 4 weeks prior to the vaccine. The following information was reported: COVID-19 (medically significant), DRUG INEFFECTIVE (medically significant) all with onset 09Nov2021, outcome ""unknown"" and all described as ""covid test result=Positive""; MYOCARDITIS (medically significant) with onset 16Mar2021 21:00, outcome ""not recovered"", described as ""myocarditis""; ARRHYTHMIA (medically significant) with onset 16Mar2021 21:00, outcome ""not recovered"", described as ""heart arrhythmia""; TACHYCARDIA (non-serious) with onset 16Mar2021 21:00, outcome ""not recovered"", described as ""tachycardia"". The events ""myocarditis"", ""heart arrhythmia"" and ""tachycardia"" were evaluated at the physician office visit and emergency room visit. The patient underwent the following laboratory tests and procedures: sars-cov-2 test: (09Nov2021) positive, notes: covid test name post vaccination: PCR; magnetic resonance imaging heart: (2021) unknown results, notes: AE treatment: Cardiac MRI; echocardiogram: (2021) unknown results, notes: AE treatment: Echocardiogram. Therapeutic measures were taken as a result of myocarditis, arrhythmia, tachycardia (treatment AE: beta blocker medication). The lot number for bnt162b2 was not provided and will be requested during follow-up."

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1941876-1	30-39 years	"throat felt tight; difficult to swallow; strange neck spasms; Experienced intense electrical zap sensations in brain; wake her out of sleep; nystagmus; floaters in eye; vertigo; Difficult to walk,; tendons sore; arms and legs completely ""fell asleep""; internal vibrations in head like someone was constantly shaking head; dizziness; heart attack; heart inflammation; short PR syndrome; This is a spontaneous report received from a contactable reporter (Consumer or other non HCP). The reporter is the patient. A 34 year-old female patient (not pregnant) received bnt162b2 (Pfizer COVID 19), administered in arm right, administration date 23Apr2021 16:45 (Lot number: EW0162) at the age of 34 years as dose 1, single for covid-19 immunisation. Relevant medical history included: ""None."" The patient's concomitant medications were not reported. No covid prior vaccination, no covid tested post vaccination. No allergies. No other vaccine in four weeks. The following information was reported: THROAT TIGHTNESS (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""throat felt tight""; DYSPHAGIA (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""difficult to swallow""; MUSCLE SPASMS (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""strange neck spasms""; ELECTRIC SHOCK SENSATION (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""Experienced intense electrical zap sensations in brain""; SLEEP DISORDER (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""wake her out of sleep""; NYSTAGMUS (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""nystagmus""; VITREOUS FLOATERS (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""floaters in eye""; VERTIGO (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""vertigo""; GAIT DISTURBANCE (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""Difficult to walk,""; TENDON PAIN (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""tendons sore""; HYPOAESTHESIA (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""arms and legs completely ""fell asleep""""; HEAD TITUBATION (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""internal vibrations in head like someone was constantly shaking head""; DIZZINESS (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""dizziness""; MYOCARDIAL INFARCTION (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""heart attack""; MYOCARDITIS (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""heart inflammation""; ELECTROCARDIOGRAM PR SHORTENED (hospitalization) with onset 23Apr2021 16:45, outcome ""recovering"", described as ""short PR syndrome"". The patient was hospitalized for throat tightness, dysphagia, muscle spasms, electric shock sensation, sleep disorder, nystagmus, vitreous floaters, vertigo, gait disturbance, tendon pain, hypoaesthesia, head titubation, dizziness, myocardial infarction, myocarditis, electrocardiogram pr shortened (hospitalization duration: 1 day). The events ""throat felt tight"", ""difficult to swallow"", ""strange neck spasms"", ""experienced intense electrical zap sensations in brain"", ""wake her out of sleep"", ""nystagmus"", ""floaters in eye"", ""vertigo"", ""difficult to walk,"", ""tendons sore"", ""arms and legs completely ""fell asleep""""", ""internal vibrations in head like someone was constantly shaking head"", ""dizziness"", ""heart attack"", ""heart inflammation"" and ""short pr syndrome"" were evaluated at the physician office visit and emergency room visit. The patient underwent the following laboratory tests and procedures: blood test: everything came back normal; electrocardiogram: possible heart inflammation and short pr syndrome. Therapeutic measures were not taken as a result of throat tightness, dysphagia, muscle spasms, electric shock sensation, sleep disorder, nystagmus, vitreous floaters, vertigo, gait disturbance, tendon pain, hypoaesthesia, head titubation, dizziness, myocardial infarction, myocarditis, electrocardiogram pr shortened. Clinical course: Hours after receiving vaccination her throat felt tight and difficult to swallow and then had strange neck spasms. Experienced intense electrical zap sensations in brain, both day and night, they would also wake her out of sleep. She experienced nystagmus and floaters in eye. She had vertigo. Difficult to walk, tendons sore. Her arms and legs completely ""fell asleep"" for 1 month. She had internal vibrations in head like someone was constantly shaking head. (This is the symptom she still feel today that has not gone away. The degree has lessened but is still there. Reading is now extremely difficult for her, as well as having a fan in a room...these things make the dizziness/vibration in head feeling intensely return. This was debilitating and traumatizing. She felt like she was having a heart attack 3 weeks after symptoms began and went to hospital. EKG showed possible heart inflammation and short PR syndrome. She had extensive blood tests and everything came back normal. Follow-up attempts are completed. No further information is expected."
MYOCARDITIS	1942188-1	18-29 years	myocarditis
MYOCARDITIS	1942328-1	40-49 years	Event occurred while exercising. lightheaded, faint, jaw/neck/chest pain, loss of feeling in hands and feet. Never had these symptoms before the vaccine. I have a dilated cardiomyopathy and symptoms are that of myocarditis. Symptoms only occur while exercising: tachycardia, arrhythmia, palpitations.
MYOCARDITIS	1942531-1	18-29 years	Myocarditis
MYOCARDITIS	1942598-1	18-29 years	Myocarditis
MYOCARDITIS	1942702-1	18-29 years	Myopericarditis; transferred to level one cardiac center, Trop-Max 6.8 range, EF 35-40, discharged with usual non-ischemic cardiomyopathy meds including beta blocker and ace (that was not here at hospitlaist)
MYOCARDITIS	1942894-1	30-39 years	Myocarditis
MYOCARDITIS	1943543-1	18-29 years	Myocarditis
MYOCARDITIS	1943871-1	18-29 years	College student received Moderna booster on 12/10/21. He had got his 2 dose series with Pfizer initially. He flew on the 12/11 or 12/12. He began experiencing mild diffuse anterior chest discomfort on 12/12 ~3PM. At 3:30AM on 12/13, he was awakened from sleep with severe diffuse anterior chest pain, non-radiating. He had associated nausea without vomiting. He sought care in the ER where he was given morphine and ondansetron that improved his symptoms. He was admitted for myocarditis and mild hypokalemia.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1944644-1	30-39 years	A few days after my second shot, I had severe chest pain that felt like I was having a heart attack. I went to the er a few hours later, and they said the heart was fine, but I had inflammation in the area near the heart and that it was going to feel like I was having a heart attack until it healed. A few weeks after that, I still was not feeling better but the pain also moved to my back, I went to the dr where they did lab tests and said that I may have inflammatory arthritis. While waiting to see an arthritis dr, the pain went to my big toe on my left foot, right elbow, left knee, neck, and middle back. It was about 8 out of ten on the pain scale with severe morning stiffness. I went to the arthritis dr, and she said it was likely caused by the vaccine as it happened right after and it was more severe and sudden onset than arthritis would normally present. The pain has been ongoing since that time. I?ve had to alter my whole life to deal with it. I eat a strict anti inflammatory diet, and I have to work out all the time and apply heat and cold packs. With that, I have lessened the pain and it is only in my back. I?ve spent every last penny I had this year trying to get this under control, and even maxed out my credit card. Since my second vaccine, I?ve been struggling to keep my inflammatory response under control, and it moved to my stomach recently. It?s been miserable, and I?ve always been very healthy until this time.
MYOCARDITIS	1944885-1	18-29 years	Patient presented 12/12/2021 with 2 days of chest pain, found to have elevated troponin level and cardiac MRI with enhancement pattern consistent with myopericarditis. Patient discharged on 12/13 in good condition but with ongoing mild pain.
MYOCARDITIS	1946712-1	18-29 years	Myocarditis, chest pain, shortness of breath. Chest pain starting 15 hours after vaccination. Diagnosis 2 days later in hospital.
MYOCARDITIS	1948160-1	30-39 years	Myocarditis. Went to hospital 12/9 after experiencing chest pains 12/8 and 12/9, discharged 12/10. Pending follow-up with cardiologist and cardiac MRI. Treating with 975mg of Aspirin 3x daily.
MYOCARDITIS	1952301-1	30-39 years	39-year-old man with chest pain and low level stable elevated cardiac biomarkers with imaging findings consistent withuncomplicated idiopathic myocarditis. Borderline LVSF on TTE without other abnormalities. Normal ejection fraction on MRI without evidence of heart failure or dysrhythmia. Only mild LGE on CMR. Nearly asymptomatic now. Regarding etiology, unclear at this point. Routine evaluation of common infectious etiologies including fungal, viral, and tuberculosis was unremarkable. Vaccine related myocarditis secondary to either the COVID, influenza, or both vaccines is a possibility. Symptoms started 7 days after the vaccine, and he presented for care 3 days later after symptoms escalated. Plan for 3 months of exercise restriction. If patient is doing well at that time, repeat TTE. If normal, assess symptoms and functional status with GXT.
MYOCARDITIS	1954273-1	18-29 years	"Chest pains that led to a Minor heart attack; Chest pains that led to a Minor heart attack; shortness of breaths; myocarditis; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 25 year-old male patient received bnt162b2 (BNT162B2), administered in arm left, administration date 11Aug2021 12:00 (Lot number: FC3180) at the age of 25 years as dose 2, single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. No other vaccine in four weeks. No other medications in two weeks. No covid prior vaccination, no known allergies. Vaccination history included: Bnt162b2 (Dose Number: 1, Batch/Lot No: FA6780, Location of injection: Arm Left, Vaccine Administration Time: 10:00 AM), administration date: 21Jul2021, when the patient was 25 years old, for COVID-19 Immunization. The following information was reported: CHEST PAIN (hospitalization, life threatening), MYOCARDIAL INFARCTION (hospitalization, life threatening) all with onset 24Oct2021 03:00, outcome ""recovered with sequelae"" and all described as ""Chest pains that led to a Minor heart attack""; DYSPNOEA (hospitalization, life threatening) with onset 24Oct2021 03:00, outcome ""recovered with sequelae"", described as ""shortness of breaths""; MYOCARDITIS (hospitalization, life threatening) with onset 24Oct2021 03:00, outcome ""recovered with sequelae"", described as ""myocarditis"". The patient was hospitalized for chest pain, myocardial infarction, dyspnoea, myocarditis (hospitalization duration: 3 day(s)). The events ""chest pains that led to a minor heart attack"", ""chest pains that led to a minor heart attack"", ""shortness of breaths"" and ""myocarditis"" were evaluated at the physician office visit and emergency room visit. The patient underwent the following laboratory tests and procedures: sars-cov-2 test: (24Oct2021) negative. Therapeutic measures were taken as a result of chest pain, myocardial infarction, dyspnoea, myocarditis included Heparin drip, blood pressure medication, aspirin. No follow-up attempts are possible. No further information is expected."
MYOCARDITIS	1955156-1	18-29 years	Myocarditus
MYOCARDITIS	1955463-1	40-49 years	Chronic myocarditis, reduced ejection fraction, severe LVH in previously healthy, athletic male.
MYOCARDITIS	1955554-1	18-29 years	Burning chest pain radiating to arms
MYOCARDITIS	1955561-1	18-29 years	I received a COVID19 booster shot and a seasonal Flu shot in my left and right arms respectively at around 11:30 AM on 12/14/21. I waited for 20 minutes in their auditorium before leaving. I felt no major effects until the following morning at maybe around 10 AM on 12/15. I think it could be myocarditis because my chest, specifically around my heart feels tight and even slightly painful at times. I researched other symptoms of myocarditis, but I don't think I'm experiencing shortness of breath or abnormal rhythms. It almost feels like I over-worked my left pectoral muscles... but the feeling is deeper in my chest, so it's probably my heart... which is a new and uncomfortable sensation to say the least. FYI, I received my second dose of the initial Pfizer vaccine on 4/28/21 and had no major side effects. I have not yet seen a doctor about this, and likely won't as I'm currently uninsured. But, I thought I ought to report my symptoms for the record. I hope the symptoms subside soon.
MYOCARDITIS	1955714-1	30-39 years	Chest pain, myocarditis a few hours after injection that have not subsided.
MYOCARDITIS	1955715-1	40-49 years	"I was diagnosed with ""Myocarditis"" last Monday 12/06/21 following the chest pain that I had. Prior to this, I never had any health issue."
MYOCARDITIS	1955825-1	30-39 years	At 48 hours (12/13/21), developed left sided flank pain. Progressed to severe sub-sternal chest pain on 12/15/21 prompting ED visit. Chest pain radiated to neck, worse with deep inspiration, relieved with sitting forward. Chest pain associated with diaphoresis and vomiting secondary to pain. EKG changes: new T wave inversions V4-V6, and I and II Bedside echo without clinically significant effusion. Troponin negative x 2 and discharged home with presumptive diagnosis of pericarditis/myocarditis.
MYOCARDITIS	1956387-1	18-29 years	Soon after receiving vaccine, patient developed severe chest pain. Sought care at the hospital, noted ST elevation. Urgent cardiac catheterization and echocardiogram showed Myopericarditis with cardiomyopathy due to moderna booster vaccine. Hospitalized for 3 days.
MYOCARDITIS	1956504-1	30-39 years	Being treated for myocarditis due to the moderna Covid vaccine.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1958791-1	18-29 years	Patient began experiencing fever. chills, headache, and chest tightness on 12/13, and presented to the ED on 12/14 with worsening left-sided chest pain. Patient admitted to cardiology unit for acute myocarditis. Troponins are being monitored every 12 hours, and the patient is receiving a daily EKG. Upon discharge the patient will have an exercise restriction for 3-6 months.
MYOCARDITIS	1958799-1	18-29 years	Myopericarditis
MYOCARDITIS	1958812-1	40-49 years	Swollen red and painful at injection site two weeks following the shot. November 23rd -Chest pain, shortness of breath, tire easily. Diagnosed with myocarditis
MYOCARDITIS	1959938-1	18-29 years	Symptoms: chest pain. Hospitalized 5/13/21 - 5/15/21. Diagnosis: myocarditis. Treatment: observation, limitation of physical activity.
MYOCARDITIS	1959962-1	40-49 years	Myocarditis, I had several chest pain, numbness in my left side and my tongue was heavy. I went to ER and my Troponin was at 16.5. I was admitted and got a Catheterization done, Heart MRI and among several labs. My blood pressure was low.
MYOCARDITIS	1961913-1	30-39 years	Patient with reports of severe chest discomfort 2 days after 1st pfizer vaccine. Found to have elevated troponin in the 5's. Coronary CTA ruled out ACS. Dx = Myocarditis in setting of recent Pfizer vaccination.
MYOCARDITIS	1962271-1	30-39 years	Myocarditis.
MYOCARDITIS	1962285-1	30-39 years	Started having pleuritic chest pain on date provided, went to ED, troponin was 4, diagnosed with probable myocarditis. Also had false positive covid POC and 2 Negative PCR tests with 24hrs of admission. CRP and ESR both High. Require CTA chest to rule out PE which was negative. Currently pregnant, first child, EDD 3/1/22
MYOCARDITIS	1962859-1	18-29 years	Chest tightening and pressure on chest with random arrhythmia ?skipped beats?. Adverse reaction started 03/15/21 -10/15/2021, 7 months of intermittent myocarditis/endocarditis symptoms
MYOCARDITIS	1962935-1	18-29 years	COVID vaccine myocarditis (myopericarditis). Began with chest pain 6 hours after vaccine, continued for 4 days, at which time he presented to the hospital for further care
MYOCARDITIS	1963366-1	18-29 years	Myopercarditis. Chest pain began 12/15 night into morning of 12/16. Presented to ED on 12/18 and found to have elevated troponins. Treated with colchicine and ibuprofen. Cardiology consulted.
MYOCARDITIS	1963416-1	30-39 years	I began to experience a terrible headache four days and upper abdominal bloating and pain after my vaccine, so bad that I couldn't walk without feeling like I was being punched in the gut. I had never experienced anything like this. Then I began to notice phlegm in my throat and congestion in my lung. I also began to feel random shooting pains in my left chest and heart fluttering. My doctor had me get an xray which found fluid in my lungs. I somehow gained 7lbs of fluid. I couldn't walk without losing breath and couldn't sleep on my side. He said it was likely pericarditis, pneuminitis, or myocarditis, or a strange virus. He sent me to do a CTA scan to check for a pulmonary embolism - luckily they didn't find one. My bloodwork showed a high d dimer rate. My partner says that my skin was yellow during this time. It all lasted two or so weeks and then cleared on its own.
MYOCARDITIS	1963758-1	18-29 years	Myocarditis.
MYOCARDITIS	1963960-1	18-29 years	myocarditis Hospitalized for 2 days. Chest pain. Mild shortness of breath. Coronary angiography11/24/2021 Cardiac MRI 11/25/2021 Treated with colchicine
MYOCARDITIS	1964246-1	18-29 years	chest pain, abnormal EKG - clinical diagnosis of myopericarditis
MYOCARDITIS	1964675-1	18-29 years	Chest Pain, high blood pressure, shortness of breath, potential myocarditis
MYOCARDITIS	1966271-1	30-39 years	I received the shot on my right arm. Three hours after the shot I experienced swollen lymph nodes on my right side, jaw also felt mildly sore (not sure if related), and my right arm started to feel mildly sore. 13 hours after the shot I experienced the chills pretty bad. Next day my body felt tired and worn out, like I had the flu. This lasted most of the day. Two days after shot I felt a mild case of pericarditis for a couple of hours, after that I felt fine. That night, at midnight, I woke up with chest pains, checked into hospital, diagnosed with myocarditis. Four days after shot I had mild case diarrhea. After that, I felt fine.
MYOCARDITIS	1966276-1	40-49 years	Severe discomfort and pain in middle of chest. I couldn't breath without pain. Started around midday and by 7 pm decided to go to hospital. Chest X-ray and bloodwork done. They eliminated the worry of heart attack or clotting issues. Cause believed to be pericarditis or myocarditis. Advised to follow-up with primary care physician. Take Advil or Motrin for a few days until discomfort resolved.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1966910-1	30-39 years	"palpitations; fever; Sinus Tachycardia; high chloride 108; high glucose; myocarditis; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the parent. A 36 year-old male patient received bnt162b2 (BNT162B2), administration date 06Apr2021 (Lot number: EL9266, Expiration Date: 31May2021) at the age of 36 years as dose 2, single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Bnt162b2 (Dose 1, single; Lot: EL9266 and Expiry: 31May2021; administered in arm), administration date: 16Mar2021, when the patient was 36 years old, for Covid-19 immunization. The following information was reported: MYOCARDITIS (medically significant) with onset 2021, outcome ""unknown"", described as ""myocarditis""; PALPITATIONS (non-serious) with onset 08Apr2021, outcome ""not recovered"", described as ""palpitations""; PYREXIA (non-serious) with onset 08Apr2021, outcome ""unknown"", described as ""fever""; SINUS TACHYCARDIA (non-serious) with onset 08Apr2021, outcome ""unknown"", described as ""Sinus Tachycardia""; BLOOD CHLORIDE INCREASED (non-serious) with onset 08Apr2021, outcome ""unknown"", described as ""high chloride 108""; BLOOD GLUCOSE INCREASED (non-serious) with onset 08Apr2021, outcome ""unknown"", described as ""high glucose"". The events ""palpitations"" and ""fever"" were evaluated at the emergency room visit. Course of events: He got both doses of Pfizer vaccine and developed palpitations, fever, and went to the ER. EKG was completed and showed Sinus Tachycardia, a heart rate of 123 bpm with an incomplete bundle branch block, an abnormal EKG; it is possible that patient developed myocarditis relative to the Pfizer Covid-19 Vaccine. The patient underwent the following laboratory tests and procedures: blood chloride: (08Apr2021) 108, notes: high; blood glucose: (08Apr2021) high, notes: Glucose; brain natriuretic peptide: (unspecified date) unknown result; electrocardiogram: (unspecified date) abnormal; (Oct2020) unknown result; (08Apr2021) ventricular rate 123 bpm, notes: ECG abnormal; (08Apr2021) atrial rate 123 bpm, notes: ECG abnormal; (08Apr2021) p-r interval 152 ms, notes: ECG abnormal; (08Apr2021) qrs duration 94 ms, notes: ECG abnormal; (08Apr2021) qt 320 ms, notes: ECG abnormal; (08Apr2021) qtc 458 ms, notes: ECG abnormal; (08Apr2021) p axis 40 degrees, notes: ECG abnormal; (08Apr2021) r axis 15 degrees, notes: ECG abnormal; (08Apr2021) t axis 21 degrees, notes: ECG abnormal; (08Apr2021) sinus tachycardia, notes: ECG abnormal; (08Apr2021) incomplete right bundle branch block, notes: ECG abnormal; full blood count: (unspecified date) unknown result; heart rate: (unspecified date) 123 bpm; troponin: (unspecified date) unknown result; x-ray: (08Apr2021) no acute pulmonary abnormality. No follow-up attempts are possible. No further information is expected."
MYOCARDITIS	1967234-1	18-29 years	He presented to the hospital 2 day post J&J vaccine with chest pain, SOB, elevated Troponin, consistent with myopericarditis.
MYOCARDITIS	1967496-1	18-29 years	Severe chest pain - 06/17/2021 we to ER that evening - was diagnosed with miocarditis and told it was a reaction to Pfizer vaccine
MYOCARDITIS	1967676-1	18-29 years	Patient received Pfizer April 2021, Pfizer May 2021 and then Moderna Booster Admitted to my service with acute myopericarditis.
MYOCARDITIS	1967896-1	18-29 years	patient presented to the ED at Hospital with Chest pain, work up revealed Myocarditis
MYOCARDITIS	1970424-1	30-39 years	Severe myositis complicated with rhabdomyolysis and non-oliguric acute kidney injury, thrombocytopenia, myocarditis with pulmonary edema, and pulmonary hemorrhage. The patient was treated with five days course of intravenous (IV) methylprednisolone and IV immunoglobulin with a good response. He was hospitalized for sixteen days and discharged home on a tapering dose of oral prednisolone for a total of 6 weeks.
MYOCARDITIS	1970796-1	40-49 years	"Myocarditis; This is a spontaneous report received from a contactable reporter(s) (Physician). A 42 year-old female patient (not pregnant) received bnt162b2 (COVID-19 MANUFACTURER UNKNOWN), intramuscular, administration date 15Jul2021 (Lot number: ER8735) at the age of 42 years as dose 1, single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. No covid prior vaccination. No other vaccine in four weeks. The following information was reported: MYOCARDITIS (hospitalization) with onset 16Aug2021, outcome ""recovering"", described as ""Myocarditis"". The patient was hospitalized for myocarditis (hospitalization from 2021 to 2021, duration: 1 day(s)). Therapeutic measure colchicine was taken as a result of myocarditis.; Sender's Comments: Based on the information available and temporal association, a possible contributory role of the suspect BNT162B2 cannot be excluded for the reported events . 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."
MYOCARDITIS	1972018-1	18-29 years	After receiving my first dose of the Moderna Vaccination On 8/03/2021 I instantly felt a rapid heart flutter along with minor chest pain within the first hour of receiving the injection. The following day I experienced intermittent heart inflammation described as a ?Charlie horse? like pain in my heart after walking for less than 10 minutes, not being able to continue walking due to distressing pain. I have also awakened during the night due to feeling this pain as it comes and goes. I was then seen by my doctor on 09/02/2021 as my side effects had not improved. I wasn?t taken seriously and was told that I have a generalized anxiety disorder and that was why I had ?chest pain?. I implemented getting standard tests done such as a same day (09/02/2021) EKG and lab work including Hepatic function, Amylase, and CRP which appeared to look normal. My doctor then told me there have been heart inflammation cases reported and that my side effect would simply ?go away? within the next couple weeks and recommend to still get the second COVID-19 shot as my heart inflammation does not outweigh the ? benefit? of the vaccine. She also told me she would be reporting my heart inflammation to Moderna. I then received the second COVID-19 Dose on 09/18/2021 and began to feel extremely itchy skin the same day with redness. A few days later on 09/21/2021 I noticed a small unusual rash like patch on my right leg and decided to keep an eye on it because it was small. Within a week the red patch became scaly, larger, itchier with minor burning sensations, and had appeared onto my torso as well. Because of the rash?s appearance I used an over the counter natural oil remedy commonly used for ringworm for one month and noticed no improvement. I then saw my primary care physician on 11/04/2021 and was prescribed Fluconazole 150mg and also had a fungus culture taken which came back negative. Ever since the in office visit, the urticarial skin rash had continued to grow, up to two inches in length, including multiple lesions on my torso, arms, legs, chest, and back. I had a follow up visit on 12/16/2021 still appearing to have the same side effect and asked my doctor for a dermatologist referral which I currently am in the process of being scheduled for, and also asked for a steroid cream which she then decline. As of 12/22/2021 I am experiencing both heart inflammation and a urticarial skin rash in response to the COVID-19 vaccination with no signs of improvement and am seeking proper care in the meantime. Please take what I have said into serious consideration and use it for educational purposes to review and research these effects. I?d like to thank you for taking the time to review my report.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1974021-1	30-39 years	Cardiogenic shock; acute fulminant myocarditis; chills; diaphoresis; Fatigue; Fevers; headache; generalised malaise; This literature-non-study case was reported in a literature article and describes the occurrence of CARDIOGENIC SHOCK (Cardiogenic shock) and MYOCARDITIS (acute fulminant myocarditis) in a 38-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. LITERATURE REFERENCE: Imaging and histopathology in a young man presenting with fulminant lymphocytic myocarditis and cardiogenic shock after mRNA-1273 vaccination. Concurrent medical conditions included Glioblastoma multiforme (2018. CT scan of the head showed a 6 cm + 5 cm right temporal mass, which was resected. The pathology was consistent with GBM, WHO grade IV. He was treated with 24 cycles of Temodar from 2018 to 2020 and initiated on Optune therapy, which has continued up until and beyond his presentation with acute myocarditis.) since 2018. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced CARDIOGENIC SHOCK (Cardiogenic shock) (seriousness criteria hospitalization, medically significant and life threatening) and MYOCARDITIS (acute fulminant myocarditis) (seriousness criteria hospitalization, medically significant and life threatening). an unknown date, the patient experienced MALAISE (generalised malaise) and HEADACHE (headache). an unknown date, the patient experienced HYPERHIDROSIS (diaphoresis) and CHILLS (chills). an unknown date, the patient experienced FATIGUE (Fatigue) and PYREXIA (Fevers). The patient was treated with IBUPROFEN for Fatigue, Fever and Diaphoresis, at a dose of UNK dosage form; ACETAMINOPHEN for Fatigue, Fever and Diaphoresis, at a dose of UNK dosage form; METHYLPREDNISOLONE SODIUM SUCCINATE (SOLUMEDROL) (intravenous) for Myocarditis, at a dose of 1000 mg once a day; METHYLPREDNISOLONE for Myocarditis, at an unspecified dose and frequency and TEMOZOLOMIDE (TEMODAR) from 2018 to 2020 for Acute myocarditis, at an unspecified dose and frequency. At the time of the report, CARDIOGENIC SHOCK (Cardiogenic shock), MYOCARDITIS (acute fulminant myocarditis), MALAISE (generalised malaise), HYPERHIDROSIS (diaphoresis), FATIGUE (Fatigue), PYREXIA (Fevers), HEADACHE (headache) and CHILLS (chills) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Adenovirus test: negative Negative. On an unknown date, Angiocardiogram: No epicardial coronary disease. On an unknown date, Biopsy heart: Focal lymphocytic interstitial in filtrate with myocyte damage consistent with lymphocytic myocarditis. The vast majority of the lymphocytic infiltrates consisted of CD3 and CD68 cells, with a small proportion of CD20 cells. C4d staining was negative.. On an unknown date, Blood creatinine: no creatinine elevation. On an unknown date, Blood lactate dehydrogenase: Maximum Lactate dehydrogenase of 494 and 434 iu/l. On an unknown date, Blood pressure measurement: 99/78 mm hg (Mean Arterial Pressure of 85 mm Hg). On an unknown date, Body temperature: 38.9 degrees celcius and 37.8¦c. On an unknown date, Brain natriuretic peptide: 1636 pg/ml. On an unknown date, C-reactive protein: 236.07 mg/l. On an unknown date, Cytomegalovirus test: positive (Positive) CMV IgG- positive, CMV IgM- negative and negative Immunohistochemistry for cytomegalovirus was performed and was negative. On an unknown date, Echocardiogram: Did not show any apical ballooning, making the diagnosis of Takotsubo cardiomyopathy less likely. and lvef of 10%. On an unknown date, Ejection fraction: 10% 10% and Right ventricular ejection fraction was normal at 47%.. On an unknown date, Electrocardiogram: Sinus tachycardia with a right bundle branch block. On an unknown date, Fibrin D dimer: 384 ng/ml. On an unknown date, Haemodynamic test: found the following: CVP of 4, pulmonary artery systolic of 18, pulmonary artery diastolic of 10 and a PCWP of 5 with an accompanying cardiac index of 3.03.. On an unknown date, Haemoglobin: 102 g/l. On an unknown date, Heart rate: 133 beats per minute. On an unknown date, Herpes simplex test: negative (Negative) herpes simplex virus (HSV) 1 and 2 Negative and negative Negative. On an unknown date, Magnetic resonance imaging heart: Left ventricular dysfunction with global hypokinesis and LVEF of 27% and areas of septal late gadolinium enhancement (LGE) in a non- coronary vascular distribution. On an unknown date, Neurological examination: significant only for left- sided Significant only for Left- sided visual field loss, which was known and stable since his GBM diagnosis and treatment.. On an unknown date, Oxygen saturation: 90% 90% on 5 L oxygen administered via nasal cannula.. On an unknown date, Red blood cell sedimentation rate: 78 mm. On an unknown date, Respiratory rate: 33 breaths per minute. On an unknown date, SARS-CoV-2 antibody test: negative Negative. On an unknown date, SARS-CoV-2 test: negative Negative. On an unknown date, Serum ferritin: 1245 ng/ml. On an unknown date, Toxoplasma serology: negative (Negative) IgM Toxoplasma neg. On an unknown date, Troponin I: 8.3 mg/ml. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered CARDIOGENIC SHOCK (Cardiogenic shock), MYOCARDITIS (acute fulminant myocarditis), FATIGUE (Fatigue) and PYREXIA (Fevers) to be related and MALAISE (generalised malaise), HYPERHIDROSIS (diaphoresis), HEADACHE (headache) and CHILLS (chills) to be possibly related. Pulmonary artery catheterisation using central venous pressure (CVP), pulmonary artery pressure, pulmonary capillary wedge pressure (PCWP) and mixed venous cardiac output (Mixed venous oxygen saturation) calculations were used to guide therapy. Company comment: This literature non-study case concerns a 38-year-old male patient with no relevant medical history, who experienced the unexpected life-threatening (hospitalization, medically significant) events of Myocarditis and Cardiogenic shock after the first dose of mRNA- 1273 Moderna vaccine. The onset of the events occurred approximately 8 days after vaccination. Initial clinical manifestations included pyrexia, pleuritic chest pain and dyspnoea. Subsequently, hypotension and cardiogenic shock developed. Circulatory support with an axial flow catheter pump was required. Laboratory results showed C-reactive protein of 236.07 mg/l (range not provided), Troponin of 8.3 mg/mL (range not provided) and Brain natriuretic peptide of 1636 pg./ml (range not provided). Electrocardiogram showed sinus tachycardia with a right bundle branch block. Echocardiogram showed new LVEF of 10% with apical akinesis and hypokinesis at the mid and basal left ventricle, without apical ballooning. Coronary angiogram was normal. Endomyocardial biopsy was performed and consistent with lymphocytic myocarditis. Pulse dose steroids were given for 3 days, leading to haemodynamic recovery. Infectious and inflammatory aetiology was ruled out. IHQ for CMV, HSV 1 and 2, VZV and adenovirus was negative. Treponemal antibody and additional serologies were also negative. At the time of the report, the event had resolved and patient had been discharged. Myocarditis is consistent with the known safety profile of the vaccine, but since is was a life-threatening event associated with cardiogenic shock it is considered unexpected. The benefit-risk relationship of mRNA- 1273 vaccine is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 09-Dec-2021: Follow up received by safety on 09-Dec-2021 has Email contains significant information (Author name, Lab data, Medical history, Event, Drug information); Sender's Comments: This literature non-study case concerns a 38-year-old male patient with no relevant medical history, who experienced the unexpected life-threatening (hospitalization, medically significant) events of Myocarditis and Cardiogenic shock after the first dose of mRNA- 1273 Moderna vaccine. The onset of the events occurred approximately 8 days after vaccination. Initial clinical manifestations included pyrexia, pleuritic chest pain and dyspnoea. Subsequently, hypotension and cardiogenic shock developed. Circulatory support with an axial flow catheter pump was required. Laboratory results showed C-reactive protein of 236.07 mg/l (range not provided), Troponin of 8.3 mg/mL (range not provided) and Brain natriuretic peptide of 1636 pg./ml (range not provided). Electrocardiogram showed sinus tachycardia with a right bundle branch block.

Symptoms	VAERS ID	Age	Adverse Event Description
			Echocardiogram showed new LVEF of 10% with apical akinesis and hypokinesis at the mid and basal left ventricle, without apical ballooning. Coronary angiogram was normal. Endomyocardial biopsy was performed and consistent with lymphocytic myocarditis. Pulse dose steroids were given for 3 days, leading to haemodynamic recovery. Infectious and inflammatory aetiology was ruled out. IHQ for CMV, HSV 1 and 2, VZV and adenovirus was negative. Treponemal antibody and additional serologies were also negative. At the time of the report, the events had resolved and patient had been discharged. Myocarditis is consistent with the known safety profile of the vaccine, but since it was a life-threatening event associated with cardiogenic shock it is considered unexpected. The benefit-risk relationship of mRNA- 1273 vaccine is not affected by this report
MYOCARDITIS	1974354-1	**18-29 years**	"myocarditis; pericarditis; hard time breathing; he felt toasty and warm; chills; cold; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 22 year-old male patient received bnt162b2 (COMIRNATY), administration date May2021 (Batch/Lot number: unknown) at the age of 22 years as dose 1, single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. The following information was reported: MYOCARDITIS (medically significant) with onset 2021, outcome ""unknown"", described as ""myocarditis""; PERICARDITIS (medically significant) with onset 2021, outcome ""unknown"", described as ""pericarditis""; DYSPNOEA (non-serious) with onset 2021, outcome ""unknown"", described as ""hard time breathing""; FEELING HOT (non-serious) with onset 2021, outcome ""unknown"", described as ""he felt toasty and warm""; CHILLS (non-serious) with onset 2021, outcome ""unknown"", described as ""chills""; FEELING COLD (non-serious) with onset 2021, outcome ""unknown"", described as ""cold"". The patient underwent the following laboratory tests and procedures: body temperature: unknown results. Additional Information: The patient received the first dose of the purple cap Pfizer Covid-19 vaccine back in May2021 when he was 21 years-old. He reports that him and his mom got the first dose at the same time. He also reported that he had a pain in his heart. He denies having a reaction to the second dose of the Pfizer Covid-19 vaccine. He is asking the following: if he should get the booster dose of the purple cap Pfizer Covid-19 vaccine after experiencing what he did with the first dose. What information is there on the cardiac symptoms that he felt with the Pfizer Covid-19 vaccine. What are the side effects of the booster dose of the purple cap Pfizer Covid-19 vaccine. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected."
MYOCARDITIS	1974445-1	**18-29 years**	3 days after booster, developed chest pain, elevated cardiac enzymes, elevated ESR & CRP, suspected vaccine mediated myocarditis
MYOCARDITIS	1974446-1	**40-49 years**	developed mycarditis, significant tachycardia
MYOCARDITIS	1974770-1	**30-39 years**	Two days post booster vaccination the patient experienced tachycardia. She was seen by a provider and diagnosed with SVT. She was admitted to the hospital and found to have elevated Troponin levels secondary to myocarditis. D-dimer was also elevated. Echo was normal and chest xray was negative for PE
MYOCARDITIS	1974878-1	**18-29 years**	23 yo male received Moderna #1 27 JUL 21 (023c21A) and dose #2 24 AUG 21 (03c2231A). He presented to ER 09 SEP with two day history of n/v/d and new onset 8/10 substernal sharp CP intermittent with waxing and waning to 2/10, radiation to his neck bilat and dyspnea.
MYOCARDITIS	1975393-1	**30-39 years**	I had fever and lightheadedness following day. Chest pain/pressure and shortness of breath started with mild exertion on Monday evening (about 3 days after booster). It has gotten continually more severe and more constant. Went to primary care on Wednesday. They ordered an EKG and chest X-Ray for Thursday. Looked normal but I was told to go to the emergency room if got worst. By Sunday 12/19/2021, I was in the emergency room. They did another chest X-ray, EKG, troponin and other bloodwork (to check to infection etc.). Discharged with diagnosis of unspecified chest pain (not heart attack, clot, infection, etc.) and potentially pleurisy. Told to follow-up if pain continued with PCP. Followed-up with PCP on 12/21/2021 and he did not agree with pleurisy. He thinks it's likely myocarditis instead of pleurisy given symptoms though won't rule-out some very coincidental sudden onset reflux.
MYOCARDITIS	1978809-1	**18-29 years**	"Myocarditis; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the parent. A 22 year-old male patient received bnt162b2 (COMIRNATY) (Batch/Lot number: unknown) at the age of 22 years as dose 2, single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Comirnaty (Dose: 1), for COVID-19 Immunization. The following information was reported: MYOCARDITIS (medically significant), outcome ""unknown"", described as ""Myocarditis"".The patient's mother reported that her son suffered a severe case of myocarditis after getting the second dose of our vaccine. Even so, he wants to get our booster as it was required for him to go back to college in January. She asked whether he should still get our booster or switch to another brand like J&J. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected."
MYOCARDITIS	1979275-1	**18-29 years**	Chest pain and shortness of breath (likely myocarditis) lasting for 6-8 hours Heavy nosebleed 10 hours after myocarditis started
MYOCARDITIS	1979430-1	**18-29 years**	Myocarditis with preserved ejection fraction, pericarditis
MYOCARDITIS	1980976-1	**18-29 years**	Post vaccine myocarditis
MYOCARDITIS	1980981-1	**40-49 years**	Tinnitus and slight dizziness lasting approximately 24 hours One week later hospitalized for chest discomfort and rapid heart rate. Echocardiogram and nuclear stress test showed marked myocarditis.
MYOCARDITIS	1981026-1	**30-39 years**	Myocarditis and Pericarditis. Heart Beating very fast and irregularly. I have a hard time laying down to rest because it feels like my heart is going to skip beats.
MYOCARDITIS	1981057-1	**18-29 years**	Myocarditis and shingles
MYOCARDITIS	1981115-1	**30-39 years**	Pretty certain it is myocarditis Symptoms include tightness in chest, shortness of breath, fatigue
MYOCARDITIS	1981569-1	**18-29 years**	myocarditis
MYOCARDITIS	1981783-1	**30-39 years**	Swollen Arm (August 20th- August 27th) Extreme Tachycardia both SVT and VT (September 3rd - November 30th) Intense chest pain, Arm , under arm and Shoulder Pain (September 2nd- present) Shortness of Breath (September 3rd - present) Jaw pain (November 1st 1 present)
MYOCARDITIS	1981784-1	**18-29 years**	Myocarditis due to COvid19 vaccine.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1981925-1	18-29 years	Systemic: Chest Tightness / Heaviness / Pain-Severe, Systemic: Dizziness / Lightheadness-Severe, Systemic: Exhaustion / Lethargy-Severe, Systemic: Nausea-Severe, Systemic: Vomiting-Medium, Additional Details: patient reported chest symptoms within 1 hour of vaccination, went to er and was treated for inflammation of the heart according to patient, was treated 4-5 hours and released same day. seems fully recovered now
MYOCARDITIS	1984209-1	18-29 years	Pericarditis and Myocarditis: still persistent Muscle pains, pain in fingertips responding to touch, limited blood flow (cold limbs) , chest pains, difficulty/painful breathing, digestive system slowed/improper bowel movements, constipation
MYOCARDITIS	1984642-1	40-49 years	FATIGUE, SHORTNESS OF BREATH, DIFFICULT BREATHING, MYCOCARDITIS, RAPID HEART RATE , STARTED 5 DAYS POST VACCINATION, SEVERE FATIGUE AND CONTINUE FOR 3 MOS BLOOD WORK, EKG, HEART SCANS, WORE HEART MONITOR, NORMAL UNTIL STRESS TEST PERFORMED IN JUNE. NO PRIOR HX OF DM, HYPERTENSION, OR HEART ISSUES UNITL AFTER 2ND VACCINE. HAD EMERGENCY ANGIOGRAM AND STENT PLACED DUE TO BLOCKAGE AN D CARDIAC REHAB WAS ORDERED . NEVER TOOK OR NEEDED ROUTINE MEDS PRIOR TO 06/2021
MYOCARDITIS	1985142-1	30-39 years	Around 3AM on 12/21 I started having chest pain, the chest pain became severe around 6:30AM. Went to the ER and was admitted due to elevated troponin levels for 2 days until the morning of 12/23. I was diagnosed with post vaccine (Pfizer booster) Myocarditis.
MYOCARDITIS	1989059-1	30-39 years	High grade fever, chest pain, upper back pain, headache, lower jaw line and teeth hurt, pain with breathing, fatigue, loss of appetite, nausea, faint and weak.
MYOCARDITIS	1989235-1	18-29 years	COVID - Dec 2020. Chest tightening (stabbing pain), Was diagnosed with Pericarditis and Myocarditis. Was put on Colchicine for inflammation.
MYOCARDITIS	1990019-1	18-29 years	Patient was diagnosed with Acute Myocarditis with no previous history of any heart issues. From Patient Medical file: The patient was given 650 mg of Tylenol orally as he presented on 12/24/21 with a fever of 102. Initial EKG and chest x-ray performed. The EKG was suspicious for pericarditis according to Dr. Chest x-ray was clear. Dr. suggested running a troponin level. This was surprisingly elevated over 22. Case was discussed with cardiology who recommended an echocardiogram and admission to the hospital for further observation and management. Screening blood work was ordered. The patient was comfortable with admission. Case was discussed with the hospitalist. At this point, symptoms seem to be suspicious of myocarditis. It is entirely possible that this is a by product of his recent COVID-19 vaccination.
MYOCARDITIS	1992173-1	30-39 years	Myocarditis: began day after shot. Heart palpitations/racing heart feeling. Due to previous anaphylaxis with vaccines, thought it might be anxiety. Took Xanax to calm down, but heart palpitations persisted. They continued through August.
MYOCARDITIS	1995521-1	18-29 years	"Heart complications/have inflammation around my heart; Heart complications/have inflammation around my heart; D-dimer levels were high; I feel weak; This is a spontaneous report received from contactable reporter(s) (Other HCP). The reporter is the patient. A 19 year-old female patient (not pregnant) received bnt162b2 (BNT162B2), administered in arm right, administration date 15Dec2021 12:15 (Lot number: 33130BA) at the age of 19 years as dose 1, single for covid-19 immunisation. The patient's relevant medical history was not reported. Covid prior vaccination: no. There were no concomitant medications. Other medications in two weeks: no. Other vaccine in four weeks: no. Past drug history included: Ibuprofen, reaction(s): ""Allergy"". Other medical history: nothing. The following information was reported: MYOCARDITIS (medically significant), CARDIAC DISORDER (non-serious) all with onset 16Dec2021, outcome ""not recovered"" and all described as ""Heart complications/have inflammation around my heart""; FIBRIN D DIMER INCREASED (non-serious) with onset 16Dec2021, outcome ""not recovered"", described as ""D-dimer levels were high""; ASTHENIA (non-serious) with onset 16Dec2021, outcome ""not recovered"", described as ""I feel weak"". Ever since the shot she had experienced heart complications. The patient was taken to the hospital, completed blood work, urine specimen, iodine test because D-dimer levels were high, no blood clot but had inflammation around her heart and she felt weak and on a heart monitor now. The events ""heart complications/have inflammation around my heart"", ""heart complications/have inflammation around my heart"", ""d-dimer levels were high"" and ""i feel weak"" were evaluated at the emergency room visit. The patient underwent the following laboratory tests and procedures: blood test: (16Dec2021) unknown results; cardiac monitoring: (16Dec2021) unknown results; fibrin d dimer: (16Dec2021) high, notes: No blood clot; investigation: (16Dec2021) unknown results; urine analysis: (16Dec2021) unknown results. Covid tested post vaccination: No. Therapeutic measures were not taken as a result of myocarditis, cardiac disorder, fibrin d dimer increased, asthenia.; Sender's Comments: Based on the information available, the causal relationship between the reported events and suspect drug BNT162B2 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"
MYOCARDITIS	1996083-1	40-49 years	About a month after the 2nd dose, I started having a pain in my chest. The doctor thought it might be anxiety so it was treated as such but it kept getting worse. Around Thanksgiving I thought I was having an attack of some kind even though I?d never had heart problems in the past. I called the doctor and was scheduled immediately for a gallbladder ultrasound, EKG, and lab work. The EKG revealed a right bundle branch block that has a known cause of myocarditis. I am under the care of a cardiologist currently and have more tests scheduled this week.
MYOCARDITIS	1996104-1	18-29 years	Moderna dose #1 Given 4/21/21 Lot # 047B21A IM Right deltoid at the same clinic as booster Moderna dose #2- Given 5/19/21 Lot # 026C21A IM Left deltoid at the same clinic as booster Moderna booster- Given 12/14/21 Lot #030H21B IM right deltoid Patient is a 19-year-old male who presented to the ED at a local Medical Center on 12/29/2021 with acute onset of chest pain. The chest pain occurred at rest while playing video games at his home. He had fairly abrupt onset and progressive worsening of left-sided double chest discomfort with associated shortness of breath and diaphoresis. Troponin levels resulted at 0.67 ng/mL and continued to trend up to 4.27 the next day. Repeat EKGs show inferior ST segment elevation The following medications were started to treat myopericarditis on 12/29/21: heparin drip, aspirin 81 mg daily with loading dose, atorvastatin 80 mg daily, colchicine 0.6 mg BID, ibuprofen 600 mg TID and metoprolol 12.5 BID.
MYOCARDITIS	1996699-1	40-49 years	Bp 220/190. Profuse sweating at rest. Short of breath. Severe chest pain. No cardiac history. Taken to ER. Given 70 micrograms Nitro drip. Oxy sat of 84.
MYOCARDITIS	1997456-1	18-29 years	Myocarditis and pericarditis Rapid heart beating, I work from home and sometimes I have to lay on the floor in the bedroom because the pain can get that intense.
MYOCARDITIS	1997483-1	18-29 years	Myocartidis likely (shortness of breath, spiked heart rate and flutter, flu like symptoms)

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	1997543-1	18-29 years	acute myocarditis
MYOCARDITIS	1998046-1	18-29 years	Myocarditis caused chest pain and labored breathing after football practice. Patient is a collegiate athlete. His trainer told him to go to the er. From there they found a infection in the heart muscle and discovered a birth defects a bicuspid aortic valve. They recommended a valve replacement. We asked for discharge to see Dr. at hospital. They want to wait to perform the valve replacement to see if the infection and lack of activity would help the heart. In December he was cleared to play football and the heart is recovering.
MYOCARDITIS	1998049-1	30-39 years	myocarditis
MYOCARDITIS	1999065-1	30-39 years	The patient presented to outpatient clinic earlier today with complaints of what sounds like pleuritic-type chest pain. Described it as a pressure like an elephant was sitting on his chest. Worse with lying flat. He did get his second COVID vaccine on Friday and Saturday. He began to have symptoms of fever, body aches, and chest pain. High sensitive troponin is elevated. Point of care troponin is 4. EKG shows subtle inferolateral ST elevations. There is also PR depression noted. He will be taken to the cath lab urgently for evaluation to rule out ST elevation myocardial infarction, but likely all vaccine associated myopericarditis. Hospitalized 1 day and discharged home with Ibuprofen x 1 week and colchicine x 3 months.
MYOCARDITIS	1999270-1	30-39 years	Symptoms: hard time breathing, sudden increase of my pulse, and sharp pain to the left side of my chest. Diagnosed with Myocarditis in the hospital and Pericarditis at the doctor's office.
MYOCARDITIS	1999387-1	18-29 years	Developed substernal chest pain on 1/2/22. Sought ED treatment on 1/3/22 and was diagnosed with myopericarditis.
MYOCARDITIS	1999404-1	18-29 years	21 YOM presented to the ED on 1/2 with chest pain and shortness of breath about 2 days after his second Pfizer COVID vaccine. Troponin elevated at 7153 on admission with no changes on EKG. Cardiology suspects that patient has myocarditis. A cardiac MRI is being obtained tomorrow (1/4) to get a closer look at the heart.
MYOCARDITIS	1999622-1	30-39 years	While I was running errands the second day on Sunday afternoon after getting my shot I was running errands and I started to feel strange sensations, pressure, chest pain , and shortness of breath. I went to the emergency room on Monday morning on April 12th. I was admitted Monday late afternoon and early evening and kept until Tuesday afternoon on April 13th. I was diagnosed with Myocarditis Pericarditis I was prescribed colchicine and ibuprofen. I do not remember the dosage and what was put in my IV. I may have taken baby aspirin or two. I met with multiple cardiologists between stay in hospital to present. Cardiology did a stress test I saw Dr. I have a follow-up with Medicine Cardiology group medicine and I met with another Dr. I have had one meeting with him and another follow-up later this month. Dr. has not reported anything new and nothing was prescribed. I haven't had any further issues but I am not sure if I am recovered.
MYOCARDITIS	1999648-1	18-29 years	Myocarditis and pericarditis. Felt mild chest pain that subsided after a couple hours. Kept in hospital for 3 nights to do testing and to make sure I was recovering. Troponin level was high (I think 17) at time of admittance and fell after.
MYOCARDITIS	1999692-1	18-29 years	Rapid heart beating, irregular and lasted 3 weeks. Myocarditis continuing still on occasion. Never had these problems before
MYOCARDITIS	1999842-1	40-49 years	NEW ONSET SHORTNESS OF BREATH AND CHEST DISCOMFORT CONSISTENT WITH POST-VACCINE MYOCARDITIS. 11/12/21 - ONSET; 11/26 URGENT CARE VISIT - EKG AND CBC NORMAL; 11/30 PCP VISIT - PRESUMED MYOCARDITIS DIAGNOSIS AND CARDIOLOGY FOLLOWUP ORDERED; 11/30 CTA CHEST R/O PE, EXAM UNREMARKABLE FOR DEFECTS; INITIATED INDOMETHACIN. 12/14 ECHOCARDIOGRAM, NORMAL; 11/20 CARDIOLOGY FOLLOW UP, LEXI SCAN ORDERED FOR JANUARY. 1/3/2022 CONFIRMATION FROM PCP OF DIAGNOSIS POST-VACCINE MYOCARDITIS.
MYOCARDITIS	2000411-1	18-29 years	Suspected myocarditis after injection Currently having symptomatic 4:1 AV condition atrial fibrillation after vaccination pending further echocardiographic and holter evaluation and probable TEE- guided cardioversion
MYOCARDITIS	2001128-1	18-29 years	Extreme flu like symptoms 1 day after 2nd shot - fever of 103, chills, nausea, body aches. Chest pain 3 days after 2nd shot - heart pain, palpitations. Diagnosed with myocarditis after being admitted to a hospital on 9/22. Treatment was a prescription of Colchicine. Chest pain subsided until December 20th when it increased dramatically after getting over a stomach bug. Dr, prescribed more Colchicine and ibuprofen twice daily.
MYOCARDITIS	2001189-1	18-29 years	Chest pain, elevated troponin. Likely myocarditis.
MYOCARDITIS	2001272-1	30-39 years	It started as a pain/pressure in my chest that was initially annoying but progressively got worse. I woke up in the middle of the night and the pain had worsened so I went to the emergency room but the pain subsided about an hour and a half in the ER however that is when it was discovered that I had Myocarditis. I was admitted into the hospital for 2 days with a series of test like EKG, stress tests, attempted MRI and several others. Once they had established to a reasonable degree that there was no damage to my heart, I was released late that evening and place on Metoprolol for 3 months. I have since had a series of follow up visits to cardiologist. Most recently 1 month ago 12-12-2021. I was taken off the medication but was asked to continue having my heart monitored.
MYOCARDITIS	2001924-1	30-39 years	Had heart palpitations about 2-3 days after Johnson Johnson covid vaccine, went to cardiologist to get a heart monitor and confirmed heart has inflammations. Initially it was very rapid but now still have the palpitations but it's less. Cardiologist suggested to take magnesium daily.
MYOCARDITIS	2004276-1	18-29 years	I had a mild case of myocarditis with elevated troponin levels highlighted in blood results.
MYOCARDITIS	2006318-1	18-29 years	Patient experienced chest pain 3 days after vaccination. Was admitted to hospital and underwent cardiac catheterization. Diagnosis of myocarditis was given and patient was started on beta-blocker, ace-inhibitor and short course of colchicine.
MYOCARDITIS	2006499-1	18-29 years	Patient was diagnosed with Myocarditis as a result of the booster. Symptoms of chest pain showed up 3 days after the vaccine. The patient was released after a day in the hospital. He was prescribed anti-inflammatories to help with the inflammation. Ongoing check-ins are needed.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2006602-1	30-39 years	Patient is a 32yo male with no significant PMH who presented to the Emergency Department on 5/7 with several hour history of crushing substernal nonexertional chest pain and was found to have acute myocardial injury with normal EKG, concerning for NSTEMI. He was given sublingual nitro (which improved his pain), started on heparin drip and loading doses of DAPT, then admitted to the Cardiology service for ACS rule out. Initial troponin was 0.426 and EKG demonstrated normal sinus rhythm without ischemic changes. Due to rising troponin (peak 1.34), he was taken to cath lab for LHC, which was negative for obstructive CAD or thrombus. His troponin downtrended to 0.929 (then stopped trending). Chest pain resolved on the evening of presentation after administration of nitroglycerin and morphine without recurrence during the duration of his stay. Leading differential for acute myocardial injury is myocarditis rather than NSTEMI given clean LHC, but due to potential for ischemic event not detected by LHC, DAPT will be continued until further evaluation with Cardiac MRI. He has pending viral panels and serologies to work-up cause of possible myocarditis, and scheduled to undergo cardiac MRI on 5/11 in the morning. Given patient has remained chest pain free, he is safe for discharge to limited duty (no strenuous physical exertion) and follow-up tomorrow morning for cardiac MRI and follow-up in Cardiology clinic to be scheduled pending results of MRI.
MYOCARDITIS	2006792-1	40-49 years	All the symptoms of myocarditis which is chest pain, breathing difficulties, and feelings of fast beating, shaking of body and pounding heart. Almost every other day
MYOCARDITIS	2010121-1	30-39 years	Symptoms presented as debilitating chest pain daily for approximately one week. Blood pressure and pulse were normal. Took aspirin for pain. Follow up visit with Primary Care Provider after several days of pain provided probable Myocarditis diagnosis.
MYOCARDITIS	2010201-1	40-49 years	Immediately after the second shot I began having migraines, I would experience burning in my chest upon exertion, with sweating so profusely that it would drip and run off my head. This continued from January to August when I was found to be positive for Covid. On August 17th I had a cold and didn?t think anything of it until I lost my sense of taste and smell. I was made to test for work and was found to be positive. I had to stay home, so I was home and doing some yard work, when again I began sweating. I was also coughing a lot, so I went to the ER and was given some meds for the cough. My cough got worse and I couldn?t catch my breath, so I went back to the ER. My O2 sat?s were low so they admitted me for observation. They were seeing an irregular rhythm on the telemetry, so they did an EKG and told me I had a total heart block. I was transferred to ICU and given some IV medications, but was then life flighted to another hospital and given a pacemaker. At a later follow-up appointment with my cardiologist, he told me that the pacemaker was doing 99% of the work for my heart and that I would need a new pacemaker in 7 years. I was also diagnosed with myocarditis and am now on carvedilol.
MYOCARDITIS	2010331-1	18-29 years	I developed severe myocarditis and pericarditis which I was admitted and received treatment for after receiving the Covid-19 vaccine.
MYOCARDITIS	2010445-1	18-29 years	myocarditis roughly 24 hours after shot, pain in chest, difficulty breathing, elevated heart rate. hospitalized overnight
MYOCARDITIS	2010599-1	30-39 years	Patient received booster shot of Moderna on 11/4/21. Patient presented to emergency room with chest pain on 12/15/21. Patient was monitoring HR at home and noted to have HR over 100 at rest and close to 160 with activity. He was having shortness of breath as well. EKG showed sinus tachycardia with T wave changes. Diagnosed with clinically suspected myocarditis with 3 clinical findings and 1 diagnostic finding. Cardiology consulted and agreed with diagnosis Admitted with observation status on 12/15 and discharged on 12/17/21 Metoprolol added and amlodipine increased. Patient discharged to home to follow up with cardiology. It is unknown if the Moderna vaccine is the causative agent to the patients myocarditis
MYOCARDITIS	2011413-1	30-39 years	I had a heart attack two days after Injection. I was just n vacation. I was transported by ambulance to hospital. I?m 33 year old male, exercise daily. Local cardiologist declared conditions was acute myocarditis. Infarction ruled out after arterial catheterization..
MYOCARDITIS	2012973-1	18-29 years	Patient received his 3rd Moderna COVID booster shot on Monday 12/20/21 and began to have fever, chills, fatigue and bodyaches that evening and the next day. Those symptoms resolved by Wednesday but Thursday morning 12/23/21 he began to have some intermittent chest pain. His chest pain worsened and persisted on 12/24/21 and he was subsequently seen in the ER where he was diagnosed with myocarditis with an elevated troponin up to 3.8 but with no EKG changes or abnormalities on left heart catheterization. He was discharged home with instructions to take it easy and use ibuprofen as needed. He took ibuprofen a couple of times for a couple of days and has not needed it since. He feels back to his normal self at this time (1/6/21) and he has no further symptoms. He has been cleared to return to activity as tolerated.
MYOCARDITIS	2013627-1	30-39 years	Myocarditis
MYOCARDITIS	2014079-1	18-29 years	Within 48 hours I had extreme chest pain, shortness of breath, and my heart rate would sky rocket into the 130's for no reason. I went to the doctor and they did an x-ray trying to figure out if I had an upper respiratory infection. Even though listening to my lung and seeing that they were clear via x-ray showed I wasn't sick from a URI. Luckily for me, they treated me with a steroid which I continued to take even after they confirmed I was not sick. They tested me for COVID, the flu, and strep. All were negative. After seeing a 3rd doctor he asked me if I had recieved the vaccine recently. This was almost two weeks after being treated with a steroid. My symptoms had lessoned but I was still having side effects from the Myocarditis. It took two heart doctors over a 6 month span and many test to conclude and confirm that I had Myocarditis due to the FIRST DOSE of the vaccine. It has been 7 months and I am still have side effect from the myocarditis. I have to be monitored and if the side effect (random heart racing, extra heart beat) do not subside, I will have to be put on a low dose beta blocker for the rest of my life! The last 7 months of my life have been pure hell from this vaccine. 2 doctors didn't take me serious and refused to believe the myocarditis was from the vaccine because one study suggested it was primarily in adolescent men. It took TWO heart doctors and thousands of dollars in medical bills to be taken seriously because I'm a female in my 20's who has never had health problems! Until this vaccine I was perfectly healthy my ENTIRE life.
MYOCARDITIS	2014312-1	40-49 years	Since vaccine, likely mild myocarditis (suspected from pcp as well). 2 cases of potential flutter, a few cases of chest pain but more tightness and feeling of inflamed heart. Has been getting better and subsided for the most part . I have been exercising extensively after booster so that may have aggravated that too. Although during exercise and after, no issues.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2016433-1	30-39 years	My first vaccine dose I experienced no symptoms. My second dose I felt fine until 8 hours later when my heart began racing and I had severe shortness of breath. I finally called 911 they arrived and were able to have my levels come down enough that I didn?t go to the hospital. Since then for the last year I have experienced large inflammation from my lymph nodes in both armpits. I was told by my doctor it would go away in a month and not to worry. It has been over 8 months. I have swelling throughout my body and my lymph nodes in my armpits are still swollen. I am only 34 active healthy. But this is scary! Please help!
MYOCARDITIS	2016441-1	18-29 years	Chest pain, elevated troponin, cardiology evaluation including echocardiogram. Diagnosis of Myopericarditis
MYOCARDITIS	2017622-1	40-49 years	Patient experienced myocarditis after receiving his 2nd dose; This spontaneous case was reported by a physician and describes the occurrence of MYOCARDITIS (Patient experienced myocarditis after receiving his 2nd dose) in a 41-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. In April 2021, the patient 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 received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Patient experienced myocarditis after receiving his 2nd dose) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Patient experienced myocarditis after receiving his 2nd dose) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No Concomitant medications were reported Patient had taken 2nd dose 3 weeks after 1st dose. Company Comment This case concerns a 41-year-old, male patient with no relevant medical history reported, who experienced the expected event of myocarditis. The event occurred on an unknown number of days after the second dose of mRNA-1273. The rechallenge was not applicable since the events happened after the second dose. The benefit-risk relationship of mRNA-1273 is not affected by this report. No Treatment medications were reported; Sender's Comments: This case concerns a 41-year-old, male patient with no relevant medical history reported, who experienced the expected event of myocarditis. The event occurred on an unknown number of days after the second dose of mRNA-1273. The rechallenge was not applicable since the events happened after the second dose. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2018490-1	30-39 years	"Myopericarditis/ myocarditis; a reduction in my LVEF to approximately 35%-40%; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the patient. A 38 year-old male patient received bnt162b2 (BNT162B2), intramuscular, administered in arm left, administration date 26Apr2021 12:15 (Lot number: EW0176) at the age of 38 years as dose 2, single for covid-19 immunisation. Relevant medical history included: ""Hypothyroidism"" (unspecified if ongoing). Concomitant medication(s) included: LEVOTHYROXINE. Vaccination history included: Bnt162b2 (Dose 1; LOT# EP7533; Anatomical site of administration of vaccine: Left arm), administration date: 05Apr2021, for Covid-19 immunization. The following information was reported: MYOCARDITIS (hospitalization, medically significant) with onset 30Apr2021, outcome ""recovering"", described as ""Myopericarditis/ myocarditis""; EJECTION FRACTION DECREASED (hospitalization, medically significant) with onset 30Apr2021, outcome ""recovering"", described as ""a reduction in my LVEF to approximately 35%-40%"". The patient was hospitalized for myocarditis, ejection fraction decreased (hospitalization duration: 2 day(s)). The patient underwent the following laboratory tests and procedures: echocardiogram: 35%-40%, notes: reduction in my LVEF; 50%, notes: LVEF has returned to 50%; magnetic resonance imaging: 35%-40%, notes: reduction in my LVEF. Therapeutic measures were taken as a result of myocarditis, ejection fraction decreased. The patient stated that he had an adverse reaction to his second dose of the Pfizer covid vaccine, involving myo-pericarditis and a reduction in his LVEF to approximately 35%-40% (echocardiogram and MRI, respectively). After 8 months of recovery, the patient felt fine and his LVEF has returned to at least 50% (echocardiogram). The patient stated also that he would say that he was still recovering from the myocarditis. Although, he would say he was about 90% recovered. When he had a follow up appointment about three months prior to this report, his left ventricular ejection fraction have recovered from 35 to 50 percent which was still suboptimal. He will have a follow up appointment next month for when he would be able to say he would have recovered 100% but he would say that he had at least 90% recovered. The patient specified that the outcome of the events was ""Certainly, improved"". The patient had a two-day hospital stay where he was monitored and given cardiac drugs. So, he took both a beta-blocker and ACE-inhibitor on the direction of his cardiologist (not clarified further). No follow-up attempts are possible. No further information is expected."

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2018570-1	30-39 years	"myocarditis/chest pain, arrhythmia, shortness of breath, heartrate to the 160's,; headache; dizziness; Pfizer BTC vaccine (purple formula,12 and older) booster dose; This is a spontaneous report received from contactable reporter(s) (Other HCP) from medical information team. The reporter is the patient. A 38 year-old female patient received bnt162b2 (BNT162B2), administered in arm right, administration date 13Dec2021 16:00 (Lot number: FE3594) at the age of 38 years as dose 3 (booster), single for covid-19 immunisation. Relevant medical history included: ""Psoriasis"", start date: 2013 (ongoing). Concomitant medication(s) included: CLOBETASOL taken for psoriasis, start date: 2013 (ongoing); VYVANSE, start date: 2015 (ongoing). Vaccination history included: Bnt162b2 (Dose 1, Lot: EK5730 , Received in the left arm), administration date: 05Jan2021, when the patient was 37 years old, for COVID-19 Immunization, reaction(s): ""Achy"", ""Tired""; Bnt162b2 (Dose 2: , Lot: EL3248 , Received in the left arm), administration date: 22Jan2021, when the patient was 37 years old, for COVID-19 Immunization, reaction(s): ""Achy"", ""Tired"". The following information was reported: IMMUNISATION (medically significant) with onset 13Dec2021 16:00, outcome ""unknown"", described as ""Pfizer BTC vaccine (purple formula,12 and older) booster dose""; MYOCARDITIS (medically significant) with onset 14Dec2021 08:00, outcome ""recovered"" (19Dec2021), described as ""myocarditis/chest pain, arrhythmia, shortness of breath, heartrate to the 160's,""; HEADACHE (medically significant) with onset 14Dec2021, outcome ""recovered"" (19Dec2021), described as ""headache""; DIZZINESS (medically significant) with onset 14Dec2021, outcome ""recovered"" (19Dec2021), described as ""dizziness"". The events ""myocarditis/chest pain, arrhythmia, shortness of breath, heartrate to the 160's,"", ""headache"" and ""dizziness"" were evaluated at the emergency room visit. The patient underwent the following laboratory tests and procedures: heart rate: (14Dec2021) 160's, notes: heart rate to the 160's. Clinical course: The patient had no prior vaccinations (within 4 weeks) and no family medical history relevant to events. The patient used to take Adderall when she was child and switched to Vivance in 2015. The patient called and reported an adverse reaction that happened after the Covid-19 Vaccine booster dose for adults. The patient received the Pfizer BTC vaccine (purple formula,12 and older) booster dose on 13Dec2021. The symptoms only occurred with the booster dose; when she received her 1st and 2nd doses, she was only ""achy and tired"" that only lasted 12-24 hours. She received the vaccine (third dose), and she was having chest pain after the booster and that is why she went to the ER. Her PCP would not see her to do an EKG because she was having chest pain. She was sent to and ended up in the emergency department (ED). She thought she had myocarditis. The ED ruled out myocarditis. She was having heart rate elevation into the 160's, chest pain, shortness of breath, and arrhythmias. She had severe headache and dizziness when her heart rate elevated. She said that she had the Covid-19 booster on 13Dec2021 at 1600. Her chest pain started on 14Dec2021 at about 0800. Heart rate elevation started at around 0800 as well on 14Dec2021. Her heart rate situation was recorded on her phone because she has an Apple watch. Her shortness of breath (SOB) started at about noon. She stated that the shortness of breath was periodic and would accompany her heart rate elevations and arrhythmias. She said that it was obvious she had an arrhythmia because she would get dizzy when it would occur. No relevant tests done. The patient said that the ER physician said that he has seen plenty of people with the same kind of adverse events in the ER strictly from the Pfizer Booster.; Sender's Comments: The contributory role of the product bnt162b2 (COMIRNATY) to reported events myocarditis, headache and dizziness is possible. This case will be reassessed upon receipt of follow-up information."
MYOCARDITIS	2018763-1	30-39 years	inflamed heart; Panic attack; Dose Number: 1 04Nov2021/Dose Number: 2 18Dec2021; tired; anxiety is still a little high; Chest pain thinking it's congestion; Chest pain thinking it's congestion; This is a spontaneous report received from a contactable reporter. The reporter is the patient. A 38-year-old male patient received bnt162b2, administered in arm left, administration date 18Dec2021 16:00 (Lot number: 331808A) at the age of 38 years as dose 2, single for covid-19 immunisation. There were no concomitant medications. Vaccination history included: Bnt162b2 (Dose Number: 1, Batch/Lot No: 320308d, Location of injection: Arm Left, Vaccine Administration Time: 20:00), administration date: 04Nov2021, when the patient was 38 years old, for COVID-19 immunization. The following information was reported: inappropriate schedule of product administration with onset 18Dec2021 16:00, outcome unknown: 1 04Nov2021/Dose Number: 2 18Dec2021; myocarditis with onset 18Dec2021 16:15, outcome unknown; panic attack with onset 18Dec2021 16:05, outcome unknown; fatigue with onset Dec2021, outcome not recovered; anxiety with onset Dec2021, outcome not recovered; chest pain, respiratory tract congestion all with onset Dec2021, outcome unknown. The events inflamed heart, panic attack, tired, anxiety is still a little high, chest pain thinking it's congestion and chest pain thinking it's congestion were evaluated at the emergency room visit. 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 had not been tested for COVID-19. Past drug history was reported as none. Reporter stating events as non-serious. Follow-up attempts are completed. No further information is expected.
MYOCARDITIS	2019398-1	30-39 years	In June or July I was hospitalized and during treatment they ran a CT test and discovered a pulmonary embolism. I was told later that its chronic later by my PCP and that I also have Pericarditis or Myocarditis by my insurance but hadn't been told by the doctor. I am told I have to take Eliquis for 6 months to a year or that I have chronic blood clots. I have not been treated for the Pericarditis as no one told me other than the nurse who was reading my healthcare records to me over the phone through my insurance. I cannot 100 percent verify that my adverse conditions were caused by the Pfizer vaccine. I got the Pfizer vaccine in March, April, and September of 2021. They dont know the cause of my conditions. I did not have them prior to June when I got the CT scan or to 2021. I did have sleep apnea diagnosed. My health is getting worse and worse. I have dizzy spells, heart palpitations. I can not work or do anything physical. Because I can't do anything physical much already, I have a muscle and neuropathy condition. I wonder if CMT or Charcot Marie tooth caused the interaction or adverse reaction. CMT is a disease its Genetic it causes duplication of the PMP22 Gene that makes your myeline or the outer layer of tissue in your nerves and muscles wear thin or degenerate over time and its diagnosed at birth. Its an illness that is hereditary. If this illness is related to the adverse reaction it might prevent someone else from this rare side effect from getting blood clots and heart defects from a vaccine. Im only trying to help transparency. I hoped the vaccine was safe, but I did run blood tests before getting the Pfizer vaccine and was perfectly healthy other than mild low in vitamin D. Now Im low in Iron vitamin B D and white blood cell count as well. So I worry that my immunity has waned as well. Some clarity would help, but i cant find any clarity without research or understanding. I was pressured to get the vaccine and now I am worried I made a mistake.
MYOCARDITIS	2019531-1	30-39 years	I experienced inflammation of my heart for 7 days (Myocarditis)
MYOCARDITIS	2019551-1	40-49 years	Shortness of breath/inability to take adequate breath. Pain in neck and spread to shoulder and upper back. Potential miocarditis.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2019736-1	30-39 years	After receiving my second dose of the MRNA Covid19 Vaccine on December 8 2021 I received intense chest pains/ fast heart rate/ shortness of breathe and abdominal pain. Went to the ER two days later when symptoms increased. EKG, Echocardiogram and blood work was performed and the diagnosis of myocarditis was given. Went to primary care provider once released from ER care the following week. Was then given a referral to cardiology. Cardiologist performed EKG and concurred the diagnosis with an addition of pericarditis as well on January 6 2022. Was given an order to have labs done at Medical Center and had those performed on January 7 2022. Currently waiting on those results. Follow-up MRI on 31 January 2022. Currently still injured one month after vaccine was administered.
MYOCARDITIS	2019937-1	18-29 years	Myocarditis, extreme chest pain on ocations, and acid reflux. 1 week of hospitalization on november 28th, 2021 Aspirin Ibuprofen 3 times a day and colchicine once a day Outcomes: while the chest pain has releived, I am now NOT able to lift heavy weights or do any exercise.
MYOCARDITIS	2019971-1	30-39 years	myocarditis and pericarditis
MYOCARDITIS	2020733-1	18-29 years	Patient is a 22-year-old who was admitted to the hospital at the end of November due to chest pain and pressure, along with generalized malaise. He had recently received his second COVID-vaccine. He was found to have elevated troponin, with a decreasing trend. Echocardiogram showed no significant abnormalities. His chest pain continued after hospital discharge, but gradually resolved. He had no other new symptoms, other than a sporadic squeezing/ache of the pectoralis minor in the left anterior axillary region which improved with range of motion. Documented myocarditis with his second COVID-vaccine administration.
MYOCARDITIS	2020769-1	18-29 years	The day after receiving my first dose of the Moderna COVID-19 vaccine (1/8/22), I began to experience tightness in my chest, shortness of breath and feelings of a pounding heart. The current date is 1/10/22 which marks 3 days since I received my vaccination and I am still experiencing these same symptoms. I am concerned that these symptoms might be a sign of Myocarditis. I have not sought out medical attention yet, but plan on going to an ER to ensure I am OK.
MYOCARDITIS	2021038-1	18-29 years	Patient started to exhibit chest pain on 12/31/21. Mom said he felt like he was having a heart attack and trouble breathing. He was taken to ER and diagnosed and treated for Myocarditis.
MYOCARDITIS	2024796-1	18-29 years	likely Myocarditis 2/2 to Moderna COVID vaccine. 1 week after 2nd dose of Moderna on 9/1/21, pt developed dyspepsia and CP for which he presented to the clinic. An EKG revealed nonspecific ST elevations. He then when to Hospital where he had a cardiac work up with elevated troponins, but ECHO was normal. He is now following up with Cardiology as an outpatient, scheduled for stress testing. EKG since normalized.
MYOCARDITIS	2025318-1	18-29 years	Mom said patient started having bad headache and chest hurting....took patient to ER and ER said patients heart was inflammed
MYOCARDITIS	2025339-1	30-39 years	Rapid heartbeat within 2 minutes of vaccine (first vaccine had rapid heartbeat in about one hour after shot). Sharp pains in heart periodically still happening as of reporting (1/11/2022). Most likely myocarditis again.
MYOCARDITIS	2025361-1	30-39 years	Diagnosed with Myocarditis after being scoped for a heart attack and having a troponin level of 16.909
MYOCARDITIS	2027318-1	18-29 years	Myocarditis-fast heart rate , shortness of breath and dizziness. Was prescribed coreg for 6 months after my echo came back a little reduced.
MYOCARDITIS	2031612-1	18-29 years	Patient presented to hospital with myocarditis. This was his booster dose of Moderna COVID vaccine. Dose 1 Moderna: 3/27/2021, Dose 2 Moderna: 4/24/2021
MYOCARDITIS	2034131-1	18-29 years	Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 23-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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. Concomitant and treatment medication was not reported. It was reported that the authors presented a patient who is typical of a patient presenting with myocarditis post-COVID-19 mRNA- 1273 Moderna vaccination (young males, onset several days after second dose of the mRNA vaccine, and excellent short term complete recovery). Follow-up at 128 days revealed no residual sequelae in the patient. Company comment: This case concerns a 23-year-old male patient with no medical history provided who experienced serious expected event of special interest Myocarditis. As per RA, the event occurred several days after the second dose of mRNA-1273. At the time of the report, the event resolved. It was reported that follow-up at 128 days revealed no residual sequelae. No further information was provided. No information regarding laboratory nor diagnostic tests was provided. The Reporter assessed the event as related to the suspect product. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender's Comments: This case concerns a 23-year-old male patient with no medical history provided who experienced serious expected event of special interest Myocarditis. As per RA, the event occurred several days after the second dose of mRNA-1273. At the time of the report, the event resolved. It was reported that follow-up at 128 days revealed no residual sequelae. No further information was provided. No information regarding laboratory nor diagnostic tests was provided. The Reporter assessed the event as related to the suspect product. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2035525-1	40-49 years	On Thursday afternoon, after the vaccine, I started having intense chest pain, it got worse and worse, so I stayed home from work on Friday. I went to the doctor (PCP) and she said I was not having a heart attack. On Monday, I stayed home from work again, I was having intense chest pain I could not even stand up. On Tuesday, I was out of doctors note so I had to go back to work. I could not even walk I had such shortness of breath. I contacted my doctor and she said to stay home from work, so I took the rest of the week off. All through the month of November and December, I had such horrible shortness of breath and chest pain. I could not stand more than 3-5 mins. I could not even walk 100 yards across campus to use the rest room. By early December, I wasn't getting any better, I had a telehealth visit with my doctor. She put me on prednisone and that did help me a lot. I was able to stand up and walk longer. My doctor referred me to a cardiologist, and he said that I was not having a heart attack, he said he thinks I have myocarditis. He said he could not give me a diagnosis but said I have all the symptoms. He said since no one tested me since early November he can't for sure give me and exact diagnosis. He put me on prednisone again. Dr. ordered a bunch of tests and I'm not in heart failure. I was running 5KS and half marathons before this happened so not being able to walk or run was not normal for me.
MYOCARDITIS	2036353-1	40-49 years	Myocarditis/pericarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2037793-1	40-49 years	Joint/body ache, low grade fever, fatigue 2+ days Myocarditis, 115BPM resting heart rate 1.5 days
MYOCARDITIS	2038025-1	18-29 years	My son woke up short of breath, heart rate was 99 BPM, 30 min later was 100, 30 min later 126. Called ER. Was told bring him in immediately, this is not normal. They did blood work, chest x ray, EKG, gave him medication to slow down heart was told he may have myocarditis. After all test he was said to be ok and heart will go back down to normal.
MYOCARDITIS	2038278-1	30-39 years	Myocarditis with Covid Severe burning of lungs and fatigue along with all delta symptoms
MYOCARDITIS	2038336-1	40-49 years	Myocarditis - presented with diaphoresis, chest pain.
MYOCARDITIS	2038882-1	18-29 years	symptoms were numbness in his left arm and pain in the chest / Myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (symptoms were numbness in his left arm and pain in the chest / Myocarditis) in a 29-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 050F21A and 045C21A) for COVID-19 vaccination. No Medical History information was reported. On 16-Aug-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 13-Sep-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 17-Sep-2021, the patient experienced MYOCARDITIS (symptoms were numbness in his left arm and pain in the chest / Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized from 17-Sep-2021 to 19-Sep-2021 due to MYOCARDITIS. The patient was treated with IBUPROFEN at an unspecified dose and frequency. On 18-Nov-2021, MYOCARDITIS (symptoms were numbness in his left arm and pain in the chest / Myocarditis) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In September 2021, Troponin: high (High) Troponin elevated. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medication information was provided. Treatment medications included unspecified blood thinner. The patient called to report that he had myocarditis after getting the second dose of the Moderna Covid-19 vaccine. His symptoms were pain in the chest, numbness in his left arm.. Lab results included, troponin elevated. He was told that he has myocarditis when the lab results came in. Patient was hospitalized from 17-Sep-2021 to 19-Sep-2021. Company Comment: This case refers to a 29-year-old male patient with no known medical history who experienced the expected event of Myocarditis approximately 4 days after the second dose of mRNA-1273 vaccine. No causality assessment was provided by the reporter. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender's Comments: This case refers to a 29-year-old male patient with no known medical history who experienced the expected event of Myocarditis approximately 4 days after the second dose of mRNA-1273 vaccine. No causality assessment was provided by the reporter. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2039538-1	18-29 years	Chest pain within 12-24 hours of second Moderna Vaccine with associated fevers/chills & myalgias
MYOCARDITIS	2039943-1	18-29 years	Hospitalized with myocarditis post Pfizer vaccine on 12/14/2021 he had completed his Moderna 2 dose series and was boosted with Pfizer vaccine. Patient unresponsive at home requiring shock from defibrillator on 12/18 out of hospital cardiac arrest, pt does have history of congenital heart disease.
MYOCARDITIS	2043680-1	30-39 years	Myocarditis
MYOCARDITIS	2043708-1	40-49 years	I had significant chest pain and burning across my chest and back the night of shot one. That persisted for weeks. It happened again but at a lesser degree with shot two. I also had a very hard time with physical exertion for months post vaccine. Finally I was sent in for an echo cardiogram and my heart was okay but the hypothesis is that there was likely myocarditis that went untreated based on the symptoms that I experienced.
MYOCARDITIS	2043721-1	18-29 years	Acute myocarditis Assessment & Plan Status post recent Moderna vaccination x1 Developed symptoms shortly Status post cardiac cath with no intervention clean coronaries Troponins elevated will trend Consulting ID as well for their expert opinion NSTEMI (non-ST elevated myocardial infarction) Assessment & Plan Trend troponins Secondary to myocarditis status post recent vaccination Cardiology on consult. Status post cath with no intervention Will monitor, likely hydrate gently and await further recommendations Patient is a 18 y.o. male with no pmhx here w/ cp s/p receiving 1 dose of maderna recently. Pt had severe cp after vaccine along with feeling feverish, bodyaches. Says went to dentist the following day and pain radiated to jaw. Was sent in and had cardiac cath via groin with no intervention or findings; pt dx w/ acute myocarditis post covid vaccine.
MYOCARDITIS	2043762-1	18-29 years	I received my Moderna booster on the afternoon of 11/15. The morning of 11/16 I `noticed pain when I would take a deep breath on the left side of my chest. I went to the Emergency Room and was diagnosed with Myocarditis or Pericarditis.
MYOCARDITIS	2044486-1	18-29 years	chest pain after 2 days of injection, diagnosed to be myopericarditis.
MYOCARDITIS	2045506-1	18-29 years	About 12 hours after the vaccine I started having some mid back pain. The pain felt deep, at first it just felt like pins and needles and it progressively got worse. Laying down in fetal position and massaging the area helped my back feel a bit better but it didn?t go away. My kidneys felt like they were swollen, and the only thing that relieved the pain was 1000 mg of Tylenol. I almost went to get checked at an urgent care but it was very late at night and hoped Tylenol would help. I avoided Advil since it?s processed in the kidneys and didn?t want to make them work more. The very next day, but my kidneys felt very sore (the same way they felt when I had a reaction to a medication). Over the next few days, this soreness feeling eventually went away. It took maybe 3-4 days for it to fully go away. I also felt a weird sensation in my heart for a few days (maybe about a week) but has disappeared since then (my brother has the same vaccine lot, and had to go get checked and was diagnosed with intermittent myocarditis due to the vaccine)
MYOCARDITIS	2046250-1	18-29 years	Patient had Jenssen COVID19 vaccine 4/8/2021 Patient had Pfizer COVID19 vaccine 1/5/2022 Patient had subjective fever, chills, headache and chest pain starting 1/6/2022. Patient hospitalized for myopercarditis at Main Campus from 1/7/2022-1/10/2022.
MYOCARDITIS	2046428-1	18-29 years	Chest pain that resolved on its own Myocarditis, treated with NSAIDS and 24 hour hospitalization for observation Normal Echo
MYOCARDITIS	2047835-1	30-39 years	in description mentioned earlier
MYOCARDITIS	2047954-1	30-39 years	After receiving the vaccine it became hard to swallow. She had COVID symptoms and it made her Lyme Disease flare up. The following week she felt like she was having a heart attack. Couple days later she couldn't walk up 3 stairs without being winded. Went to doctor after and was sent to the ER.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2048098-1	18-29 years	On the day after the second dose of the Covid-19 Moderna vaccine, I experienced chest pressure and pain and as a result went to the emergency room. At the hospital, I was diagnosed with myocarditis and pericarditis which the cardiologist established as being caused by the vaccine. I stayed in the hospital for two days and then returned home, although I was extremely fatigued for several weeks following the event. For about half a year I stayed on medication intended to aid recovery, specifically colchicine, carvedilol and lisinopril, and this was also roughly the timeframe during which I still had reoccurring symptoms (chest pain, pressure and discomfort). After this time period I have been mostly recovered with only occasional flareups. In addition to the medical outcomes, I have also experienced financial difficulties as a result of the event - more specifically, the hospital charges ended up at somewhat over $18,000 and neither the hospital nor the insurance company has been willing to bill this as a Covid-19-related issue since it was caused by the Covid-19 vaccine and not Covid-19 itself, making it impossible for me to have the expense covered by the systems in place to aid in Covid-19-related expenses.
MYOCARDITIS	2050731-1	18-29 years	Severe chest pain and difficulty breathing. Pericarditis and myocarditis
MYOCARDITIS	2050921-1	18-29 years	Myocarditis and Pericarditis
MYOCARDITIS	2051020-1	18-29 years	On 12/23/21 I had chills and body aches, on 12/24/21 started with chest pain, thought it was heartburn, then on 12/25/21 i went to emergency room with chest pain, vomitting, pain in jaw and arms. I was admitted. the diagnosis was myocarditis. was advised to report the findings.
MYOCARDITIS	2051041-1	30-39 years	Patient day after vaccine w/ intermittent chest pain x3 days. Presented to the ED found to have troponin elevation with high suspicion for myocarditis. Workup pending cardiac MRI at this time.
MYOCARDITIS	2051338-1	18-29 years	Chest pain. Per progress notes: 1/18/22: 18-year-old male brought back from the vertical process to T1 for concerning EKG suggestive of STEMI in the setting of recent receiving the January vaccine. Patient describes chest pain with shortness of breath starting today - the chest pain is ongoing but the shortness of breath has significantly resolved. STEMI code was called prior to my assessment of the patient and the interventions arrives shortly after I I did. Further history and exam was truncated by STEMI protocol to not delay catheterization Patient denies known cardiac history, lower extremity swelling or pain, past PE or DVT. Denies history of uncontrolled hypertension or pain radiating through to the back 1/19/22: This morning's CPK shows that the patient has myocarditis in addition to pericarditis so he has myopericarditis presumably post a vaccination. Have us discussed the case with Medical College this morning. They recommend that is nonsteroidal be stopped in that he have a cardiac MRI to assess the burden of inflammation that he be started on high doses of steroid that is Solu-Medrol 500 mg IV 3 times a day his colchicine be continued. We need to be mindful of LV function checking an echo in a couple of days. We need to limit activity he is going to need to take it easy we have to keep a close eye on him to make sure he does not developed LV dysfunction. I would think that at the earlier sign of LV dysfunction we would need to discuss transfer. 1/19/22: Acute myopericarditis presumably secondary to the coronavirus vaccine. EF is preserved. MRI confirms that the patient is myocarditis confirms that his EF is preserved shows relatively small amount of ventricular inflammation and does show a very small hemodynamically insignificant pericardial effusion. I discussed the case as noted earlier with the heart advanced heart failure team. We both agreed that nonsteroidals are not say for a good idea with myocarditis the colchicine makes sense for the pericarditis and they recommended very high dose steroid and that we keep an eye on his EF checking an echo in a couple of days. Post discharge she will have to modulate his activity. We will have to decide long-term how we will use steroids. I will reach out to our new associate to lay out a long-term plan
MYOCARDITIS	2052290-1	40-49 years	Ran a fever and felt bad for 2 days. Started having chest pains 5 days after vaccination and admitted to ER with check pain and numbness in Right Arm. Later diagnosed with myocarditis as a result of the vaccination.
MYOCARDITIS	2054388-1	18-29 years	Patient presented with chest pain, left arm pain, troponin elevation within 20 hours of vaccination.
MYOCARDITIS	2054620-1	30-39 years	suspected myocarditis - 1 episode of 30 minutes of chest pain, followed by palpitations. PVCs on monitor and 1 recorded run of 7 beats of NSVT
MYOCARDITIS	2055438-1	18-29 years	Myocarditis. Patient developed chest pain symptoms 1 day after his third booster dose. Symptoms progressed to the point of requesting ER evaluation over the course of the next 24 hrs. There he was found to have EKG abnormalities with concern for possible acute coronary syndrome. He was taken to testing with a finding of normal coronaries. Troponin was noted to be elevated. Echo demonstrated mild LV dysfunction. Cardiac MRI pending at this time.
MYOCARDITIS	2055714-1	18-29 years	mild myocharditis; dull uncomfortable gripping feeling around heart under left breast spreading to my left shoulder and rib cage.
MYOCARDITIS	2055716-1	18-29 years	Myocarditis. Treatment and outcome have yet to be determined at the time of this note.
MYOCARDITIS	2057107-1	30-39 years	"Myocarditis; Pericarditis; Booster; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). A 37 year-old male patient received bnt162b2 (BNT162B2), administration date 14Dec2021 (Lot number: 330308D) at the age of 37 years as dose 3 (booster), single for covid-19 immunisation. Relevant medical history included: ""Hashimoto's -hypothyroidism"" (unspecified if ongoing); ""Hypothyroidism"" (unspecified if ongoing). Concomitant medication(s) included: LEVOTHYROXINE. Vaccination history included: Bnt162b2 (Dose Number: 1, Batch/Lot No: EW0151), administration date: 19Apr2021, when the patient was 36 years old, for Covid-19 immunization; Bnt162b2 (Dose Number: 2, Batch/Lot No: EW0176), administration date: 10May2021, when the patient was 36 years old, for Covid-19 immunization. The following information was reported: IMMUNISATION (hospitalization, medically significant) with onset 14Dec2021 21:00, outcome ""unknown"", described as ""Booster""; MYOCARDITIS (hospitalization, medically significant) with onset 16Dec2021 21:00, outcome ""recovered with sequelae"", described as ""Myocarditis""; PERICARDITIS (hospitalization, medically significant) with onset 16Dec2021 21:00, outcome ""recovered with sequelae"", described as ""Pericarditis"". The patient was hospitalized for immunisation, myocarditis, pericarditis (hospitalization duration: 1 day(s)). The events ""booster"", ""myocarditis"" and ""pericarditis"" were evaluated at the emergency room visit. The patient underwent the following laboratory tests and procedures: sars-cov-2 test: (07Jan2022) negative, notes: Nasal Swab; (17Dec2021) negative, notes: Nasal Swab. Therapeutic measures were taken as a result of myocarditis, pericarditis. Clinical course: Treatment received for the adverse event are metoprolol and colchicine. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient received levothyroxine within 2 weeks of vaccination. Prior to vaccination, patient was not diagnosed with COVID-19. Since the vaccination, Patient been tested for COVID-19. No Known allergies reported. No follow-up attempts are possible. No further information is expected."

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2057301-1	18-29 years	"Myocarditis; Inappropriate dose of drug administered; Injection site bleeding; This is a solicited report received from contactable reporter(s) (Consumer or other non HCP) for a sponsored program. The reporter is the patient. Other Case identifier(s): 21K-163-4216278-00. A 27 year-old female patient received bnt162b2 (BNT162B2), intramuscular (Batch/Lot number: unknown) at the age of 27 years as dose 1, single for covid-19 immunisation; adalimumab (HUMIRA), subcutaneous (Batch/Lot number: unknown). The patient's relevant medical history and concomitant medications were not reported. The following information was reported: MYOCARDITIS (medically significant), outcome ""unknown"", described as ""Myocarditis""; INCORRECT DOSE ADMINISTERED (non-serious), outcome ""unknown"", described as ""Inappropriate dose of drug administered ""; INJECTION SITE HAEMORRHAGE (non-serious), outcome ""recovered"", described as ""Injection site bleeding"". The action taken for adalimumab was unknown. It was unknown if patient was enrolled in a COVID-19 Vaccine Trial. Causality for Humira(adalimumab) The reporter's causality for the event(s) of blood at injection site/most of the medication ran out and lost unknown onset, blood at injection site/most of the medication ran out and lost unknown onset and covid vaccine developed myocarditis was not provided. Causality for Pfizer biontech covid-19 vaccine (tozinameran) The reporter's causality for the event(s) of blood at injection site/most of the medication ran out and lost unknown onset, blood at injection site/most of the medication ran out and lost unknown onset was not provided and the reporter causality for the event Covid vaccine developed Myocarditis was possible. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on the information in the case, a contributory effect of the vaccine BNT162B2 to the reported events cannot be ruled out."
MYOCARDITIS	2057450-1	40-49 years	Shortness of breath and mild chest pain developed April, 2021 which led to ER visit on 5/7/2021. Throughout treatment and test from May - August listed below in Item #19, was told the following: Left Bundle Branch Block; Systolic Heart Failure; Cardiomyopathy; Myocarditis
MYOCARDITIS	2057548-1	18-29 years	Developed chest pain and pounding heartbeat 3 days after vaccine. 6 days after vaccine was hospitalized with suspected myocarditis. Chest pain subsided 1 week after onset but pounding heartbeat and low energy are still present 1 month after vaccine.
MYOCARDITIS	2057554-1	18-29 years	Received MRNA Pfizer booster on Saturday, 1/8/22, at the Hospital Covid-19 popup vaccine clinic. Within 24 hours of booster he developed a headache and back pain, fever. Symptoms progressively got worse and developed a burning pain on the chest and severe headache. On Wednesday, 1/12/22 he went to ER around 4:30 am. They ordered Echocardiogram, EKG, CT of chest, blood tests, Covid test (negative)Troponin levels were elevated 76 and 99. Admitted to critical care. Dr of cardiology diagnosed patient with Myocarditis. Tropnin level went down to 86 and they release him. Said to take Tylenol as directed. Symptoms continued throughout the week. Saturday, 1/15/22 he went to his general practiconers office and saw Dr. for headache and chest pain. Later Saturday, 1/15/22 at 2:30pm patient went to ER for headache that persisted since 1/9/22. ER Dr. ordered CT of brain (unremarkable). Administered 3 prednisone tablets and fioricet. Headache and chest pain were bearable with medication until 1/21/22. On Friday, 1/21/22 he went to general practicer office to Dr. She has ordered a chest CT and to follow up with Dr of cardiology 2/7/22. This has been diagnosed at MRNA Booster induced Myocarditis. He took the vaccine because his school made it mandatory for a healthy (no negative health history) 20 yr old to get a booster.
MYOCARDITIS	2057741-1	18-29 years	Myocarditis; misdiagnosed of cancer in the testicle.
MYOCARDITIS	2057868-1	18-29 years	Greetings, My 21 year old daughter developed myocarditis after receiving the Covid 19 booster. Apparently the medical community has known for some time that exercising after the vaccine can cause myocarditis, especially in young adults, but they haven't made this information aware to the public very well. EVERYONE SHOULD BE TOLD NOT TO EXERCISE AFTER RECEIVING THE COVID VACCINES THE DAY THEY RECEIVE THEIR SHOTS BY WHOEVER IS GIVING THEM!! My daughter has never had any heart problems and developed symptoms within a few days after the booster. She used to exercise everyday. Now she is told not to exercise for 6 months and has to rest all the time. If this could have been avoided simply by pharmacy telling her not to exercise, it is negligence. My mission now as a parent is to prevent this from happening to anyone else's child. Will you help?
MYOCARDITIS	2057958-1	40-49 years	Substernal chest pain approx three days after booster shot. Admitted to a local Medical Center for Myocarditis. Spent 3 days in hospital then released under Dr care. Still undergoing follow-ups with additional perscriptions
MYOCARDITIS	2058007-1	18-29 years	myocarditis/pericarditis
MYOCARDITIS	2058683-1	18-29 years	"""Myocarditis"" as reported by patient's mother, currently hospitalized. Have not spoken to patient."
MYOCARDITIS	2058930-1	18-29 years	Myocarditis
MYOCARDITIS	2058999-1	18-29 years	Chest pain diagnosed with acute myocarditis diagnosed in November, four months from last Pfizer mRNA vaccine.
MYOCARDITIS	2059525-1	40-49 years	Acute cardiac event, myocarditis and development of sarcoidosis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2067848-1	30-39 years	Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 31-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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 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). The patient was treated with METOPROLOL for Myocarditis, at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, C-reactive protein: negative (Negative) Negative. On an unknown date, Echocardiogram: abnormal (abnormal) revealed an ejection fraction of 55% with no wall motion abnormalities.. On an unknown date, Ejection fraction: 55 percent 55 percent with no wall motion abnormalities. On an unknown date, Electrocardiogram: normal (normal) Normal. On an unknown date, Magnetic resonance imaging heart: abnormal (abnormal) showed an area of myocardial hyper-enhancement in the apical anterior segment suggesting the diagnosis of myocarditis. On an unknown date, Red blood cell sedimentation rate: negative (Negative) Negative. On an unknown date, Troponin: 1.7 (High) 1.7 Elevated. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. No concomitant medications were reported. The symptoms included burning chest pain associated with orthopnea and paroxysmal nocturnal dyspnea. Patient was discharged with Metoprolol and was instructed to refrain from strenuous exercise. Patient was seen outpatient, and endorsed to still experience intermittent burning substernal chest pain. Company comment: This is a literature case concerning a 31-year-old male patient with no medical history reported, who experienced the expected serious AESI of Myocarditis two days after the second dose of mRNA-1273 vaccine. The patient was hospitalized and the diagnosis was established by cardiac magnetic resonance imaging. The outcome was reported as unknown. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This is a literature case concerning a 31-year-old male patient with no medical history reported, who experienced the expected serious AESI of Myocarditis two days after the second dose of mRNA-1273 vaccine. The patient was hospitalized and the diagnosis was established by cardiac magnetic resonance imaging. The outcome was reported as unknown. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	2067851-1	30-39 years	mRNA vaccine induced myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (mRNA vaccine induced myocarditis) in a 30-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included COVID-19 (Patient had been diagnosed with confirmed COVID-19 infection seven months prior to presentation.). Concurrent medical conditions included Asthma. 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, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (mRNA vaccine induced myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (mRNA vaccine induced myocarditis) was resolving. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Investigation: abnormal (abnormal) Elevated cardiac and infammatory markers, but further workup was negative for signifcant coronary artery disease. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (mRNA vaccine induced myocarditis) to be related. The disease course was mild. Treatment was conservative and he experienced resolution of most of the reported symptoms. Follow up was reassuring. The diagnosis was made based on the constellation of clinical fndings, exclusion of other causes of myocarditis and the temporal relationship to C-19 vaccine administration. Notably, the case occurred in patient with confrmed previous COVID-19 infection. Company comment: This is a literature case concerning a 30-year-old male patient with medical history of COVID-19 infection seven months prior to presentation and asthma, who experienced the expected serious AESI of Myocarditis 24 hours after the second dose of mRNA-1273 vaccine. The outcome was reported as recovering. Medical history remains a confounder. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-460665 (Patient Link).; Sender's Comments: This is a literature case concerning a 30-year-old male patient with medical history of COVID-19 infection seven months prior to presentation and asthma, who experienced the expected serious AESI of Myocarditis 24 hours after the second dose of mRNA-1273 vaccine. The outcome was reported as recovering. Medical history remains a confounder. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	2068074-1	18-29 years	"Symptoms of myocarditis; shortness of breath; irregular/rapid heartbeat; irregular/rapid heartbeat; This is a spontaneous report received from a non-contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 26 year-old male patient received bnt162b2 (BNT162B2), administration date 06Jan2022 (Lot number: FJ1611) at the age of 26 years as dose 3 (booster),single for covid-19 immunisation. Relevant medical history included: ""No"" (unspecified if ongoing). The patient's concomitant medications were not reported. Vaccination history included: Covid-19 vaccine (Dose Number: 2, Lot No: EW 0173), administration date: 11May2021, when the patient was 25 years old, for COVID-19 immunization; Covid-19 vaccine (Dose Number: 1, Lot No: EW 0153), administration date: 22Apr2021, when the patient was 25 years old, for COVID-19 immunization. The patient did not receive any other vaccines within four weeks prior to the vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. The following information was reported: MYOCARDITIS (medically significant) with onset 08Jan2022, outcome ""recovering"", described as ""Symptoms of myocarditis""; DYSPNOEA (non-serious) with onset 08Jan2022, outcome ""recovering"", described as ""shortness of breath""; HEART RATE IRREGULAR (non-serious), PALPITATIONS (non-serious) all with onset 08Jan2022, outcome ""recovering"" and all described as ""irregular/rapid heartbeat"". The patient underwent the following laboratory tests and procedures: heart rate: (08Jan2022) irregular/rapid; sars-cov-2 test: (08Jan2022) negative. Therapeutic measures were not taken as a result of myocarditis, dyspnoea, heart rate irregular, palpitations. No follow-up attempts are possible. No further information is expected."

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2068116-1	30-39 years	"Have a blood clot/blood clots to leg; heart inflammation; joint hurting; chest inflammation/chest inflamed; chest hurting; legs hurting/leg pain; This is a spontaneous report received from a contactable consumer or other non hcp. The reporter is the patient. A 32 year-old patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), administered in arm left, administration date 04Jan2022 (Lot number: FL3209) at the age of 32 years as DOSE 1, SINGLE for COVID-19 immunisation. Relevant medical history included: ""none"" (unspecified if ongoing). Concomitant medication included: SPRINTEC taken for contraception, start date: 2014 (ongoing). The following information was reported: THROMBOSIS (medically significant), outcome ""unknown"", described as ""Have a blood clot/blood clots to leg""; MYOCARDITIS (medically significant), outcome ""unknown"", described as ""heart inflammation""; INFLAMMATION (medically significant) with onset 05Jan2022, outcome ""not recovered"", described as ""chest inflammation/chest inflamed""; CHEST PAIN (medically significant) with onset 05Jan2022, outcome ""not recovered"", described as ""chest hurting""; PAIN IN EXTREMITY (medically significant) with onset 05Jan2022, outcome ""not recovered"", described as ""legs hurting/leg pain""; ARTHRALGIA (non-serious), outcome ""unknown"", described as ""joint hurting"". The patient stated that had a reaction like had chest inflammation and now leg was hurting. The patient went to the Doctor yesterday who said his/her chest inflamed and now legs were hurting. Dr said patient could have a blood clot and took patient's blood yesterday. They were going to be let patient know today what is the results come back, it is a blood clot or it was just joint hurting. The patient had chest inflammation almost for a week and a half. He/she got the vaccine last Tuesday and the next day chest was hurting, could barely eat, could barely talk or laugh. The chest inflammation never felt before. It's very uncomfortable and that's why actually patient wanted to know how long did it stay in their body because really wanted to be out. Was not taking second dose. Patient never felt like this before. Was a healthy person, so had to go to work and it's kind of uncomfortable because had chest inflammation and it's very uncomfortable. He/she went to the emergency room and they were saying patient got the inflammation. The patient saw Doctor yesterday and was told that chest was inflamed and did some blood work and doctor said was going to let patient know today if have a blood clot or if have to go to Emergency or Doctor, if it gets worse really chest inflammation though (Doctor) provide him/her some steroids medicine (Prednisolone), inflammatory medicine yesterday to help with chest inflammation. Doctor said if they don't improve then patient may have to go to the cardiologist over there. The patient also stated that on 06Jan2021 went to the urgent care first they told him/her could have heart inflammation, he/she went to the emergency room to make sure everything is ok, went straight to the emergency room and they took vital sign, took some blood to check for any clots or anything, they give a ""chest X-Ray"" and patient had to wait for 15 hours, had never seen a Doctor, had never really got result back until to call them the next day but the patient still have a chest pain the next week, that's a new week now. Patient's Doctor yesterday told chest could be inflamed and patient told her legs was hurting, it was hurting, it's kind a hurt a lot and the doctor told the patient to check blood to make sure don't have any blood clots to leg and then gave the patient some steroids or inflammatory medicine, chest improved. Patient's chest was very uncomfortable. The reason for seeing his/her doctor is leg pain, patient was just trying to lay around to top legs up. The events ""have a blood clot/blood clots to leg"", ""heart inflammation"", ""chest inflammation/chest inflamed"", ""chest hurting"", ""legs hurting/leg pain"" and ""joint hurting"" were evaluated at the physician office visit and emergency room visit. The patient underwent the following laboratory tests and procedures: blood work: unknown results; chest x-ray: unknown results; vital sign: unknown results. Therapeutic measures were taken as a result of inflammation, chest pain, pain in extremity. No follow-up attempts are possible. No further information is expected."
MYOCARDITIS	2068554-1	30-39 years	I was diagnosed with Myocarditis on November 19th 2021, approximately 10 months after receiving the second dose of moderna COVID19 vaccine. Symptoms included chest pain, shortness of breath and difficulty performing daily activities. I was advised by my cardiologist to refrain from receiving the COVID19 Booster. Also, due to the nature of my job as a Firefighter/Paramedic, I've been unable to return to my normal work since it began per the doctor's instructions to avoid physical activity for a minimum of 12 weeks.
MYOCARDITIS	2068753-1	30-39 years	Two weeks after my vaccine, side effects began to return: swollen, painful lymph nodes and breast pain on my vaccine side, fever, and fatigue. Over the course of a week (beginning May 18), they worsened and began to include chest pains and pins and needles in my left hand, arm, shoulder, neck, and face. I sought emergency care on April 25. The following day, I developed vomiting, diarrhea, and rash on my right side. The following week, I developed balance issues and dizziness. My symptoms have never resolved, despite multiple follow ups with oncology, gynecology, infectious disease, neurology, and immunology/allergy across three hospital systems. I still have painful swelling on my vaccine side, intense fatigue, dizziness, balance issues, low fevers, elevated ALT levels (45-60), and bouts of nausea, diarrhea, and retching. I developed severe anxiety and depression in the summer of 2021. In November 2021, I began to develop neck pain and cardiac issues (chest pain, heart palpitations, racing heart, high blood pressure). I am currently being evaluated for late stage myocarditis.
MYOCARDITIS	2069369-1	18-29 years	2 days after school mandated Booster shot he began to experience a myriad of symptoms, including HIGH fever, EXCRUTIATNG headache, EXTREME fatigue, lethargic, vomiting upon any exertion, elevated heart rate, chest tightness, chest rash, sore throat, EXTREME body ache. Symptoms continued, relentlessly, 4 days later on 1/23 we went to urgent care, his blood test revealed increased level of d-dimer, and slightly enlarged right atria upon CTA chest.
MYOCARDITIS	2071748-1	18-29 years	Chest Pain and Shortness Of Breath, MRI completed showing myocarditis, started on Methylprednisolone
MYOCARDITIS	2072196-1	30-39 years	Turf toe surgery 9/3/2021. Chest pain for 24 hours starting 9/4/2021. He stopped opioids that were temporarily prescribed for turf toe. THis revealed a 103F. He went to ER where he had elevated troponins. He received IV fluids and possibly IV antibiotics. He was monitored for 20 hours and then was sent home without medication per his memory. He was told he had myocarditis.
MYOCARDITIS	2072229-1	40-49 years	9/7- office visit -positive for strep 9/9-office visit - ekg- heart palpitations 9/15- emergency room visit for severe chest pain 9/20- follow up visit 10/5 - stress test cardiac lab
MYOCARDITIS	2072310-1	30-39 years	Pfizer BioNTech COVID-19 Vaccine EUA: COVID-19 case resulting in Hospitalization / Death. Patient received Pfizer Vaccines on 4/1/2021 and 4/29/2021. Presented to the hospital 01/17/2022 with bilateral leg pain, intermittent cough, congestion, SOB and chest pain. Admitted for NSTEMI and COVID pneumonia. Tested COVID positive 2 days prior to presentation to the hospital. Coded due to PEA on 01/18/2022, successfully resuscitated, intubated and sedated. Chest CTA negative for pulmonary embolism but noted patchy bilateral infiltrates compatible with atypical multifocal pneumonia with trace dependent pleural effusions. Noted to have an NSTEMI and was taken to the cath lab where she was found to have non-obstructive coronary arteries. An Impella was placed due to cardiogenic shock. 1/19/22 transferred to Med Cntr -for higher level of care. Patient in cardiogenic shock with suspected myocarditis. Patient received: pressors, inotropes, steroids, and antimicrobials. Required CRRT due to hyperkalemia and anasarca. On 1/23/2022, spouse requested DNR/COT and patient expired at 1638.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2073128-1	18-29 years	Persistent and sporadic return of chest pains, stabbing stomach pains, nausea, aches, pains, fever, eye discomfort, swollen eyelids, chest pressure, shortness of breath, myocarditis diagnosis by cardiologist-needs anti inflammatory medicine and no exercise for 6-8 weeks. A previously healthy male nowhas myocarditis for indefinite period of time and in the care of a cardiologist. The boosters are unsafe for him and doctor informed we MUST REFUSE FURTHER BOOSTERS MANDATED.
MYOCARDITIS	2074437-1	30-39 years	Mild Myocarditis, Fatigue, Arrhythmias (since first shot) and Sharp Heart Pain following exercise (with 2nd shot). Doctor has advised No Exercise. Not even hiking. Estimates recovery around March 2022.
MYOCARDITIS	2075022-1	18-29 years	Pt presents to ER with CP, + TROP, ST elevation. Pt taken to cath lab and negative for blockage. Echo normal. Dx with myocarditis and STEMI.
MYOCARDITIS	2075575-1	30-39 years	I received my booster shot (3rd Moderna COVID-19 vaccine) on November 17. I understand that correlation is not causation, but in the interest of reporting a possible involvement between the vaccine and my health situation, I wanted to report that on November 30 I was admitted to the cardiac ICU with myopericarditis with pericardial effusion. A medical procedure and subsequent pericardial drain removed 900 mL of extra fluid from my pericardium, and I was in the cardiac ICU for 9 days, moved to the cardiac floor for another day after that, and finally released after a 10-day hospital stay. I have never had any cardiac issues before, and all of this was completely out of the blue. My blood pressure also spiked during that time period, and the hypertensive emergency (220/140 blood pressure readings in the ER) that was a factor in me being admitted to the hospital continues to not be completely resolved, as I am on 3 blood pressure medications now (all introduced during that hospitalization) but still experience high blood pressure some days. I was released from the hospital the first time on December 9, but I am continuing on a treatment of colchicine and a taper of prednisone (started at 60 mg/day and currently at 40 mg/day) for the pericarditis and pericardial effusion, and for the myocarditis I have been giving lifting restrictions (no more than 10 pounds, to last for six months) and restrictions on how high I can allow my heart rate to rise when I do gentle exercise (no higher than 80-90 bpm). The level of fluid in the pericardium is still not back to normal, and I am told that my recovery will take until at least summer (approximately June). I was re-admitted to the cardiac floor (non-ICU) briefly on December 14-15, because of worsening symptoms, so that accounts for my 11th day in the hospital. I do have any autoimmune disorder, Mixed Connective Tissue Disease, and I am unsure if that played a role in this myopericarditis with pericardial effusion--it was a major question for the cardiology team while I was in the ICU, who also brought in a rheumatology team to consult and run additional tests, but the rheumatology team was never able to prove that the situation was caused by autoimmune involvement (for example, it did not appear to be a lupus-style attack on the heart tissue because the complements in the immune system did not activate). However, my rheumatologist told me that while I was in the hospital with myopericarditis that she had 3 additional patients who developed sudden heart issues similar to mine shortly after receiving their Moderna boosters. Again, I understand that correlation is not causation, and it could be that the vaccine was not the cause of my situation. However, if the data you gather from VAERS reports and other sources points to an increased risk of heart problems for patients dealing with autoimmune diseases, please warn those who should avoid this particular vaccine. I support vaccination, and I want people to be vaccinated against COVID-19 (myself included, though my rheumatologist has told me not to get the Moderna vaccine again), but I don't want others to have to go through what I went through--feeling so sick and scared, being separated from my daughter for 10 days, huge medical bills, etc.
MYOCARDITIS	2075623-1	40-49 years	HOSPITAL COURSE: Briefly, this is a 48-year-old with insulin-dependent type 2 diabetes, asthma, coming in with concerns of gradually worsening URI symptoms and chest tightness 1 week preceding hospitalization. For more detail, including PMH, PSH, PFH, Social Hx and further info please see admission H&P. Hospital course dictated by problem: Acute hypoxic respiratory failure, resolved Suspect Covid pneumonia He was admitted and provided supplemental oxygen, steroids, Lovenox based on D-dimer and our institutional protocol for anticoagulation, I-S and Aerobika for pulmonary toilet. With a procalcitonin of 0.14 on admission lower clinical concern for superimposed bacterial pneumonia. For greater than 24 hours now he has been off oxygen. He subjectively feels improved, his acute phase reactants are improving, his vitals are stable. I feel appropriate for discharge. Advised on isolatory precautions at home, given I-S and Aerobika to go home with for continued use of pulmonary toileting there, close primary care follow-up no later than 7 days from now. He was given a work note. Strict return precautions reviewed. Suspect myocardial injury Troponin around 130 on arrival, down trended. Echo without focal wall motion abnormality. He was without symptoms of angina or anginal equivalents on the floor. He works a physically demanding job, preceding illness he states he was not having any chest pain or pressure tightness or exertional symptoms. Suspicion is that this was demand ischemia in the setting of hypoxia and/or myocarditis from Covid injury. Advised on PCP follow-up for consideration of CAD work-up and stress testing. Insulin-dependent type 2 diabetes Suspect corticosteroid induced hyperglycemia He was managed on his long-acting Lantus and high-dose sliding scale insulin while here. He was running high at times which I suspect was the because steroids were on board. Patient reports that his blood sugars are very well controlled with his home regime and so he was advised to continue doing so. Per his report he is overdue for an A1c, advised he have this rechecked with his PCP when he follows up for posthospitalization visit. Mild MR Incidental finding on echo, told to discuss with PCP regarding monitoring. Mild anemia Hemoglobin 12.7 today without subjective findings of blood loss such as hematemesis, coffee-ground emesis, melena, hematochezia, etc. Vitals are otherwise stable. Advised to have this rechecked by primary care and consider further evaluation and management depending on findings. Hiccups, resolved Suspect this was iatrogenic induced from dexamethasone. He was given 1 dose of PPI, few doses of Reglan and baclofen with resolution. Asthma without findings of acute exacerbation Advised to continue with his as needed albuterol.
MYOCARDITIS	2076423-1	40-49 years	Tachycardia, fever, malaise, progressed to dyspnea, hypoxia, AMS, myocarditis with confirmed EKG changes, elevated troponins, CRP and BNP also developed superimposed PNA.
MYOCARDITIS	2078862-1	18-29 years	On Dec 3 my 23 yo son had moderna covid vaccine number 1. On January 1 2022 he developed COVID. He had COVID and recovered. Per his PCP guidance he had moderna vaccine number 2 on 1/20/2022. He had some unpleasant side effects that started the date of his vaccine. On 1/23 developed shortness of breath and chest pain and was brought to the hospital where he was diagnosed with myocarditis. His troponin topped to 16000, his echo showed EF of 50%. He was admitted, treated and released home on Motrin and metoprolol. He is home recovering and will have a repeat echo on Feb 5.
MYOCARDITIS	2079570-1	18-29 years	Patient received 1st covid vaccine on 5/6/21 and 2nd dose on 5/28/21. Patient had a urgent care visit on 11/23/21 for evaluation of fever, chest pain , chest tightness and then patient presented to outside hospital ED. According to cardiology follow up note on 11/30/21, patient was diagnosed with myopericarditis 1 week prior with TnT 0.79 to 0.97, no rise and fall, CRP 144. Patient got mri cardiac non stress imaging on 12/7/21 and the conclusion was that it was consistent with healing phase of myocarditis with normal left ventricular function. Patient was treated with ibuprofen, indomethacin and colchicine.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2079626-1	18-29 years	Patient received pfizer vaccine on 4/21/21 and 5/19/21 and the booster dose with moderna vaccine on 12/1/21. patient presented to hospital with pleuritic chest pain, troponin leak and EKG changes most c/f myopericarditis secondary to covid booster. troponin: 686-> 791 -> 880, initial EKG: diffuse STE, not seeing any PR depressions, repeat ECG improved. Covid negative. CRP 24.3. Cardiac MRI revealed myopericarditis and patient was treated with ibuprofen and colchicine and symptoms completely resolved within 2 days.
MYOCARDITIS	2079887-1	30-39 years	Left sided shoulder and chest pain, muscle spasms, intermittent since incident, occurring every other day on average.
MYOCARDITIS	2080292-1	18-29 years	began with burning in chest which progressed to chest pain and left arm pain. Presented to ED (11:44 pm 1/29/22). EKG was abnormal, labs were drawn and troponin levels were elevated. Diagnosed with myopericarditis. Remained in ED >12 hrs. Discharged home after troponin levels decreased with prescription medication and advised to follow up with cardiologist for an echocardiogram within the next few days. Patient very fatigued even at rest. Advised to remain out of work and no activities until he sees a cardiologist for clearance.
MYOCARDITIS	2081961-1	30-39 years	"I received the Pfizer Vaccine at the pharmacy on 12/1/21, my card says ""Pfizer Fg8762"". During the second, and especially the third day after vaccination I had a swollen left breast. A family friend that is an MD doctor at the Hospital told me that this is Myocarditis. It was painful but not excessively painful and I did not go to the hospital. I was able to continue my job working remotely on the computer. The pain symptom went away after three weeks, and the swelling started to dissipate then and appeared to have completely return to normal after about six weeks. I also experienced a swollen lymph node on my left armpit, near where I had received the shot. I tried to keep my left arm up because it would hurt when trying to rest my arm on my side. Other symptoms experienced were fatigue and runny nose."
MYOCARDITIS	2082680-1	40-49 years	Myocarditis, two weeks. I had extreme chess pain that spans mostly the right side of my chest. I had breathing problems or feeling of not catching my breath. Weakness and lack of energy. I usually run but due to condition I was not able to do any physical activity. I also had fever. It has been a year and I still have trouble performing physical activity but am about 90% of previous performance.
MYOCARDITIS	2082709-1	30-39 years	Myopericarditis
MYOCARDITIS	2083498-1	40-49 years	12/31/21: Tight muscles, visual migraine 1/4/22: Transitory chest pressure or pain started in lower-left of rib cage. Moved to right lower side, then up. Continued to move for several weeks. ER trip 1/7, 1/11 for chest pain. ECG and Troponin levels normal in both cases. 1/26: Cardio stress test shows no issues. Currently suspect myocarditis. Echo test scheduled for 2/7. Pain moderately better immediately after exercise, burning sensation beings 30-120min after completion of exercise. Initial Pfizer 2 dose on 4/10/21, 5/1/21. Breakthrough COVID infection started 11/12/21.
MYOCARDITIS	2085414-1	40-49 years	Patient received 2 moderna covid vaccines on 4/1/21 and 4/29/21. Patient presented to hospital on 10/30/21 with significant orthopnea, dyspnea on exertion and cough with inspiration. cMRI on 11/1 was consistent with acute myocarditis, EF 25% (new HFrEF). EKG showed ST depressions in inferior and lateral leads, troponin 954, NT-proBNP 6252, d-dimer 1834.
MYOCARDITIS	2086170-1	18-29 years	Chest pain, heart arythmias, shortness of breath, numbness , tingling, skipped heart rate, shortness of breathe, chest tightness, weakness, shoulder pain, thoracic pain, fatigue. Pain reported as extreme 4/5 many times, sharp to dull to tight. Symptoms began almost immediately after second vaccine and continue to this date. Multiple trips to urgent care and Er, including 911 calls between May through November 2021. Myocarditis and inflammation.
MYOCARDITIS	2087389-1	30-39 years	This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Myopericarditis) in a 31-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 23-Oct-2021, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 23-Oct-2021, the patient experienced MYOCARDITIS (Myopericarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myopericarditis) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown.
MYOCARDITIS	2087811-1	30-39 years	Patient received covid 19 pfizer vaccine on 4/8/21 and 4/30/21. Patient presented to local ED from a HCF for chest pain, troponin elevation c/f ACS. Troponin 270 -- > 430, covid negative, ECG with diffuse up-sloping ST segments. Below is the impression from the 10/20 cardiac mri: 1. The left ventricular size is normal. The left ventricular ejection fraction is 50 % by Simpson's method. Global left ventricular function is low normal. There are no regional wall motion abnormalities of the left ventricular wall. The left ventricular mass is normal. 2. There is no resting first pass myocardial perfusion defect. There is patchy mesocardial late gadolinium enhancement in the anterolateral and inferolateral walls at the midventricular level and involving the apical septal and anterior walls. There is evidence of focal myocardial edema by T2 weighted imaging in the anterolateral wall at the midventricular level. Extracellular volumes are normal: 26-31 % (normal values 3T: 27-32%). Native T1 times are normal: 1273-1350 ms (normal value 3T: 1200 +/- 80ms). Myocardial T2* decay time is within normal limits, indicating absence of abnormal myocardial iron overload. 3. The right ventricular size is normal. The right ventricular ejection fraction is 49 % by Simpson's method. Global right ventricular function is normal. There are no regional wall motion abnormalities of the right ventricular wall. There is no late gadolinium enhancement of the right ventricle. 4. Left atrial size is mildly enlarged. Right atrial size is normal. Patient was appropriately treated and was referred to cardiology upon discharge.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2087970-1	30-39 years	I experienced prolonged symptoms of myocarditis for a period of four months that started 10 days after receiving the second dose of the Moderna vaccine. Upon waking up one day after the second dose, I could not stand for more than 2 minutes and felt like I would collapse whenever I stood up or tried to walk anywhere. The day after I received the vaccine, I began experiencing severe fatigue that resulted in me sleeping 10-14 hours per day and being incapacitated for exactly nine days. I be All I could muster the energy to do was eat two meals a day and shower every few days. I began experiencing chest pain on the tenth day that worsened when I drank even the slighest amount of caffeine, attempted to exercise, raise my left arm while sleeping on my stomach, and, scarily, at random times during the day. The pain was akin to that of muscle soreness at the sight of my heart. I continued taking acetomeniphen when symptoms arose. On a few occassion, I experienced a frightening, fast-paced butterfly-like fluttering heart beats that resulted in me immediately checking my blood pressure and heart rate. While my pulse results were always normal, my blood pressure, at times, was slightly lower than normal while within normal range for adult my age. I experienced greater difficulty breathing while wearing masks during this period but attributed this to my Asthma. I attempted to use the internet every day to try to find out the cause of my symptoms but information regarding the vaccine-myocarditis connection was not made public until around June 12, 2021, and I did not have a doctor at the time. While all of the public information appeared to support that the myocarditis was a temporary,fleeting and not a cause for concern, my symtoms were neither fleeting nor tempoary. My symptoms began to subside in earl August 2021 but returned on and off through early September 2021. I continued experiencing pain whenever I unconsciously turned to my left side or attempted to raise my left arm to my head while sleeping. In early September 2021, however, I felt the same pain and heart palptiations that I felt in May after attempting to drink a mild cup of coffee. It was not until after experiencing no symptoms for a period of two weeks that I discovered that my symptoms had completely disappeared by drinking a mild cup of coffee and failing to experience any chest pain. I have not experienced any heart-related or chest pain symptoms since September 2021 but have recently had the Moderna boster shot.
MYOCARDITIS	2087992-1	30-39 years	Patient received covid 19 moderna vaccine on 3/6/21 and 4/5/21. Patient presented to BWH ED on 9/29/21 with chest pain and fever. Troponins 65 -> 35-> 31. ECG no ischemic changes. Noted to have elevated CRP 85 and ESR 23 and NT-proBNP 676. Cardiac MRI showed evidence of nonspecific, but diffuse myocardial inflammation without morphologic LV changes or dysfunction. Patient was appropriately treated and discharged.
MYOCARDITIS	2088053-1	18-29 years	Patient received 1 dose of pfizer vaccine on 5/26/21. Patient presented to a local ED on 8/23/21 with left sided chest pain. Troponin 41, CRP <3, ESR 2, covid neg. Below is mri cardiac imaging impression done on 8/30/21. IMPRESSIONS: 1. The left ventricular size is mildly dilated. The left ventricular ejection fraction is 54 % by Simpson's method. The left ventricular end-diastolic volume index is 111 ml/m2. There are no clear regional wall motion abnormalities. Global left ventricular function is low normal. The left ventricular mass is normal. 2. There is a large amount of primarily subepicardial late gadolinium enhancement (LGE) which is essentially circumferential in the basal segments. This subepicardial LGE extends into the mid and apical inferior and inferolateral walls. There is also focal subepicardial LGE in the anterior wall at the midventricular level. There is no evidence of focal myocardial edema by T2 weighted imaging. T1 mapping images are non-diagnostic due to artifact in the apical and basal segments, however in the midventricular segment, extracellular volume is elevated in the corresponding regions of LGE (40-50%) but is normal in the other segments, measuring 25 % (normal values 3T: 27-32%). 3. The right ventricular size is normal. The right ventricular ejection fraction is 60 % by Simpson's method. Global right ventricular function is normal. There are no regional wall motion abnormalities of the right ventricular wall. There is no late gadolinium enhancement of the right ventricle. 4. Left atrial size is normal. Right atrial size is normal. 5. There is a trivial inferior pericardial effusion. Patient is managed by a cardiologist and the decision was made not to get the booster vaccine.
MYOCARDITIS	2091339-1	30-39 years	"Myocarditis; First was flu symptoms; fever; chills; body aches; dizziness; shortness of breath; extreme fatigue; Chest pain; Elevated troponin level; Abnormal ekg; Fast heart rate; This is a spontaneous report received from contactable reporter(s) (Consumer or other non healthcare professional). The reporter is the patient. A 33 year-old male patient received bnt162b2 (BNT162B2), administered in arm left, administration date 26Jan2022 18:30 (Lot number: Fj8757) at the age of 33 years as dose 3 (booster), single for covid-19 immunisation. Relevant medical history included: ""Covid"" (unspecified if ongoing). Concomitant medication(s) included: ADVAIR inhaler 230; AMLODIPINE 20 mg; NEXIUM [ESOMEPRAZOLE MAGNESIUM] 5 mg. Vaccination history included: Bnt162b2 (DOSE 2, lot number: Er8733, Prev dose vaccine location=Left leg), administration date: 26Apr2021, when the patient was 33 years old, for COVID-19 immunization, reaction(s): ""prev dose vaccine location=Left leg""; Bnt162b2 (DOSE 1, lot number: Ew0151, Arm left), administration date: 05Apr2021, when the patient was 33 years old, for COVID-19 immunization. Prior to vaccination, the patient was diagnosed with COVID-19. Since the vaccination, the patient had been tested for COVID-19 with unknown results. There was no other vaccine within 4 weeks. The following information was reported: MYOCARDITIS (hospitalization, life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""Myocarditis""; INFLUENZA (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""First was flu symptoms""; PYREXIA (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""fever""; CHILLS (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""chills""; PAIN (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""body aches""; DIZZINESS (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""dizziness""; DYSPNOEA (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""shortness of breath""; FATIGUE (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""extreme fatigue""; CHEST PAIN (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""Chest pain""; TROPONIN INCREASED (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""Elevated troponin level""; ELECTROCARDIOGRAM ABNORMAL (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""Abnormal ekg""; HEART RATE INCREASED (life threatening) with onset 27Jan2022 08:00, outcome ""not recovered"", described as ""Fast heart rate"". The patient was hospitalized for myocarditis (hospitalization duration: 2 day(s)). The events ""myocarditis"", ""first was flu symptoms"", ""fever"", ""chills"", ""body aches"", ""dizziness"", ""shortness of breath"", ""extreme fatigue"", ""chest pain"", ""elevated troponin level"", ""abnormal ekg"" and ""fast heart rate"" were evaluated at the physician office visit. The patient underwent the following laboratory tests and procedures: electrocardiogram: (27Jan2022) abnormal; heart rate: (27Jan2022) fast; sars-cov-2 test: (29Jan2022) unknown; troponin: (27Jan2022) elevated. Therapeutic measures were taken as a result of myocarditis, influenza, pyrexia, chills, pain, dizziness, dyspnoea, fatigue, chest pain, troponin increased, electrocardiogram abnormal, heart rate increased."
MYOCARDITIS	2091902-1	18-29 years	myopericarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2092786-1	18-29 years	myocarditis
MYOCARDITIS	2093378-1	18-29 years	hives, racing pulse, chest tightness, low grade fever irregular pulse persistent for 2 weeks now
MYOCARDITIS	2094176-1	30-39 years	Chest pain, joint pain, low blood pressure, weakness starting at 5pm. Symptoms continued to worsen until 3/1/2021 went to the hospital. Treated for myocarditis.
MYOCARDITIS	2096245-1	30-39 years	He developed mild chest pain and SOB 1 day following vaccination. His symptoms progressed over 48 hours. He developed more severe chest pain. He had neck pain with radiation down his left arm, and dyspnea on exertion. Chest pain became severe. He presented to hospital and diagnosed with acute myopericarditis.
MYOCARDITIS	2096687-1	18-29 years	Suspected Myocarditis - chest pains, heart palpitations, chest tightness Skin hives/rashes
MYOCARDITIS	2099682-1	40-49 years	Several events happened, started with sore arm and felt I was punched, fatigue after a few days there were myocarditis and Irregular heartbeat sweating a lot, cough, inflammation all over my body and turned purple and for the longest time after the vaccine still have inflammation. I was one of the first to get vaccinated and the doctors disregard that all this was due to the vaccine. Prescribed anti anxiety medication and was on my own to get through this. Made my doctor give me a EKG and labs. No doctor would listen to me and my labs did come back normal but my kidney functions were abnormal. Symptoms did not resolve.
MYOCARDITIS	2099706-1	18-29 years	Myocarditis
MYOCARDITIS	2101552-1	18-29 years	Patient has chest pain, difficulty breathing and nausea. Sent to ED then admitted to hospital. treated for acute myopericardits. Currently on Colchicine for 6 months. Follow-up with cardiologist in February indicated condition the result of Covid Vaccine
MYOCARDITIS	2101742-1	40-49 years	Patient was diagnosed with myopericarditis
MYOCARDITIS	2105116-1	40-49 years	GI symptoms within 24 hr causing ER visit. subsequent chest pain within a week. Pt saw me we did echo showing pericardial effusion and normal EF. Treated with NSAID for a moth or so with partial resolution. Blood work done thereafter to evaluate and troponin was positive. Sent to ER for evaluation. Cardiac Cath negative, EF stil normal of F/u. Presumptive DX of myocarditis given. F/U CMR confirmatory.
MYOCARDITIS	2105684-1	18-29 years	Chest pain, heart inflammation.
MYOCARDITIS	2105687-1	40-49 years	Heart/chest pressure, tightness Heart palpitations, fluttering, racing Heart/chest pain GERD, burping, heart burn Vertigo Nausea Tired, weak Anxiety Cramps (back, knees, shoulders, neck, jaw) Headache On and off tinnitus Lymph node under arm sore Injection site sore Runny nose Sore throat Sneezing Wheezing
MYOCARDITIS	2108854-1	30-39 years	"myocarditis; cardiac related problems; chest pain; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 39 year-old female patient (not pregnant) received bnt162b2 (BNT162B2), administered in arm left, administration date 07Jan2022 20:00 (Lot number: 33036BD) at the age of 39 years as dose 1, single for covid-19 immunisation. Relevant medical history included: ""Thyroid"" (unspecified if ongoing); ""Covid-19"" (unspecified if ongoing), notes: prior vaccination. Concomitant medication(s) included: PREMARIN; CELEBREX; VYVANSE; NURTEC ODT; SYNTHROID. The following information was reported: MYOCARDITIS (medically significant) with onset 10Jan2022 12:00, outcome ""not recovered"", described as ""myocarditis""; CARDIAC DISORDER (non-serious) with onset 10Jan2022 12:00, outcome ""not recovered"", described as ""cardiac related problems""; CHEST PAIN (non-serious) with onset 10Jan2022 12:00, outcome ""not recovered"", described as ""chest pain"". The events ""myocarditis"", ""cardiac related problems"" and ""chest pain"" were evaluated at the physician office visit. The patient did not receive other vaccine in four weeks. The patient was not tested for COVID-19 post vaccination. The patient has no known allergies."
MYOCARDITIS	2110263-1	40-49 years	Pt presented 1/25 with symptoms of shortness of breath x 1 day. Found to be in SVT with EF 15% CI 1.3 myocarditis of unclear etiology: possibly tachycarrhythmia-mediated vs fulminant viral myocarditis vs sequelae of connective tissue disorder. Patient was previously working and active 1/23. Pt now requiring ecmo plan to transition to LVAD/ RVAD.
MYOCARDITIS	2113079-1	30-39 years	chest pain, myocarditis with troponin elevation
MYOCARDITIS	2113905-1	30-39 years	30 y/o female with hx of SVT (on propranolol), presented to the ER on 1-12-22 for CP with radiation to left shoulder/jaw/neck x 7 hours (woke her from sleep at 0200 that day). No SOB, dizziness, N/V, diaphoresis. CXR normal. Bedside ECHO organized cardiac motion, no pericardial effusion. Troponin 0.469>0.9170 (012-0.034 ng/mL). EKG diffuse T wave inversion consistent with peri-myocarditis. Transferred to hospital for formal ECHO and cardiology evaluation. There her CT angiogram was negative for PE. ECHO with hypokinesis of the apex which lead to suspicion for Takotsubo cardiomyopathy. EF 57%.PT HAS SINCE STILL HAD SYMPTOMS, BUT IMPROVING OVER THE LAST MONTH. LAST ECHO SHOWED NORMAL EF AND NO WMA.
MYOCARDITIS	2123524-1	30-39 years	Patient was admitted to hospital for acute myopericarditis.
MYOCARDITIS	2123966-1	30-39 years	myocarditis/pericarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2128099-1	18-29 years	"Big Nosebleed; some weird heart burn stuff going on; He doesn''t normally get headaches; but he had one yesterday towards the left temple on his head; He was very drowsy on 06Feb2022; Caller states this usually happens when he is fatigued; the body kind of shook; He still does not feel the same; myocarditis; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 24 year-old male patient received bnt162b2 (BNT162B2), administration date 05Feb2022 (Batch/Lot number: unknown) at the age of 24 years as dose 1, single for covid-19 immunisation. Relevant medical history included: ""Nosebleed"" (unspecified if ongoing), notes: Verbatim: Nosebleed; ""Palpitation"" (unspecified if ongoing), notes: States he has had palpitations before, but yesterday did not feel like palpitations. The patient's concomitant medications were not reported. The following information was reported: MYOCARDITIS (medically significant) with onset Feb2022, outcome ""unknown"", described as ""myocarditis""; HEART RATE INCREASED (non-serious) with onset 05Feb2022, outcome ""unknown"", described as ""First night after his vaccine his heart rate was 49-50 while he was sleeping. States that is quite high for him""; DYSPEPSIA (non-serious) with onset 08Feb2022, outcome ""recovered"", described as ""some weird heart burn stuff going on""; HEADACHE (non-serious) with onset 08Feb2022, outcome ""unknown"", described as ""He doesn''t normally get headaches; but he had one yesterday towards the left temple on his head""; FEELING ABNORMAL (non-serious) with onset Feb2022, outcome ""unknown"", described as ""He still does not feel the same""; EPISTAXIS (non-serious) with onset 09Feb2022, outcome ""unknown"", described as ""Big Nosebleed""; SOMNOLENCE (non-serious) with onset 06Feb2022, outcome ""unknown"", described as ""He was very drowsy on 06Feb2022""; FATIGUE (non-serious) with onset Feb2022, outcome ""unknown"", described as ""Caller states this usually happens when he is fatigued""; TREMOR (non-serious) with onset Feb2022, outcome ""unknown"", described as ""the body kind of shook"". The patient underwent the following laboratory tests and procedures: heart rate: (05Feb2022) quite high, notes: His heart rate was 49-50 while he was sleeping; (08Feb2022) creeped up, notes: about 10 beats per minute higher than normal. Therapeutic measures were taken as a result of dyspepsia. Clinical Information: He wants to give some background on his health first. He had decent cardiovascular health. He mountain bikes and he is pretty well and pretty healthy. He keeps track of his health matrix and data. When he is sleeping his heart rate is usually 39 beats per minute and he states that is good as it means his heart does not have to work that hard. States that the first night after his vaccine his heart rate was 49-50 while he was sleeping. States that is quite high for him and he thought something was going on and his body wasn't recovering like it used to. States the first two days he didn't do anything. States he wanted to recover as much as possible. He was very drowsy on 06Feb2022 and slept for 12 plus hours and thought it was just his immune system recovering. He got heartburn after eating only black beans and vegetables as it was barely any grease in that food. He took some Tums; gummy Tums and felt better after that. states that today about 30 minutes ago, out of nowhere, he was sitting on his desk and got a big nosebleed. His friends in the medical field told him to keep his heart rate down for the first week due to the risk for inflammation and then states myocarditis is what his friends mentioned. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected."
MYOCARDITIS	2128402-1	18-29 years	Myocarditis
MYOCARDITIS	2128495-1	30-39 years	Myocarditis, shortness of breath and chest pain still ongoing but not as severe.
MYOCARDITIS	2128591-1	30-39 years	By september 3 , 2021 , I got vaccinated against COVID with the first dose at 7:30pm at 2 in the morning on september 4 2021 I got up with a strong tachycardia, chills, chest pain, headache and stomach pain which in the course of the week and even months did not slow down my heart rate.. visti cardiologist which diagnosed me with miocarditis..visit neurologist for headache problems and hallucination, severe panic attack..being a person who before the vaccine was healthy and did not seem at all
MYOCARDITIS	2130311-1	30-39 years	TWO ADVERSE REACTIONS: 1. My period is practically non-existent. I barely bleed! What happened to my ovaries??? Am I still going to be able to have children in the future? My period has changed dramatically since getting vaccinated in May 2021 and 2nd dose in June 2021. I had a regular menstrual cycle in the past, a regular flow, and healthy and normal period. Now I hardly bleed and it greatly concerns me. 2. I don't have any heart disease in my family. I am now 38 and have an enlarged right part of my heart along with irregular heart beats - myocarditis.
MYOCARDITIS	2131465-1	18-29 years	Monday Nov 1, 2021, I was vomiting, dizzy, and nauseous. I stayed at home next day, could not sleep, chest pain, and SOB. I went to the ER. While at ER, I had blood work that stated I had pulmonary embolism blood clot and low white blood cell count. That was ruled out but something triggered that. Was discharged from ER with a referral to cardiologist. I also went back to the ER due to fast heart rate above 170 and high blood pressure with numbness in my arm. I wanted to make sure I was not having a heart attack. While in ER, I received another EKG, chest x-ray, and blood work. I had went to cardiologist and had a stress test which I failed. More testing was done with echocardiogram, EKG, CTA, a cardiac MRI, and Holter monitor. I have mild palpitation and myocarditis determined from the EKG and echocardiogram. I just had a cardiac MRI today so no results yet.
MYOCARDITIS	2132019-1	18-29 years	Patient presented to ED on 2/14/22 (2 days after booster vaccine on 2/12/22) reported chest pain, fever. Troponin was elevated and echo showed reduced ejection fraction and hypokinesis. Patient was diagnosed with myocarditis and received treatment of aspirin, colchicine, and prednisone.
MYOCARDITIS	2134586-1	40-49 years	Two weeks after my Pfizer booster shot, I had mild chest pressure for around 3 weeks, discomfort laying down, my heart would race and keep me up all night. It felt better when I was standing up and moving around. I suspect I had a mild case of myocarditis. It seems to improve each day. I quit drinking coffee to help and inclined my bed.
MYOCARDITIS	2134617-1	30-39 years	On the morning of January 20th, I developed extreme tightening sensation in my chest. My right arm went tingly and then numb. I sat down for a few minutes and when I stood up my left arm went tingly and numb. I then broke out in a cold sweat and then started having difficulty breathing. I called EMS and was rushed to the ER in cardiac distress. I was given aspirin, nitro, and blood thinner in the ambulance and ER. The pain and symptoms were the worst in the ambulance which was roughly 30 minute after the onset of symptoms. After it was established I was not having a heart attack, they determined I had Myocarditis. I was admitted to the hospital and stayed overnight and was discharged around 7:30pm on January 21st.
MYOCARDITIS	2137674-1	40-49 years	Diagnosed with LUPUS - inflamed heart, hair loss, Breast Tumor, and various other issues
MYOCARDITIS	2140264-1	40-49 years	Participant got a rash on back down the right side of body and had a low grade fever approximate 101, was diagnosed with shingles. Shingles cleared on 1/23/2021, about 2-3 weeks later was hospitalized with myocarditis on Feb 7 for a week. Participant has been home rest since leaving hospital. Participant still having dizziness and fatigue.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2140502-1	18-29 years	Unable to lie down without chest pain and rapid heart rate. Treated with high dose anti-inflammatory medication for pleurisy and myocarditis for 2 weeks. Symptoms subsided, but occasionally reoccur.
MYOCARDITIS	2140685-1	30-39 years	Patient received the first COVID-19 mRNA vaccine shot on January 22, 2021, and experienced palpitations on the morning of January 24, 2021. He presented to his primary care physician on January 25, 2021 for evaluation. He had an abnormal EKG (details surrounding this EKG not available at time of this report). On Jan 2, 2022, he went to the emergency department with chest pain and elevated troponin. He underwent cardiac catheterization (unremarkable), and diagnosed with myocarditis. This occurred about one month after a coronavirus infection (tested positive), but negative for COVID-19 specifically. Patient continues to experience mild exertional chest pain.
MYOCARDITIS	2144112-1	18-29 years	Developed chest pain, malaise 24-48 hours after vaccine and presented to ER, where he had elevated troponin, echo and EKG changes consistent with acute myopericarditis.
MYOCARDITIS	2145996-1	18-29 years	myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (myocarditis) in a 22-year-old female 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 dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (myocarditis) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medications were reported. It was reported he heard while he was at his cardiologist's office a female experienced myocarditis after receiving the Moderna COVID-19 vaccine. No treatment drugs were reported. Company comment:This Spontaneous case concerns a 22-years-old male patient with no medical history reported, who experienced the expected serious AESI event of Myocarditis (seriousness criteria medically significant) The event Myocarditis occurrence was unknown with respect to the non-specified dose of mRNA-1273 vaccine received on unknown date. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This Spontaneous case concerns a 22-years-old male patient with no medical history reported, who experienced the expected serious AESI event of Myocarditis (seriousness criteria medically significant) The event Myocarditis occurrence was unknown with respect to the non-specified dose of mRNA-1273 vaccine received on unknown date. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	2147595-1	18-29 years	Patient admitted with myopericarditis, no traditional risk factors for cardiac disease or concern FH. Left sided chest pain, worse in supine position and noted to have acute myocardial injury pattern on labs. No signs of infections.
MYOCARDITIS	2148348-1	40-49 years	Didn?t feel good then Cardiac arrest cpr given on arrest had inflammation of heart. Given Corey and Amiodarone . Treatment ongoing
MYOCARDITIS	2148672-1	18-29 years	Myocarditis, elevated heart rate, palpitations, weakness, low blood pressure, near syncopal episodes, treatment: prednisone
MYOCARDITIS	2150860-1	18-29 years	(Privacy) stated that her son had been complaining of the following symptoms since he received the second dose in September 2021: 1. Tingling in both feet daily 2. Both heels hurting daily 3. Around beginning of October 2021 hands and fingers started going numb and he started having difficulty grasping and holding onto objects. 4. Blood in his sperm and urine past couple of weeks (Not sexually active) 5. Sinus pressure, sinus drip, Diagnosed with Acute maxillary sinusitis on 10/13/2021 6. Severe cough 7. Past week developed sensitivity to light. Wanted to remain in the dark as any light source was causing him severe pain to his eyes. 8. 10/27/2021-Started coughing up blood prior to going unresponsive and went into cardiac arrest at home. The patient presented to the ER on October 12, 2021 with multiple complaints, sinus congestion and sore throat, and a cough. There was a reported lump on the left side of his neck for the past two weeks. The patient reported that for the past two weeks he noted blood in his sperm. The patient denied STD's, no testicle pain, no penis pain or lesions (Reportedly not sexually active). The patient denied any recent fevers, chills, chest pain, or shortness of breath, nausea or vomiting, abdominal pain, dysuria or hematuria, diarrhea, melena, hematochezia, rashes or wounds, or new leg pain or swelling. The patient stated there was no recent travel or trauma. XR Chest 2 Views PA and Lateral (Standard) were said to be completed. The report stated that lungs were clear without findings of a focal consolidation, pneumothorax, or pleural effusion. The cardio mediastinal silhouette is within normal limits for age. The patient returned to the ER on October 19, 2021 for concern his cough is getting worse and his health has not improved after a week of antibiotic (Augmentin). The patient was previously diagnosed with sinusitis. The patient vomited while coughing last night, October 18, 2021. The patient denied recent fever, chills chest pain, shortness of breath, nausea, abdominal pain, dysuria, diarrhea, melena, hematochezia, rashes or wounds, or new leg pain or swelling. XR 2 View PA and Lateral (Standard) Two view chest comparison studies. No definite evidence of an acute infiltrate or pneumothorax. No significant pleural effusion. Heart size is within normal limits with no evidence of cardiac failure. No acute osseous abnormalities are seen. There were no definite acute cardiopulmonary findings seen radiographically. The patient died on October 27, 2021 at the Hospital, in the Emergency Room. Postmortem autopsy completed at (Privacy) Hospital, on October 28, 2021 by (Privacy), MD/Pathologist. Autopsy Results: (Privacy), Pathologist-MD reported that based on consideration of the autopsy examination, review of available records, and toxicologic analysis, the death of the patient to a reasonable degree of medical certainty, is ascribed to COVID-19 vaccine-related myocarditis. The death is ruled natural.
MYOCARDITIS	2151748-1	18-29 years	Myocarditis/Pericarditis
MYOCARDITIS	2155537-1	18-29 years	27 y.o. female with a history of anxiety, depression, myocarditis presents with chest pain, c/w myocarditis/pericarditis. HPI 27 y.o. female with a history of anxiety, depression, myocarditis presents with chest pain. She felt some chest tightness yesterday morning with some deep pain that was relieved with ibuprofen. The pain got worse at night and she took more ibuprofen, which helped. This morning, she woke with sweats and 8/10 chest pain. The pain comes and goes and lasts a couple of hours. The pain is associated with mild shortness of breath. She endorsed some nausea, but denies vomiting. She reports that the pain is very similar to the myocarditis that she had in May 2019. Per chart review, she was treated with ibuprofen, colchicine and doxycycline (positive for Lyme). She saw a cardiologist who said her episode resolved, but has not really followed with him. Of note, patient reports that she had the second dose of the MODERNA COVID-19 vaccine on Tuesday and then she experienced body aches, fever, chills the following day (Wednesday), but these symptoms resolved when she developed her chest pain on Thursday. The patient works in a restaurant with indoor dining as a waitress. When seen in the ED, the patient was resting comfortably without any current pain.
MYOCARDITIS	2162116-1	18-29 years	*Presented to ER on 8/17/21 with severe chest pain, elevated troponins, EKG with PR depressions and ST/J point elevations *Cardiac angiogram 8/17/21 - inferior wall motion abnormal *Cardiac MRI 8/19/21 findings suggestive of acute myopericarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2162674-1	18-29 years	On 8/22/21 @11pm patient presented to the ED at a local hospital with shortness of breath, palpitations, and throbbing chest pain. EKG revealed ST elevation and labs remarkable for elevated troponin . Patient was urgently taken to another hospital and taken to cath lab on 8/23 @2am and diagnosed with myopericarditis with no intervention needed. Patient was admitted to the ICU after for monitoring and discharged on 8/24/21 in stable condition with a prescription for colchicine and ibuprofen.
MYOCARDITIS	2165608-1	40-49 years	Wok up in the middle of the night with severe chest pain and shortness of breath. Went to the ER , and was transferred to a cardiologist. Diagnosis is myocarditis/pericarditis.
MYOCARDITIS	2171056-1	18-29 years	"Patient states that she has been feeling in her normal state of health until the last few days. She states that her baseline state of health involves intermittent chest pain that radiates to the left arm and which is non-exertional and non-pleuritic in nature and has a quality described as squeezing and/or stabbing. She states that she felt in her normal state of health until today when she woke up with severe ""heart pain""--worse than her normal intermittent chest pain--and thought she was having a heart attack. She states that she walked to a nearby pharmacy to obtain some ibuprofen and, during the walk, initially thought that the movement was palliating her pain but states that she subsequently felt worse upon returning home and so is unsure of whether motion makes it worse. She notes that rest does not appear to palliate the pain; rather, she states that laying down in the supine position worsens the pain and that sitting upright relieves the pain. She states that she has not experienced any period of time where the chest pain entirely went away today; rather, she notes that it vacillates between a 3/10 and 8/10 in severity. She denies associated lightheadedness, syncope, shortness of breath, fever, chills, leg swelling, hemoptysis; regarding palpitations, she is somewhat equivocal and states that she has a sensation that her heart is ""slowing down"" but no other palpitation-like symptoms. She notes that she was diagnosed with a presumptive UTI approximatey 2 days ago and has been taking ciprofloxacin 500mg BID as prescribed. She states that her UTI symptoms started ~4 days ago, involved back/flank pain and a temperature of 99.8F, and that her symptoms have improved significantly since starting the antibiotic. Regarding her prior episode of pericarditis, she states that it was approximately 4-5 years ago. She remembers having an abnormal EKG at that time and was prescribed an anti-inflammatory drug for approximately 2 weeks, which she took; she states that the chest pain never really went away full and that the symptom she is experiencing today are similar to the symptoms she experienced at that time. She was discharged after 3 days on colchicine and metoprolol and advised to avoid all exercise for 3 months."
MYOCARDITIS	2171459-1	18-29 years	FRIDAY 4/2, NAUSEA 3 HOURS AFTER INJECTION; SHALLOW COUGH, FEVER/CHILLS, EXTREME BODY ACHES WITHIN 10 HOURS; SATURDAY 4/3, BY FOLLOWING MORNING - SEVERE CHEST/UPPER BACK PAIN, SUNDAY 4/4, SYMPTOMS WORSENED TO EXTREME CHEST/UPPER BACK PAIN, RAPID HEART BEAT, DIFFICULTY BREATHING DEEPLY; TAKEN TO URGENT CARE; URGENT CARE DOES A TEST, SENDS PT TO ER IMMEDIATELY; HOSPITAL RUNS TESTS; CALLS IN CARDIAC SPECIALIST WHO ADMITS PT TO HOSPITAL. HOSPITAL STAY OF 3 DAYS; DIAGNOSED WITH MYOCARDITIS AND PERICARDITIS DUE TO VACCINE. STARTED DAILY HEART MEDS AT HOSPITAL, CONTINUED MEDS TO PRESENT DATE
MYOCARDITIS	2182525-1	18-29 years	Admission for chest pain that occurred 24hrs after vaccination and worsened. Elevated troponins with normal EKG and ECHO consistent with myocarditis.
MYOCARDITIS	2185906-1	18-29 years	I started to get chest pain, breathlessness and tiredness upon exertion. My heart rate would be very high doing simple activities. Later got diagnosis in January when it started to become much more apparent. March 2022, is when the mri results indicated myocarditis.
MYOCARDITIS	2187438-1	18-29 years	acute myocarditis - presented to ER 1/17/2 for chest pain, sob diagnosis trops peaked 23.29, CRP 14.33 echo mild anteroseptal and inferior wall hypokinesis CTA Coronary calcium score 0 Cardiac MRI suggestive of Myopericarditis repeat MRI in 6-8 wks no exercise Symptoms started after Moderna booster. Had Pfizer for initial 2 Covid Vaccines
MYOCARDITIS	2187528-1	18-29 years	Chest pains, irregular heartbeat, dizziness. My symptoms started a week or so after my vaccine. The chest pains are intense. I had to go to 3 different doctors for anyone to take me seriously and actually try to help. We did an echo of my heart. I was diagnosed with pericarditis and myocarditis.
MYOCARDITIS	2189089-1	18-29 years	Stabbing chest pain while lying on back, and chest pain while breathing deeply during moderate exercise. Suspected myocarditis or pericarditis. Treated with ibuprofen 200 mg daily for 5 days. Severity of chest pain gradually reduced over time.
MYOCARDITIS	2189856-1	18-29 years	I had extreme chest pain and felt like I couldn't breathe. This started about 2 weeks after my second dose of the Pfizer vaccine. I had to see several doctors and ended up being hospitalized for 4 days. Had to have multiple CT scans, MRIs, and various other tests done. Turns out it was myocarditis. I am a 22-year-old man who has never had a health issue in my life. Now I am sitting on a huge pile of medical bills that I can't afford to pay.
MYOCARDITIS	2191312-1	18-29 years	Acute myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute 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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Acute myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Acute myocarditis) outcome was unknown. Related For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Acute myocarditis) to be related. Concomitant and treatment medications information was not provided. Patient presented with acute chest pain. Company Comment: This literature non-study case concerns a 22 year old male patient with no medical history reported , who experienced Serious (hospitalization , medically significant) , expected event of myocarditis which occurred on an unknown date after vaccination with the 2nd dose of mRNA-1273 vaccine . It was reported that this patient presented with acute chest pain. The details surrounding this event were not reported since the full text of this literature for review is not available.The event outcome was reported as unknown. The benefit -risk relationship of mRNA -1273 (Moderna Covid 19 Vaccine) is not affected by this report. The reviewer has limited information regarding this case as mentioned since the full text was not available at the time of the medical review This case was linked to MOD-2022-513533, MOD-2022-513580, MOD-2022-513581.; Sender's Comments: This literature non-study case concerns a 22 year old male patient with no medical history reported , who experienced Serious (hospitalization , medically significant) , expected event of myocarditis which occurred on an unknown date after vaccination with the 2nd dose of mRNA-1273 vaccine . It was reported that this patient presented with acute chest pain. The details surrounding this event were not reported since the full text of this literature for review is not available.The event outcome was reported as unknown. The benefit -risk relationship of mRNA -1273 (Moderna Covid 19 Vaccine) is not affected by this report. The reviewer has limited information regarding this case as mentioned since the full text was not available at the time of the medical review.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2191313-1	18-29 years	Acute Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute 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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Acute Myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Acute Myocarditis) outcome was unknown. Related For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Acute Myocarditis) to be related. No concomitant and treatment medications were provided. Company Comment: This is a literature non-study case concerning a 22-year-old male patient with no reported medical history, who was hospitalized due to the expected, serious (medically significant) adverse event of special interest of Myocarditis (reported as Acute myocarditis), after receiving the second dose of mRNA-1273 vaccine. Date of vaccination and onset of event was not specified. Clinical course, diagnostic tests and treatment details were not provided in the case. At the time of reporting, the outcome of the event Acute myocarditis was unknown. The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to MOD-2022-513579, MOD-2022-513533, MOD-2022-513581 (Patient Link).; Sender's Comments: This is a literature non-study case concerning a 22-year-old male patient with no reported medical history, who was hospitalized due to the expected, serious (medically significant) adverse event of special interest of Myocarditis (reported as Acute myocarditis), after receiving the second dose of mRNA-1273 vaccine. Date of vaccination and onset of event was not specified. Clinical course, diagnostic tests and treatment details were not provided in the case. At the time of reporting, the outcome of the event Acute myocarditis was unknown. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2193778-1	18-29 years	Acute myocarditis; This case was received via an unknown source (no reference has been entered for a health authority or license partner) on 14-Mar-2022 and was forwarded to Moderna on 16-Mar-2022. This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute myocarditis) in a 19-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 second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Acute myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Acute myocarditis) outcome was unknown. Related For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Acute myocarditis) to be related. Concomitant and treatment medication information was not provided. Company Comment: This literature non-study case concerns a 19 year old male patient with no medical history reported , who experienced Serious (hospitalization , medically significant) , expected event of myocarditis. This event occurred on an unknown date after receiving the 2nd dose of mRNA-1273 vaccine This patient was admitted because of acute chest pain. . The details surrounding this event were not reported since the full text of this literature for review is not available .The event outcome was unknown.. The benefit -risk relationship of mRNA -1273 (Moderna Covid 19 Vaccine) is not affected by this report. The reviewer has limited information regarding this case as mentioned since the full text was not available at the time of the medical review. This case was linked to MOD-2022-513579, MOD-2022-513580, MOD-2022-513581.; Sender's Comments: This literature non-study case concerns a 19 year old male patient with no medical history reported , who experienced Serious (hospitalization , medically significant) , expected event of myocarditis. This event occurred on an unknown date after receiving the 2nd dose of mRNA-1273 vaccine This patient was admitted because of acute chest pain. . The details surrounding this event were not reported since the full text of this literature for review is not available.The event outcome was unknown.. The benefit -risk relationship of mRNA -1273 (Moderna Covid 19 Vaccine) is not affected by this report. The reviewer has limited information regarding this case as mentioned since the full text was not available at the time of the medical review.
MYOCARDITIS	2194314-1	18-29 years	chest pain without exertion. pt diagnosed with myocarditis and admitted for observation
MYOCARDITIS	2199637-1	18-29 years	12/21/21 - Woke up with severe pain in left arm and jaw, went to urgent care and then directed to go to ER. 12/21/21 - Severe chest pain 12/22/21 - Discharged from ER after an overnight stay, instructed to take NSAIDs for presumed myocarditis. 12/23/21-12/28/21 - Severe chest pain, lethargy, heart palpitations, tachycardia 12/28/21 - Diagnosed by cardiologist with myocarditis based off EKG abnormalities and high troponin levels. January 2022 - Moderate chest pain radiating to the back and shoulder, episodes of tachycardia on and off (prescribed metoprolol tartrate 25 mg for tachycardia on 1/15/22) February 2022 - Low levels of chest pain off and on, by the end of the month very low levels of pain or no pain at all. March 2nd 2022 - MRI reviewed, myocarditis diagnosis was agreed upon, considered fully recovered at this point.
MYOCARDITIS	2200671-1	40-49 years	Receives Covid 19 Booster vaccine of Pfizer at vaccine event on 03/24/2022, starts to have side effects on 03/24/2022 same day of Heart Palpitations (occurred with Primary Series Dose 1 and 2), Nausea, vomiting, and headache, She took Tylenol to help alleviate pain and assist with fever. Her HR gotten up to 140 and she went to ER, they ran test and ER provider Dx. with Myocarditis, advised her that she needs to see a Cardiologist and follow up. Continue to monitor for the next 48 hours and be advised by ER provider for future care .
MYOCARDITIS	2200729-1	18-29 years	Heart Inflammation unable to do any cardiovascular exercise, not getting better and random tingling sensations as well as headaches
MYOCARDITIS	2200738-1	18-29 years	Hospitalized for myocarditis and high troponin. Potential worsening of chronic dysautonomia
MYOCARDITIS	2201539-1	40-49 years	-Heart attack -Myocarditis
MYOCARDITIS	2208947-1	40-49 years	Upset stomach and fever with both doses. Diagnosed with myocarditis in March 2022
MYOCARDITIS	2213615-1	30-39 years	Palpitations, Angina, Myocarditis per employee, and patient did submit the Dr. Note submitted on return to Work post hospitalization in Employee record stating hospitalization is a direct result of receiveing the Covid =19 Vaccination. Narrative: Employee received vaccine on a Tuesday- 02/02/2021, and at 0300am Saturday morning 02/06 woke with chest pain and was taken to hospital where he received Cardiac Care, and it was determined that it was myocarditis. Patient did submit the Dr. Note submitted on return to Work post hospitalization in Employee record stating hospitalization is a direct result of receiving the Covid=19 Vaccination.
MYOCARDITIS	2214277-1	40-49 years	Myocarditis with tachycardia

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2214898-1	40-49 years	Myocarditis: Chest pain and small frequent convulsions in my center chest. Heart beats that feel irregular. Leaning forward and sleeping on my stomach make it happen, and make it happen more frequently. Heart beats that feel irregular.
MYOCARDITIS	2215567-1	18-29 years	"Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 20-year-old female patient who received mRNA-1273 (Spikevax) for COVID-19 vaccination. The patient's past medical history included COVID-19 (5 months prior to admission). Concurrent medical conditions included Depression. On an unknown date, the patient received first dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) had resolved. Related DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Culture: normal (normal) normal. On an unknown date, Echocardiogram: normal (normal) normal. On an unknown date, Electrocardiogram: pr depression (abnormal) PR depression. On an unknown date, Fibrin D dimer: high (High) High. On an unknown date, Magnetic resonance imaging heart: consistent with myocarditis (abnormal) consistent with myocarditis. On an unknown date, Red blood cell sedimentation rate: high (High) High. On an unknown date, Respiratory viral panel: normal (normal) normal. On an unknown date, Troponin: high (High) High. On an unknown date, Viral test: negative (Negative) Negative. The action taken with mRNA-1273 (Spikevax) (Unknown) was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. No concomitant medications were reported. This article reported 20-year-old female presented with progressive pleuritic chest pain and fever after Moderna mRNA vaccine. Also, the patient was treated with supportive care and her condition improved. Company Comment: This is a Literature-Non-Study case concerning a 20-year-old female patient, with reported medical history of COVID-19 (with an unknown outcome), who experienced the serious expected AESI of Myocarditis. The event occurred in an unknown exact date, one week after the administration of the first dose of the mRNA-1273 vaccine. In this case, there is reported that the patient was ""admitted"", but there is limited information, hence the event is considered as serious due to an Important Medical event and not for hospitalization. The reported medical history remains as a possible contributor for the event. Relevant tests were performed that showed elevated D-dimer, erythrocyte sedimentation rate (ESR), and troponin levels. Electrocardiogram showed PR depression. Echocardiogram, respiratory viral panels, and cultures were normal and cardiac magnetic resonance imaging (CMRI), which was consistent with myocarditis. The benefit-risk relationship of the mRNA-1273 vaccine is not affected by this report. The case was assessed as serious.; Sender's Comments: This is a Literature-Non-Study case concerning a 20-year-old female patient, with reported medical history of COVID-19 (with an unknown outcome), who experienced the serious expected AESI of Myocarditis. The event occurred in an unknown exact date, one week after the administration of the first dose of the mRNA-1273 vaccine. In this case, there is reported that the patient was ""admitted"", but there is limited information, hence the event is considered as serious due to an Important Medical event and not for hospitalization. The reported medical history remains as a possible contributor for the event. Relevant tests were performed that showed elevated D-dimer, erythrocyte sedimentation rate (ESR), and troponin levels. Electrocardiogram showed PR depression. Echocardiogram, respiratory viral panels, and cultures were normal and cardiac magnetic resonance imaging (CMRI), which was consistent with myocarditis. The benefit-risk relationship of the mRNA-1273 vaccine is not affected by this report. The case was assessed as serious."
MYOCARDITIS	2215576-1	40-49 years	Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 45-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, after starting mRNA-1273 (Spikevax), the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was treated with CARVEDILOL (COREG) for Adverse event, at an unspecified dose and frequency; COLCHICINE for Adverse event, at an unspecified dose and frequency and LISINOPRIL for Adverse event, at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Myocarditis) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Blood pressure systolic: reduced 50% mildly reduced systolic function 50% Subsequent. On an unknown date, C-reactive protein: 25.8 25.8. On an unknown date, Catheterisation cardiac: nonobstructive cad Emergent cardiac catheterization nonobstructive CAD. On an unknown date, Ejection fraction: 40% with mild hypokinesis EF 40% with mild hypokinesis in apical segments and ef 60% EF 60%. On an unknown date, Electrocardiogram: st elevations ST elevations in leads V2-V4. On an unknown date, Electrocardiogram ambulatory: no arrhythmia no arrhythmia. On an unknown date, Magnetic resonance imaging: multifocal mid-myocardial and subepicardial late multifocal mid-myocardial and subepicardial late gadolinium enhancement in apical and basal segments consistent with myocarditis. On an unknown date, Troponin: 4.37 4.37 (peaked at 7.3) and 7.3 4.37 (peaked at 7.3). For mRNA-1273 (Spikevax) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. No concomitant medication were reported. Patient experienced symptom was acute sharp midsternal chest pain associated dyspnea and diaphoresis. Symptoms resolved and patient was discharged with avoidance of strenuous activity. Symptomatology was improved on first follow up. Patient had presyncope after two weeks on second follow up. The patient was asymptomatic and exercise tolerant after two months. Company comment: This spontaneous case concerns a 45 year old male patient with no reported medical history, who experienced the expected serious (hospitalization, important medical event) AESI of Myocarditis, 3 days after receiving the second dose of mRNA-1273 vaccine. Patient had acute onset sharp midsternal chest pain associated with dyspnea and diaphoresis. Electrocardiography showed ST-T changes and echocardiography showed reduced ejection fraction. Cardiac imaging was consistent with myocarditis. Patient was started on carvedilol, colchicine and lisinopril. Symptoms resolved and patient was discharged. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender's Comments: This spontaneous case concerns a 45 year old male patient with no reported medical history, who experienced the expected serious (hospitalization, important medical event) AESI of Myocarditis, 3 days after receiving the second dose of mRNA-1273 vaccine. Patient had acute onset sharp midsternal chest pain associated with dyspnea and diaphoresis. Electrocardiography showed ST-T changes and echocardiography showed reduced ejection fraction. Cardiac imaging was consistent with myocarditis. Patient was started on carvedilol, colchicine and lisinopril. Symptoms resolved and patient was discharged. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2221240-1	18-29 years	Myocarditis
MYOCARDITIS	2221533-1	30-39 years	About 25 minutes after receiving the injection I started to experience chest pain. It did not go away after several hours. I went to the ER and had several tests done including a ECG 12-LEAD and chest x-rays. I was later prescribed an anti-inflammatory for the inflammation of the heart (Myocarditis).

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2222932-1	40-49 years	Patient reports symptoms began 2 weeks after administration of the 1st dose of Moderna COVID vaccine. Symptoms include: sharp chest pain, tightness in the chest, shortness of breath, and dizziness - pt expressed that symptoms worsened when he walked, the faster he walked the worse his symptoms, and by getting up after bending over. Patient was subsequently hospitalized and it was identified that the patient had a decreased EF and abnormal MRI of the heart, cardiologist suspected myocarditis. Patient was discharged with aspirin, atorvastatin, carvedilol, and Entresto as new start medications. Patient to have further workup outpatient by cardiologist.
MYOCARDITIS	2225399-1	18-29 years	TIA Stroke, SVT tachycardia, loss of vision, paralyzed (loss all feeling in arms and legs), developed epileptic seizures, developed ANA autoinflammatory disorder, myocarditis, pericarditis, peripheral neuropathy in arms and legs, developed anaphylaxis and new allergies. All disorders still ongoing. I am still receiving treatments to control pain and symptoms of disorders.
MYOCARDITIS	2226345-1	40-49 years	I had noticeable heart inflammation with heart palpitations for a few weeks. They would typically occur in the evening. I did not receive treatment for this the inflammation eventually went away on its own.
MYOCARDITIS	2236185-1	18-29 years	Patient developed mild chest pain on 4/13. It worsened on 4/14 and woke him up from sleep that night. His mother administered tylenol and Tums with moderate relief. Chest pain radiates to the left scapula. Denies dyspnea, cough, headaches or dizziness. Denies fatigue.
MYOCARDITIS	2238132-1	30-39 years	Chest Pain, shortnes of Bread, Rash all over the body, swollen on face. Had happen multiple times and still happen. Eveytime is worst.
MYOCARDITIS	2240460-1	30-39 years	Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 33-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. Related DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Brain natriuretic peptide: 25.4 pg/ml Initial: 25.4 pg/mL. On an unknown date, Electrocardiogram: st-segment elevations (High) Initial: ST-segment elevations and newright bundle branch block no st abn On Follow-up it showed New right bundle branch block No ST abnormality(abn). On an unknown date, Magnetic resonance imaging heart: 57 days Initial CMR after 57 days showed left ventricular ejection fraction(LVEF) of 61 %, end-systolic volume index (ESVI) of 32 mL/m2 and late gadolinium enhancement(LGE) apical septum(S)/ inferolateral(IL)/inferior(I) segments and 189 days Follow up CMR after 189 days showed left ventricular ejection fraction(LVEF) of 63 %, end-systolic volume index (ESVI) of 19 mL/m2 and Improved with late gadolinium enhancement(LGE) in anterior(A)/ inferior(I) segments. On an unknown date, N-terminal prohormone brain natriuretic peptide: 32.2 pg/ml follow-up: 32.2 pg/mL. On an unknown date, Troponin (Unknown-less than 60.4): 8.7 ng/l (normal) follow-up: 8.7 ng/L. On an unknown date, Troponin I: 38.8 ng/ml Initial: 38.8 ng/mL. For mRNA-1273 (Spikevax) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. Company comment: This is a literature non-study case concerns a 33-year-old, male patient with no reported medical history, who experienced the expected, serious (hospitalization, medically significant) AESI of Myocarditis. The event occurred unknown number of days after receiving the second dose of mRNA1273. The patient undergone various laboratory test including: Brain natriuretic peptide: 25.4 pg/ml Initial: 25.4 pg/mL. Electrocardiogram: st-segment elevations (High) Initial: ST-segment elevations and newright bundle branch block no st abn On Follow-up it showed New right bundle branch block No ST abnormality(abn). Magnetic resonance imaging heart: 57 days Initial CMR after 57 days showed left ventricular ejection fraction(LVEF) of 61 %, end-systolic volume index (ESVI) of 32 mL/m2 and late gadolinium enhancement(LGE) apical septum(S)/ inferolateral(IL)/inferior(I) segments and follow up CMR after 189 days showed left ventricular ejection fraction(LVEF) of 63 %, end-systolic volume index (ESVI) of 19 mL/m2 and Improved with late gadolinium enhancement(LGE) in anterior(A)/ inferior(I) segments. Several important findings were noted in the report including follow-up CMR demonstrated improved or resolved LGE in all cases; left ventricular ejection fraction improved and end-systolic volume index decreased in all subjects; there was no evidence of ongoing active myocardial injury by CMR (edema) or hs-cTnI; and there were no interim symptoms, impaired activity tolerance, or hospitalizations. At the time of the report there was no evidence of myocardial dysfunction or ongoing myocardial injury at intermediate-term follow-up and no subsequent adverse cardiac events. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2021-297296 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 14-Apr-2022: Live Follow up received by safety on 14-Apr-2022 has Email received from team and contains Significant information: lab data updated; Reporter's Comments: Lab T1/T2, ms were 950, 47 respectively. At the time of follow-up, all participants denied activity intolerance, chest pain, shortness of breath, or palpitations, and there were no interim major adverse cardiac events or hospitalizations. At the date of follow-up, no participant eligible for the COVID-19 vaccine booster had received it. The clinical course of vaccine-associated myocarditis appears favorable, with resolution of presenting symptoms in all patients. Treatment and concomitant medications were not reported.; Sender's Comments: This is a literature non-study case concerns a 33-year-old, male patient with no reported medical history, who experienced the expected, serious (hospitalization, medically significant) AESI of Myocarditis. The event occurred unknown number of days after receiving the second dose of mRNA1273. The patient undergone various laboratory test including: Brain natriuretic peptide: 25.4 pg/ml Initial: 25.4 pg/mL. Electrocardiogram: st-segment elevations (High) Initial: ST-segment elevations and newright bundle branch block no st abn On Follow-up it showed New right bundle branch block No ST abnormality(abn). Magnetic resonance imaging heart: 57 days Initial CMR after 57 days showed left ventricular ejection fraction(LVEF) of 61 %, end-systolic volume index (ESVI) of 32 mL/m2 and late gadolinium enhancement(LGE) apical septum(S)/ inferolateral(IL)/inferior(I) segments and follow up CMR after 189 days showed left ventricular ejection fraction(LVEF) of 63 %, end-systolic volume index (ESVI) of 19 mL/m2 and Improved with late gadolinium enhancement(LGE) in anterior(A)/ inferior(I) segments. Several important findings were noted in the report including follow-up CMR demonstrated improved or resolved LGE in all cases; left ventricular ejection fraction improved and end-systolic volume index decreased in all subjects; there was no evidence of ongoing active myocardial injury by CMR (edema) or hs-cTnI; and there were no interim symptoms, impaired activity tolerance, or hospitalizations. At the time of the report there was no evidence of myocardial dysfunction or ongoing myocardial injury at intermediate-term follow-up and no subsequent adverse cardiac events. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	2240792-1	18-29 years	Patient received COVID vaccine (Moderna, dose 1) on 4/14/2022. On approximately 4/15/2022, pt developed chest pain. On 4/16/2022, pt used methamphetamine. On 4/18/2022, pt was evaluated in the hospital emergency department and found to have myocarditis. He was admitted to the hospital. As of today (4/19/2022), he remains inpatient, doing well.
MYOCARDITIS	2244357-1	30-39 years	HEART FAILURE myocarditis shortness of breath . i was hospitalized for over a week. i cant work walk anything

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2245831-1	18-29 years	Patient presented to Hospital with inferior ST segment elevations on EKG and troponin elevation concerning for STEMI. He underwent cardiac catheterization and diagnosed with myocarditis. Echocardiogram showed moderately reduced LV systolic function with ejection fraction 40-45%
MYOCARDITIS	2245945-1	18-29 years	Myocarditis
MYOCARDITIS	2246199-1	30-39 years	I got my shot on a Wednesday and I started with chest pain that Friday. I went into clinic Monday. They did a cardio workup and ekg. That Thursday at work i got very dizzy and horrible chest pain. I felt like i had a sandbag on my chest and I couldn't catch my breath. I was instructed to go to to the ER. By the time I got there I was hyperventilating and my arms were curling. They did a cardio workup and a chest ct and sent me home on a beta blocker. I asked them at that time about myocarditis but they said no. Stopped the beta blocker after a few days and started a zio patch. I was getting worse to were I couldn't walk that well. I was so dizzy, dazed, and terrible chest pain. They tried physical therapy and that didn't help. We did an echo and i kept asking about myocarditis. So finally we started prednisone. It was 20mg daily and I was starting to feel better but not great. I went to another clinic and they tried a taper of prednisone. I tried my hometown Doctor. He ran many test and tried several rounds of steroids and nsaids. I wasn't getting better. So I went to see Cardiology again. This time we did an MRI and echo. It showed i have myocarditis and pericarditis. Next is a CT angiogram. This is all after several trips to the er also.
MYOCARDITIS	2247860-1	18-29 years	Headache Fatigue Inflammation Shortness of Breath Difficulty Swallowing Chest Pain Myocarditis Bell Palsy - Left Side of Face Neurological issues Numb Left Leg Abdominal Bloating
MYOCARDITIS	2248059-1	30-39 years	Prior to by Dose 3 vaccination I was having an issue with coughing, sneezing and head aches that continued to resurface several months August, September and October which required several rounds of antibiotics before it disappeared. 8 weeks approximately after my Dose 3 Moderna, 12/15/2021, I experienced Heart issues in late February 02/25/2022, and early March 03/03/2022. I experienced sharp pains in chest off and on for several hours and in route to getting EKC my left arm became numb. I have not had any significant pains currently; however, doctor has confirmed inflammation around the heart. Two episodes 02/25/2022 and 03/03/2022 were emergency room visit, two different hospitals.
MYOCARDITIS	2255205-1	30-39 years	Around January 10, 2022 I had very mild symptoms of COVID-19, but I tested negative for it. I felt tired and I had a little bit of a cough. My husband had some mild symptoms as well, and he tested positive for COVID-19. I believe I went to a local place in town where I got a false negative COVID-19 test. I just assumed that I had COVID-19 at that point. I felt better for about a week and then I felt tired. I had developed a fever. I decided to go to the walk-in clinic. They listened to my heart and ran an electrocardiogram. Then they sent me to the ER immediately. The doctors said I have myocarditis and then they hospitalized me. Then it gets blurry because I started to decline quickly. I ended up in the intensive care unit. They did a catheterization. My blood test kept showing very, very high levels of troponin. My heart went to 10% capacity. The doctors put an Impella heart device in me. They thought they would have to do a transplant or biopsy on me, but they wouldn't of have been able to do it there, so I was airlifted to another facility to get the transplant or biopsy if needed. I got to the second facility 6 days later. They didn't have to do a transplant or a heart biopsy. They said that it looked like my heart was fighting to keep beating. Then I kind of bounced back. Nobody knows why I bounced back so quickly. By January 2, 2022 I was released from the hospital. I wasn't able to move at all at first. I had to learn how to walk again. I went from a walker to a cane in the hospital. I am no longer using those anymore. I have a team of cardiologist that are walking with me. I go to cardio rehab 3x day. I was told that my femoral artery was damaged by the heart pump because it was not allowing blood and oxygen to flow to my leg properly. The last MRI shows no structural damage done to my heart. The doctors are wondering if the small blood vessels around the heart were damaged. Treating facility said that the heart device saved my life. They also said they know I had COVID-19 because it kept coming negative at first but then the test finally started showing up as positive. I was prescribed Lisinopril 2.5mg 1x day, Klor-Con M20 1x day, Metoprolol Succinate 12.5mg 1x day, Furosemide 20mg as needed, and Buspirone 5mg 3x day. The doctors told me to stop taking the birth control so I am no longer on it. I was hospitalized from January 20, 2022 to February 2, 2022 at both the first hospital and the second.
MYOCARDITIS	2260307-1	18-29 years	A bit of body aches and fatigue after the shot. Intense chest pain, shortness of breath, stomach burning, and neurological symptoms started end of January. To this day I am discovering new neurological symptoms (mostly numb and prickling sensations all over my body) as well as new daily headaches and chest pain that comes and goes.
MYOCARDITIS	2260603-1	40-49 years	On the 12-03-2021 I got COVID-19 symptoms lasted till 12-13-2021, with symptoms for fever and headaches, body aches. I lost sense of smell. Right after Christmas, I started to feel agitated, pain in my left shoulder radiating to my heart. Went to see my PCP and she checked my vitals, said everything was okay, lungs were clear. I also had an EKG which shoed I had a heart attack, lower myocardia-infarction. I went to see a cardiologist on 01-06-2022 and another EKG was done with same results. The cardiologist sent me for an echocardiogram and nuclear stress test and these exams were normal. I was told my symptoms were viral and was dismissed on 04-07-2022 and myocarditis had disappeared. In mid march 2022, I started to have pain in my joints, hair was falling and my right ankle was swollen and pain in every joint in my body. I also had diarrhea and constipation. I went to my PCP again and my vitamin D was low. My liver enzymes were high as well. I am now also going to see a rheumatologist to check in the joints. I do not know if my symptoms are related to the vaccine or due to COVID-19. They also gave me a prescription for Pantoprazole 20mg from my gastroenterologist. I had also some pain in my left arm after my vaccine.
MYOCARDITIS	2263589-1	30-39 years	myocarditis, palpitations, arrhythmia, ventricular tachycardia, periorbital edema, keratoconjunctivitis sicca
MYOCARDITIS	2264496-1	18-29 years	Myocardolitis (+) ESR (+) troponin wall motion abnormality negative angiogram
MYOCARDITIS	2264826-1	40-49 years	I quickly started having a chronic cough, which I figured was just a cough. When it didn?t resolve, I went to my PCP several times for this including the day of November 1, 2021, when I ultimately went to the ED that evening. I was subsequently admitted for myocarditis, pericarditis, dilated cardiomyopathy and bilateral pleural effusions. The doctors said it escalated from myocarditis because my PCP did not catch it. I have had a severe change of lifestyle. I am no longer able to work, I?m in and out of the hospital, I am on so many medications, and I generally just don?t feel well. This has had enormous mental, physical and financial repercussions.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2265931-1	18-29 years	He was in his usual state of health on 4/13/22. He received his second Moderna COVID vaccination. The following day he developed pressure-like chest discomfort. He initially presented to Medical Center. Troponin I was 3.3. He was transferred to Hospital where high sensitivity troponin was elevated: 698 -- 669 -- 691 -- 688 -- 677 (12-hour). TTE showed low-normal systolic function, EF 53%. He was diagnosed with Moderna mRNA vaccine related myocarditis. He was started on colchicine and naproxen with improvement in his symptoms. He was discharged on 4/19. Cardiac MRI was not obtained due to limited imaging availability.
MYOCARDITIS	2266085-1	30-39 years	I had severe flu like symptoms following the third dose of Pfizer. I took both a rapid at home test and a PCR test for COVID-19 which both came back negative. I went to urgent care and was diagnosed with pneumonia. I took a 10 day course of antibiotics. About a week later, I went back to urgent care because the symptoms had returned. I was prescribed antibiotics again and was told that it was either bronchitis or asthma. My fatigue and shortness of breath continued to get worse which was interfering with my ability to perform normal daily activities. I was unable to even sleep or eat properly. On one of my follow ups at urgent care, the doctor suggested that I may have cardiomegaly and referred me to a cardiologist who advised that I get an echocardiogram. The echocardiogram found that I had heart failure at which point I was hospitalized for 4 days. The cardiologist I saw after believed that the cause was viral infection induced myocarditis which he attributed to the third dose of the vaccine. I am currently being treated for heart failure and none of the cardiologists have been able to definitively determine the cause as of yet.
MYOCARDITIS	2266832-1	40-49 years	STEMI; mRNA vaccine-associated myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of ACUTE MYOCARDIAL INFARCTION (STEMI) and MYOCARDITIS (mRNA vaccine-associated myocarditis) in a 48-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 vaccination. The patient's past medical history included Viral myocarditis (Patient had a history of previous viral myocarditis seven years ago). On an unknown date, the patient received second dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced ACUTE MYOCARDIAL INFARCTION (STEMI) (seriousness criterion medically significant) and MYOCARDITIS (mRNA vaccine-associated myocarditis) (seriousness criterion medically significant). At the time of the report, ACUTE MYOCARDIAL INFARCTION (STEMI) and MYOCARDITIS (mRNA vaccine-associated myocarditis) was resolving. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Blood test: improvement Improvement in serum markers was observed. On an unknown date, Catheterisation cardiac: normal coronaries (normal) Emergent left heart catheterization had revealed normal coronaries. On an unknown date, Electrocardiogram: stemi EKG findings had revealed STEMI shortly after receiving the second dose. For mRNA-1273 (Spikevax) (Unknown), the reporter considered ACUTE MYOCARDIAL INFARCTION (STEMI) and MYOCARDITIS (mRNA vaccine-associated myocarditis) to be related. Concomitant and treatment medications were not reported. The authors stated that it remains unclear if the patient's history of previous viral myocarditis could be a predisposing factor to the development of mRNA vaccine-associated myocarditis. Company Comment: This literature-non-study case concerns a 48-year-old, male patient with medical history of Viral Myocarditis (7 years ago), who experienced the unexpected, serious (medically significant) AESI of acute myocardial infarction and the expected, serious (medically significant) AESI of myocarditis after receiving the second dose of the mRNA-1273 vaccine on an unspecified date. The start dates of the events were not provided. The patient presented with chest pain and Electrocardiogram findings of ST-elevation myocardial infarction (STEMI). Emergent left heart catheterization was done which revealed normal coronaries. Subsequently, the patient had rapid resolution of symptoms and improvement in serum markers (unspecified). Treatment information was not provided. The medical history of Viral Myocarditis remains a confounder. The benefit-risk relationship of the mRNA-1273 vaccine is not affected by this report. Further information has been requested.; Sender's Comments: This literature-non-study case concerns a 48-year-old, male patient with medical history of Viral Myocarditis (7 years ago), who experienced the unexpected, serious (medically significant) AESI of acute myocardial infarction and the expected, serious (medically significant) AESI of myocarditis after receiving the second dose of the mRNA-1273 vaccine on an unspecified date. The start dates of the events were not provided. The patient presented with chest pain and Electrocardiogram findings of ST-elevation myocardial infarction (STEMI). Emergent left heart catheterization was done which revealed normal coronaries. Subsequently, the patient had rapid resolution of symptoms and improvement in serum markers (unspecified). Treatment information was not provided. The medical history of Viral Myocarditis remains a confounder. The benefit-risk relationship of the mRNA-1273 vaccine is not affected by this report. Further information has been requested.
MYOCARDITIS	2266968-1	30-39 years	myocarditis

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2267238-1	18-29 years	Acute Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Acute Myocarditis) in a 19-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 vaccination. Concurrent medical conditions included Childhood asthma and Marijuana use (Patient admitted to occasional marijuana use). On an unknown date, the patient received first dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Acute Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 2 days due to MYOCARDITIS. The patient was treated with ACETYLSALICYLIC ACID (ASPIRIN (E.C.)) for Myopericarditis, at an unspecified dose and frequency; PARACETAMOL (TYLENOL) for Myopericarditis, at an unspecified dose and frequency; COLCHICINE for Myopericarditis, at an unspecified dose and frequency; LISINOPRIL for Myopericarditis, at an unspecified dose and frequency; METOPROLOL for Myopericarditis, at an unspecified dose and frequency; METOPROLOL (intravenous) for Myopericarditis, at a dose of multiple dose; LORAZEPAM (ATIVAN) for Acute myocarditis, at a dose of multiple dose and DIPHENHYDRAMINE HYDROCHLORIDE (BENADRYL A) for Acute myocarditis, at a dose of multiple dose. At the time of the report, MYOCARDITIS (Acute Myocarditis) was resolving. Related DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Cardiac ventriculogram: unremarkable for takotsubo cardiomyopathy The left heart ventriculography was unremarkable for Takotsubo cardiomyopathy. On an unknown date, Catheterisation cardiac: patent coronary arteries Owing to concerns for ST-segment myocardial infarction, patient emergently underwent cardiac catheterization which revealed patent coronary arteries. On an unknown date, Chest X-ray: unremarkable Chest X-ray was unremarkable, without evidence of pulmonary infiltrate, and normal cardiac border.. On an unknown date, Coxsackie virus test: negative (Negative) coxsackie PCR test negative. On an unknown date, Drug screen: positive (Positive) Urine drug screen was positive for marijuana. On an unknown date, Echocardiogram: mild diffuse hypokinesis transthoracic echocardiogram was obtained which showed mild diffuse hypokinesis. On an unknown date, Ejection fraction: 49% left ventricular ejection fraction of 49%. On an unknown date, Electrocardiogram: significant for diffuse st-segment Electrocardiogram was significant for diffuse ST-segment elevation. and normal sinus rhythm Repeat EKG showed normal sinus rhythm, with interval decreased magnitude of ST-segment elevations. On an unknown date, Full blood count: normal (normal) Complete blood count was within normal limits. On an unknown date, Influenza virus test: negative (Negative) influenza PCR test negative. On an unknown date, Magnetic resonance imaging heart: unsuccessful Two attempts were made to obtain a cardiac magnetic resonance imaging scan to confirm the diagnosis and characterize the extent of acute myopericarditis. However, these were unsuccessful due to significant claustrophobia, despite multiple doses of Benadryl, Ativan, and intravenous metoprolol. On an unknown date, Metabolic function test: normal (normal) Complete blood count and comprehensive metabolic panel were within normal limits and normal limits (normal) comprehensive metabolic panel was within normal limits. On an unknown date, Respiratory syncytial virus test: negative (Negative) RSV PCR test negative. On an unknown date, SARS-CoV-2 test: negative (Negative) COVID PCR test negative. On an unknown date, Troponin: 15.7 ng/ml Initial troponin was significantly elevated at 15.7 ng/mL and up trended to 24.8 ng/mL., 24.8 ng/ml Initial troponin was significantly elevated at 15.7 ng/mL and up trended to 24.8 ng/mL. and 17.2 ng/ml. Repeat troponin on hospitalization Day 2 had down trended to 17.2 ng/mL.. On an unknown date, Vital signs measurement: 105 beats per minute vital signs were remarkable for sinus tachycardia of 105 beats per minute.. The action taken with mRNA-1273 (Spikevax) (Unknown) was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter considered MYOCARDITIS (Acute Myocarditis) to be related. Patient presented to the emergency department with a 1-day history of chest pain. The pain was described as a severe pin-like sensation, radiating to the left arm and bilateral shoulders. Pain improved with laying down. He denied any prior similar episodes. He further denied any recent viral illnesses, fever, or cough. He further denied any gastric symptoms including nausea or vomiting. He appeared anxious but denied shortness of breath. He had no family or personal history of heart disease and denied alcohol, tobacco, or other illicit drug use. After all laboratory tests were performed, they were concerned about acute myopericarditis. Two attempts were made to obtain a cardiac magnetic resonance imaging scan to confirm the diagnosis and characterize the extent of acute myopericarditis. However, these were unsuccessful due to significant claustrophobia Author stated that other differential diagnoses that were considered include coronary vasospasm, sarcoidosis, giant cell myocarditis, and autoimmune causes such as systemic lupus erythematosus and Takayasu arteritis. However, patient's presentation was not typical for any of these. In addition, patient did not have any physical exam and echocardiographic findings of autoimmune diseases; and his symptoms resolved without the use of immunosuppressive medications. Furthermore, in coronary vasospasm, chest pain usually occurs at rest, the ST changes on ECG are transient and normalize with the resolution of chest pain. Company Comment: This literature non-study case concerns a 19 year old male patient with relevant medical history of childhood asthma and Marijuana use (Patient admitted to occasional marijuana use), who experienced Serious (Medically significant , unHospitalization) expected, AESI event of myocarditis which occurred two days post vaccination with the 1st dose of mRNA-1273 vaccine. This patient presented to the emergency department with a 1-day history of chest pain, described as a severe pin-like sensation, radiating to the left arm and bilateral shoulders. Pain improved with laying down. AT the ER vital signs were remarkable for sinus tachycardia of 105 beats per minute. Initial troponin was significantly high elevated at 15.7 ng/mL and up trended to 24.8 ng/mL. CBCand comprehensive metabolic panelwere within normal limits. Urine drug screen was positive for marijuana. COVID, influenza, coxsackie, and RSV PCR tests were all negative. Chest X-ray was unremarkable, without evidence of pulmonary infiltrate, and normal cardiac border ECG was significant for diffuse ST-segment elevation (Figure 2). Owing to concerns for ST-segment myocardial infarction, he underwent cardiac catheterization. Results revealed patent coronary arteries. The left heart ventriculography was unremarkable for Takotsubo cardiomyopathy. A transthoracic echocardiogram was obtained which showed mild diffuse hypokinesis and left ventricular ejection fraction of 49% . Treatment given were; aspirin, tylenol, and colchicine. Repeat troponin on hospitalization There was a downt trending in the Troponin levels on day 2 and repeat EKG showed normal sinus rhythm, with interval decreased magnitude of ST-segment elevations and he was started on low-dose lisinopril and metoprolol. An cardiac MRI was attempted twice in order to confirm the diagnosis and characterize the extent of acute myopericarditis however it was not done due to the significant claustrophobia despite the multiple dose of Benadryl , Atvan and IV metoprolol. On the day 2 of the hospitalization this patient was discharged to continue a 1-month course of colchicine, a slow taper of aspirin, as well as lisinopril and metoprolol . Outcome of the event was reported as resolving. The reported use of Marijuana of this patient may be considered as a confounder for the event. Events was reported as related by the reporter. The benefit - risk relationship of mRNA -1273 (Moderna Covid 19 Vaccine) is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 05-May-2022: Follow-up received by safety on 05-May-2022 with email containing full text article contains significant information: Literature citation, Medical history, Laboratory tests, product details and event details updated.; Sender's Comments: This literature non-study case concerns a 19 year old male patient with relevant medical history of childhood asthma and Marijuana use (Patient admitted to occasional marijuana use), who experienced Serious (Medically significant , unHospitalization) expected, AESI event of myocarditis which occurred two days

Symptoms	VAERS ID	Age	Adverse Event Description
			post vaccination with the 1st dose of mRNA-1273 vaccine. This patient presented to the emergency department with a 1-day history of chest pain, described as a severe pin-like sensation, radiating to the left arm and bilateral shoulders. Pain improved with laying down. AT the ER vital signs were remarkable for sinus tachycardia of 105 beats per minute. Initial troponin was significantly high elevated at 15.7 ng/mL and up trended to 24.8 ng/mL. CBCand comprehensive metabolic panelwere within normal limits. Urine drug screen was positive for marijuana. COVID, influenza, coxsackie, and RSV PCR tests were all negative. Chest X-ray was unremarkable, without evidence of pulmonary infiltrate, and normal cardiac border ECG was significant for diffuse ST-segment elevation (Figure 2). Owing to concerns for ST-segment myocardial infarction, he underwent cardiac catheterization. Results revealed patent coronary arteries. The left heart ventriculography was unremarkable for Takotsubo cardiomyopathy. A transthoracic echocardiogram was obtained which showed mild diffuse hypokinesis and left ventricular ejection fraction of 49% . Treatment given were; aspirin, tylenol, and colchicine. Repeat troponin on hospitalization There was a downt trending in the Troponin levels on day 2 and repeat EKG showed normal sinus rhythm, with interval decreased magnitude of ST-segment elevations and he was started on low-dose lisinopril and metoprolol. An cardiac MRI was attempted twice in order to confirm the diagnosis and characterize the extent of acute myopericarditis however it was not done due to the significant claustrophobia despite the multiple dose of Benadryl , Atvan and IV metoprolol. On the day 2 of the hospitalization this patient was discharged to continue a 1-month course of colchicine, a slow taper of aspirin, as well as lisinopril and metoprolol . Outcome of the event was reported as resolving. The reported use of Marijuana of this patient may be considered as a confounder for the event. Events was reported as related by the reporter. The benefit -risk relationship of mRNA -1273 (Moderna Covid 19 Vaccine) is not affected by this report.
MYOCARDITIS	2271899-1	**30-39 years**	On March 5 at 8:30 pm (4 months after my third covid vaccine), I experienced heart attack like symptoms - chest pain and numbness in my left arm down to my left hand. I went to the emergency room and admitted to the hospital later that night. I was released Tuesday night with a diagnosis of myocarditis. After tests run through cardiology and infectious disease in search of a cause all came back normal, my cardiologist concluded that the myocarditis was most likely caused by my last covid vaccine.
MYOCARDITIS	2278223-1	**18-29 years**	Excessive heart palpitations while exercising. Ultimately diagnosed with Myocarditis and high PVC burden, which has required cardiac ablation. This is still on ongoing treatment and may require further ablation therapy.
MYOCARDITIS	2278388-1	**30-39 years**	I received my second booster on 3/10/22 (4th dose). On 3/24/22 I went to the ER due to severe chest pain. Unfortunately, at that time they could not figure out in the ER what was wrong so I was sent home. On 3/30/22 I went back into the ER for severe chest pain, shortness of breath, light headedness and fluid retention. I was admitted to the local Hospital when they eventually diagnosed me with Myopericarditis. I was discharged 9 days later on 4/8/22. I was treated with 2 weeks of 800 mg of ibuprofen 3x a day and Colchicine 0.6mg 2x a day. I ended up have severe side effects from the colchicine and ended up back in the hospital for 5 days. Now I am taking 0.3mg of Colchicine 2x a day. I have been out of work for almost 2 months due to this diagnosis and I am still suffering from chest pain.
MYOCARDITIS	2281222-1	**40-49 years**	Shortly after I received the vaccine I began having pain in my arm! The first phase went from 12.16.21 to around 1/8/22 at which around the pain made it difficult for me to even move my arm! Even I?d sleep on my arm I?d lose function of it for hours! Everyday hence I?d notice sharp pains in my heart! This led to feelings of dull pains and heaviness in my chest! Until this time I feel Like I am threatening a heart attack! On March 1st I collapsed in when I went to visit for the parades there and had to be taken to the emergency room! They did an EKG and saw that I have myocarditis: inflammation and swelling of the heart! I never had this before and my other vital signs are perfect! The hospital confirmed this diagnosis! The hospital to this point has failed to treat me even after me telling them it feels like I?m having a heart attack and I?m severe pain
MYOCARDITIS	2281388-1	**30-39 years**	After my first shot on April 3rd, 2021 Roughly 2-3 minutes after i experienced tunnel vision, dizziness, tachycardia, irregular heart beats. was told this was completely normal. symptoms subsided after about 10 minutes. Fast forward a few months in August i was on a plane flying and I had my first of many more heart arrhythmias. My heart sky rocketed to 181 bpm according to my watch. On September 17 i passed a stress test to rule out heart disease but was still symptomatic. Also received an echo in early october which showed normal function. After months of trying to narrow down the new found symptoms of arrhythmia, chest pain, gastritis, joint pain, low tolerance to exercise and heat we finally uncovered an arrhythmia via 30 day cardiac monitor. On November 1st 2021 we uncovered Non Sustained Ventricular Tachycardia. This lead to an Angiogram the next day to rule out a blockage. no blockages were seen or signs of coronary artery. My cardiologist suspected acute myocarditis because of the type of arrhythmia. Since then i have been still symptomatic dealing with irregular heart beats, chest pain, gastritis, brain fog.
MYOCARDITIS	2292874-1	**18-29 years**	Patient presented to the ED for right sided chest pain in the setting of recent febrile illness. The day before admission patient began developing constant sharp pain in the right side of her chest with radiation to her right arm. The pain was not relieved by position, but was worsened with exertion. A STAT ecg was obtained which was concerning for some ST elevations in precordial leads. Troponin was elevated to >50,000. Limited TTE revealed an EF of 38% with septal hypokinesis. Patient had a previous echo as a dizziness workup in 2020 that was normal. Patient was urgently taken to the cath lab showed no evidence coronary disease, but did show an LVEDP of 25. Patient was admitted to the cardiology service after cath for work up of suspected viral myocarditis. On interview after cath, patient confirms hx of viral illness over the past week. She states that she only developed a cough recently, and her main symptoms were malaise, body aches, and high fevers. She denies any rashes, illicit drug use, alcohol use, recent abx, gi illness, or recent travel. She developed cardiogenic shock, biventricular failure with confirmed lymphocytic myocarditis via biopsy. A decision was made to place on VA ECMO and Imprella for LV venting (5/6). She arrived intubated/sedated. ECMO at 43000 RPM/ 3.9L, impella P2/1.0L, lidocaine gtt for VT (now weaned off) (EP consulted) . She was decannulated from ECMO 5/11 and Impella 5/13. She received 1 g of Solu-Medrol and was started on Colcrys 0.6 for Endomyocardial biopsy showing lymphocytic myocarditis. Her course has been c/b 9 mins of ventricular standstill on 5/6 and frequent ventricular ectopy, now resolved off lidocaine. Also endorsed sustained SVT for which she received Adenosine x 3 with return to SR 5/12. Was on dobutamine gtt through this episode. Started on PO beta blocker. TTE now showing recovery of LV function.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2303192-1	18-29 years	"Myocarditis from 2nd dose of initial Pfizer vaccine; This is a spontaneous report received from a contactable reporter(s) (Other HCP). The reporter is the patient. A 27-year-old male patient received BNT162b2 (BNT162B2), on 06Jan2021 at 09:00 as dose 2, single (Batch/Lot number: unknown) at the age of 26 years, in left arm for covid-19 immunisation. The patient's relevant medical history was not reported. There were no concomitant medications. Vaccination history included: BNT162b2 (Dose 1, vaccine administration time: 09:00 AM, Lot number: EL0140,, Anatomical Location : Left arm), administration date: 19Dec2020, when the patient was 26-year-old, for Covid-19 Immunization. The following information was reported: MYOCARDITIS (medically significant), outcome ""unknown"", described as ""Myocarditis from 2nd dose of initial Pfizer vaccine"". No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on the known safety profile of the vaccine BNT162b2, a causal relation between the reported event Myocarditis and the administration of the vaccine 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."
MYOCARDITIS	2305575-1	18-29 years	She had her first COVID-19 vaccine on 30 Aug 2021. She became sick on 6 Sept 2021 and was diagnosed with COVID-19 on 8 Sept 2021. She had an uneventful time in isolation but developed shortness of breath and chest pressure when moving out of her isolation room on 19 Sept 2021. She continued to have these symptoms on exertion as well as palpitations. Her EKG showed T wave changes. She had a normal ESR, CRP, and Trop T. She had an essentially negative echocardiogram. She saw cardiology who suspected possible myocarditis. She had a normal cardiac MRI in December. Her symptoms gradually resolved aside from persistent tachycardia for which she was started on a beta blocker. She has been weaning off this. Cardiology made a presumptive diagnosis of myocarditis that by November appeared to have resolved. I discussed the case and it recommended that she not received a second mRNA vaccine as it appears she had myocarditis and we have no way of knowing if it was from the vaccine or from her COVID infection, although myocarditis is more commonly associated with a COVID infection.
MYOCARDITIS	2307894-1	30-39 years	Patient came into the Clinic for a Covid-19 vaccine (moderna). Patient received first dose and had a lightheaded episode. Patient did say he is very anxious because he gets nervous around medical staff. Patient was transferred to high monitoring area and kept there for 1 - 2 hours. Vital signs on 03/19/21 at 10:25 ? BP - 120/79, pulse ? 68, O2 ? 98%, RR ? 20, capillary refill - <2 secs. Patient was given ammonia inhaler to regain awareness. Glucose level ? 5.6 mmol/L. Repeat vitals ? BP ? 106/68, pulse 86, o2 ? 98%, RR ? 18. Patient was given 100 ml water. Over the course of 1 hour patient regained all normal ability
MYOCARDITIS	2309669-1	18-29 years	myocarditis with chest pain, 12 lead ekg abnormal for peaked t waves, cardiology consulted and patient to take NSAIDs to treat.
MYOCARDITIS	2315907-1	30-39 years	Patient began feeling ill 1/3/22. Went to urgent care and was treated for nausea. PT continued to feel worse. Went to the ED 1/9/22. Was admitted 1/9/22-1/12/22 for myocarditis. Follows with cardiology since hospitilization.
MYOCARDITIS	2322064-1	30-39 years	Severe chest pain 2 post post vaccination
MYOCARDITIS	2322269-1	18-29 years	After waking up abruptly early in morning with a fever, afterward in the the morning, I did wake up with a migraine and sharp chest pain. I did then end up going to ER right after waking up. At the ER they did hook me up to various monitors, they did state that I was dehydrated and the ER physician stated that I may have Myocarditis that had occurred. They did prescribe me both ibuprofen extra strength and another prescription to help with stomach acid issues. I did not have any more episodes afterwards. Every once in a while I did have some chest pain however, nowhere near the amount of pain as the first day.
MYOCARDITIS	2322797-1	18-29 years	Heart failure One side not pumping like it was supposed to; Myocarditis; Pericarditis; This spontaneous case was reported by a consumer and describes the occurrence of CARDIAC FAILURE (Heart failure One side not pumping like it was supposed to), MYOCARDITIS (Myocarditis) and PERICARDITIS (Pericarditis) in a 26-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. The patient had no allergic history and did not undergo a COVID test. Patient had never experienced symptoms like this before receiving the Moderna COVID-19 vaccine. Patient had no history of myocarditis, pericarditis and COVID-19 infection. Concomitant products included FLUOXETINE HYDROCHLORIDE (PROZAC) for an unknown indication. On an unknown date, the patient received second dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Spikevax) (unknown route) dosage was changed to 1 dosage form. In 2021, the patient experienced CARDIAC FAILURE (Heart failure One side not pumping like it was supposed to) (seriousness criteria hospitalization and medically significant), MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant) and PERICARDITIS (Pericarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 4 days due to CARDIAC FAILURE, MYOCARDITIS and PERICARDITIS. At the time of the report, CARDIAC FAILURE (Heart failure One side not pumping like it was supposed to), MYOCARDITIS (Myocarditis) and PERICARDITIS (Pericarditis) had not resolved. It was reported that patient was in ICU for 4 days. The caller sated that nothing happened after the 1st dose. Reported stated that patient had all the symptoms 2 days after the 2nd dose. Symptom of chest pain included with Myocarditis and Pericarditis. Symptom of Pallor under Cardiac failure. Company Comment: This is a Spontaneous case reported by a consumer, concerning a 26-year-old male patient, with no relevant medical history, who experienced the expected and serious (due to hospitalization and medically significant) of Myocarditis and Pericarditis, and the unexpected and serious (due to hospitalization and medically significant) of Cardiac failure, which occurred 2 days after the second dose of mRNA-1273 vaccine. Patient experienced pallor and chest pain. He went to the hospital, and was in intensive care unit (ICU) for 4 days with the diagnosis of myocarditis, pericarditis and heart failure, with one side of his heart not pumping like it was supposed to. At the time of the report, patient continued with severe chest pains. No information disclosed about diagnostic tests performed or treatments received. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender's Comments: This is a Spontaneous case reported by a consumer, concerning a 26-year-old male patient, with no relevant medical history, who experienced the expected and serious (due to hospitalization and medically significant) of Myocarditis and Pericarditis, and the unexpected and serious (due to hospitalization and medically significant) of Cardiac failure, which occurred 2 days after the second dose of mRNA-1273 vaccine. Patient experienced pallor and chest pain. He went to the hospital, and was in intensive care unit (ICU) for 4 days with the diagnosis of myocarditis, pericarditis and heart failure, with one side of his heart not pumping like it was supposed to. At the time of the report, patient continued with severe chest pains. No information disclosed about diagnostic tests performed or treatments received. The benefit-risk relationship of mRNA-1273 is not affected by this report.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2323150-1	18-29 years	Patient states that on 05/09/22 he became very dizzy and fainted, the next day he began to have left chest pain and was taken to Hospital, where he was admitted and dx with myocarditis , was in the hospital for 8 days.
MYOCARDITIS	2323794-1	40-49 years	Heart palpitations.
MYOCARDITIS	2324018-1	30-39 years	Developed myocarditis 2 weeks after 2nd vaccine series. Bilateral lower extremity edema, worsening intermittent svt, chest pain with activity. Symptoms were transient and resolved in dec 2021
MYOCARDITIS	2326659-1	18-29 years	"Heart inflammation; Experienced left and right swollen lymphnodes; Chest pain; Heart palpitations; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 25-year-old male patient received BNT162b2 (BNT162B2), on 05Jun2022 at 15:00 as dose 1, single (Batch/Lot number: unknown) at the age of 25 years, in left arm for covid-19 immunisation. The patient's relevant medical history included: ""Acid reflux"" (unspecified if ongoing), notes: Acid reflux; ""Known allergies: Latex"" (unspecified if ongoing), notes: Known allergies: Latex Seafood bananas; ""Known allergies: Seafood"" (unspecified if ongoing), notes: Known allergies: Latex Seafood bananas; ""Known allergies: Bananas"" (unspecified if ongoing), notes: Known allergies: Latex Seafood bananas. There were no concomitant medications. The following information was reported: CHEST PAIN (caused and prolonged hospitalization) with onset 06Jun2022 at 13:00, outcome ""not recovered""; LYMPHADENOPATHY (caused and prolonged hospitalization) with onset 06Jun2022 at 13:00, outcome ""not recovered"", described as ""Experienced left and right swollen lymphnodes""; MYOCARDITIS (caused and prolonged hospitalization, medically significant) with onset 06Jun2022 at 13:00, outcome ""not recovered"", described as ""Heart inflammation""; PALPITATIONS (caused and prolonged hospitalization) with onset 06Jun2022 at 13:00, outcome ""not recovered"", described as ""Heart palpitations"". The events ""heart inflammation"", ""experienced left and right swollen lymphnodes"", ""chest pain"" and ""heart palpitations"" required physician office visit and emergency room visit. The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (13Jun2022) Negative, notes: COVID test type post vaccination: Nasal Swab. Therapeutic measures were taken as a result of myocarditis, lymphadenopathy, chest pain, palpitations. Clinical course: Patient had no other vaccine in four weeks and no other medications in two weeks, did not had COVID prior vaccination and not tested COVID post vaccination. Other vaccine same date vaccine date: 05Jun2022. The patient reported that ""First day of me being vaccinated experienced left and right swollen lymph nodes now I have to get see a urologist then probably 4-5 after vaccination experience chest pain like I've ever felt in my life I just wish I would've never had gotten this shot to be honest now I have to go see a Cardiologist for an echo because of heart inflammation out of all my 25 years of living this has to be the most excruciating but I having faith it will turnaround but if your reading this I'm not anti or non anti but really do some thinking before you do I'm just the messenger love peace Also last thing Heart Palpitation I just pray everything turnaround and my health gets better everyday but I recommend everybody to think very long and hard about these things love"". 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). Treatment was given with Naproxen and Lantroprazole. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received."
MYOCARDITIS	2329021-1	30-39 years	Hospitalized two days from May 17-19th. Chest pain and pressure severe, left arm pain, muscle weakness, fatigue, diagnosis of NSTEMI myocardial infarction(heart attack), diagnosis of Myocarditis
MYOCARDITIS	2331768-1	18-29 years	Witnesses collapse
MYOCARDITIS	2338751-1	18-29 years	18 year old previously healthy male whom presented to ER today in setting of chest pain experienced 1 day s/p COVID vaccine with concern for post COVID vaccine myocarditis. Patient had his Pfizer COVID booster shot on 5/10. He initially developed headaches the day after and severe back pain which persisted. He was unable to lay back due to the back pain and vomited x 1 after taking tylenol for the pain. On 5/13, day prior to presentation, he began to develop anterior substernal chest pain, 10/10 at its peak, currently 0/10, with no aggravating or alleviating factors. He does report occasional palpitations. No notable fevers, dyspnea, presyncope, syncope, abdominal pain, diarrhea, change in color, chills, cough, diaphoresis, edema, orthopnea. He presented yesterday where he was noted to have elevated and up-trending troponin on high sensitivity testing (5/13 @ 1600 10,683, 5/14 @ 6am up to 14,925), with elevated creatinine kinase 338, and CRP 32.1. His chest pain had improved by the time he got to the ED waiting room but given the findings he was admitted to inpatient floors for one night, initially concerned for NSTEMI, and written for ASA, statin and Lovenox DVT PPX but ultimately did not get them. Cardiology was consulted for concern of COVID vaccine myocarditis. EKG notable for ST segment changes with mild ST elevation in V2, and depressions in V4-V6. ECHO with normal function, trivial TR/MR. Patient was accepted for transfer to inpatient cardiology. Patient was transferred to alternate hospital for evaluation for presumed post Covid vaccine myocarditis. He remained hemodynamically stable and without ectopy. He had no arrhythmia and ST segment abnormality on EKG was mild. He had an elevated troponin on admission to 0.84. Given his symptoms and troponin leak, he received IVIG (2g/kg) and steroids (Methylpred 30mg IV BID) per protocol. Troponin was down trending and 0.15 on day of discharge. Echo was performed which revealed low normal LV function (see report below); cardiac MRI was performed on 5/16, report remains pending at the time of discharge. Methylpred was transitioned to prednisone to complete a 5 day course. Chest pain resolved and his EKG normalized 5/31 follow up visit: Patient has been doing well since discharge. He went back to work. At the end of the day, he had a bad headache, was tired and vomited. This was also the day after stopping the steroids. He has been back to work, and this did not occur again. He denies cardiac symptoms, specifically no chest pain, palpitations, shortness of breath or syncope. Post vaccine myocarditis. Admitted 5/15 with chest pain, troponin leak and ECG changes post Pfizer vaccine. Echo with borderline LV function. Treated with IVIG + steroids. Normal cardiac MRI. Patient remains restricted from vigorous physical activity for 3-6 months. We will plan to do an exercise stress test around 3 months prior to clearance for sports participation.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2356727-1	40-49 years	"Renal failure: Yes; Arrhythmia: Yes; Myocarditis: Yes; Jaundice: Yes; This is a spontaneous report received from a contactable reporter(s) (Physician). The reporter is the patient. A 41-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 23Dec2020 as dose 1, single (Lot number: EK9231), in arm, on 13Jan2021 as dose 2, single (Lot number: EL3249), in arm and on 22Nov2021 as dose 3 (booster) single (Lot number: FJ1611) at the age of 40 years, in arm, all subcutaneous for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. The following information was reported: RENAL FAILURE (medically significant), outcome ""unknown"", described as ""Renal failure: Yes""; ARRHYTHMIA (medically significant), outcome ""unknown"", described as ""Arrhythmia: Yes""; MYOCARDITIS (medically significant), outcome ""unknown"", described as ""Myocarditis: Yes""; JAUNDICE (non-serious), outcome ""unknown"", described as ""Jaundice: Yes"". The patient underwent the following laboratory tests and procedures: SARS-CoV-2 test: (16May2022) Positive; (24May2022) Positive, notes: retested Positive Antigen (24May2021); (28May2022) Negative, notes: retested negative on 28May antigen. Clinical course: It was reported that, patient had unknown SARS-CoV2 antibodies at diagnosis, Patient was not hospitalized, not admitted to an Intensive Care Unit, did not SARS-CoV2 antibodies at hospital discharge not display clinical signs at rest indicative of severe systemic illness. she not require supplemental oxygen (including high flow or ECMO) or received mechanical ventilation. Patient did not having Multiorgan failure, Tachypnea, Hypoxemia, Acute Respiratory Distress Syndrome (ARDS), Heart failure, Cardiogenic shock, acute myocardial infarction. Vomiting, Diarrhea, Abdominal pain, Acute liver failure, Deep vein thrombosis, Pulmonary embolism, Limb ischemia, Vasculitis, Acute kidney injury, Altered consciousness, Convulsions/seizures, Encephalopathy, Meningitis, Cerebrovascular accident, Hematological, Thrombocytopenia, Disseminated intravascular coagulation, Chillblains, Erythema multiforme during the COVID-19 illness. Patient received Paxlovid therapies for COVID-19 started at 16May2022 and Stopped at 21May2022. Event not required the initiation of new medication or other treatment or procedure. patient had no smoker/former smoker patient not taking any medications routinely prior to the event being reported not pre-existing diseases worsened during the SARS-CoV2 infection. patient not treated with immunomodulating or immunosuppressing medications or received any other vaccines around the time of COVID-19 vaccination. Pfizer product not had a causal effect to the adverse event.; Sender's Comments: Based on the available information in the case, the causal association between the events renal failure, arrhythmia, myocarditis and the suspect drug 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."
MYOCARDITIS	2356812-1	30-39 years	Myocarditis.
MYOCARDITIS	2364399-1	18-29 years	2 days after receiving the booster shot (third dose) he started having bloody diarrhea for the first time in his life. The diarrhea got worse over the next several weeks and he had a colonoscopy, which showed ulcerative colitis. He was given treatment with Mesalamine. The symptoms did not improve over the next couple of weeks and he started having chest pain. He was rushed to the hospital and diagnosed with acute myocarditis as well as ulcerative colitis. He was given antibiotics and IV steroids and improved over the next several days. His myocarditis resolved and his UC symptoms improved. He had a recurrence of UC symptoms 2 months later which has been treated effectively with Humira
MYOCARDITIS	2366581-1	30-39 years	Next day while at park with children I started feeling chest pain. It was similar to really bad heart burn. The pain was gradually getting worse and worse. At one point I got light headed and felt like I was going to pass out. I told my wife I had to get somewhere warm because I was freezing. We went to the car and turned on the heater. After approximately 10-15 minutes the chest pain went away. I still had chills and fever for the rest of the day. I was told this was an side effect of the vaccine. More recently while discussing with my medical provider, I had myocarditis. I also was advised to submit this report.
MYOCARDITIS	2370050-1	18-29 years	myocarditis/ Chest Pain; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (myocarditis/ Chest Pain) in a 26-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On 29-Jun-2022, the patient experienced MYOCARDITIS (myocarditis/ Chest Pain) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (myocarditis/ Chest Pain) outcome was unknown. The action taken with mRNA-1273 (Spikevax) (Unknown) was unknown. No concomitant medication was reported by reporter. It was reported as patient went to the ER last night with chest pain. He was now in the hospital today and was diagnosed with Myocarditis and waiting to have a cardiac MRI. No treatment medication was reported by reporter. Company Comment: This is a Spontaneous case reported by a consumer, concerning a 26-year-old male patient, with no medical history reported, who experienced the expected and serious (due to medically significant) AESI of Myocarditis, which occurred after a dose of mRNA-1273 vaccine (latency unknown). Patient went to Emergency Room due to chest pain, and myocarditis was diagnosed. No information disclosed about diagnostic tests performed, clinical course or treatments received. The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to MOD-2022-600929 (Patient Link).; Sender's Comments: This is a Spontaneous case reported by a consumer, concerning a 26-year-old male patient, with no medical history reported, who experienced the expected and serious (due to medically significant) AESI of Myocarditis, which occurred after a dose of mRNA-1273 vaccine (latency unknown). Patient went to Emergency Room due to chest pain, and myocarditis was diagnosed. No information disclosed about diagnostic tests performed, clinical course or treatments received. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2372080-1	18-29 years	Myocarditis, chronic urticaria/dermatographia, difficulty breathing, blueish/purple/yellow/cold hands and feet

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2372319-1	40-49 years	He got his vaccine, the following day he started to develop blisters on his hands, feet, legs and arms that would pop and weep. It got to the point that his hands go so covered that he could not use them to work or function as they would pop.. He ended up getting a skin infection and had to see a doctor for that. Then trying to figure out what it was, had biopsies and saw a dermatologist and informed it was extreme eczema that he still has on his hands and feet, and was prescribed Dupixent for it. He has been out of work since January of this year and about 6 months last year due to the reaction. He fought it for a month after getting the shot and worked wearing gloves to cover the blisters, and got to the point that it was too overwhelming for him. He was also having symptoms of myocarditis and noticed this after he got sick. He developed COVID on 1/30/22 and was out of work for that as well. Since then he has fatigue greater than what he has ever experienced and has no endurance, believes possibly has long-COVID. He is scared to get another vaccine due to his reaction to the first vaccine. He was also given initially Betamethasone and Eucrisa creams and this did start to help to a degree and after that he was put on another cream and this year using Enopsalora but cannot seem to get rid of the blisters. Prior to the vaccine he had no skin conditions of any kind. He was getting regular vaccines to flu and never had a reaction to those.
MYOCARDITIS	2373691-1	30-39 years	"Pt admitted 7/12 for induction of labor and delivered healthy infant. Discharged on 7/14. Received Pfizer COVID vaccine on 7/14 per patient. Initial vaccination was with Janssen; first booster was Moderna, and second booster was Pfizer on 7/14. On 7/16 developed fever, trouble breathing while lying down and R sided chest heaviness/pressure. Found to be hypoxic and hypertensive upon arrival in ED. At first, felt to be pre-eclampsia with fluid overload +/- postpartum cardiomyopathy. Cardiology consulted. Echocardiogram showed mildly reduced EF consistent with myocarditis, slight troponin rise. Cardiologist's note states ""I suspect this is related to the COVID-9 vaccination."" She was started on low-dose ACE inhibitor. Pt discahrged to home on 7/18/22 on enalapril 5 mg PO daily."
MYOCARDITIS	2375029-1	30-39 years	PATIENT WAS FOUND DROWN IN BATHTUB AT HOME. REASON FOR DEATH: LYMOCYTIC MYOCARDITIS
MYOCARDITIS	2379500-1	40-49 years	Heart issue - I believe I had myocarditis. The day after receiving the vaccine I felt pressure in my chest - similar to heartburn or just was an awareness that something didn't feel right inn my chest. Took aspirin and heartburn medication and waited a couple hours before going to bed. The next morning the doctor told me I should go to a heart specialist - see below. For months I felt like I had a hard time catching my breath especially with any type of exercise or just even walking up a flight of stairs.
MYOCARDITIS	2388292-1	18-29 years	Myocarditis 10 months after vaccine
MYOCARDITIS	2391885-1	18-29 years	Patient presented with chest pain after exposure to COVID positive person. Person was vaccinated. EKG showed STEMI. Was taken to cath lab and found to have no blockages. Provider has deemed this to be myocarditis.
MYOCARDITIS	2394665-1	40-49 years	Symptomatic myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Symptomatic myocarditis) in a 45-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. The patient's past medical history included COVID-19 (Symptomatic myocarditis occurred in the patient during acute COVID-19 infection, followed by recurrence of symptoms after the first dose of mRNA COVID-19 vaccine). On an unknown date, the patient received second dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Spikevax) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Symptomatic myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Symptomatic myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Magnetic resonance imaging heart: Proven myocarditis after the second dose of mRNA COVID-19 vaccine.. For mRNA-1273 (Spikevax) (Unknown), the reporter considered MYOCARDITIS (Symptomatic myocarditis) to be related. No concomitant and treatment medications were reported. Symptomatic myocarditis occurred in the patient during acute COVID-19 infection, followed by recurrence of symptoms after the first dose of mRNA COVID-19 vaccine and subsequent recurrence of cardiac MRI-proven myocarditis after the second dose of mRNA COVID-19 vaccine. Company comment This literature-non-study case reported by other Health Care Professional concerning a 45-year-old male patient with medical history of COVID-19 infection with myocarditis, who experienced the serious, medically significant, expected event of Myocarditis (AESI). It is described that after the first dose of mRNA-1273, the patient experienced myocarditis symptoms that recurred after the second dose, where myocarditis was confirmed by MRI. It is uncertain if myocarditis due to COVID-19 before vaccination was full recovered. Treatment details of the event was not provided. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This literature-non-study case reported by other Health Care Professional concerning a 45-year-old male patient with medical history of COVID-19 infection with myocarditis, who experienced the serious, medically significant, expected event of Myocarditis (AESI). It is described that after the first dose of mRNA-1273, the patient experienced myocarditis symptoms that recurred after the second dose, where myocarditis was confirmed by MRI. It is uncertain if myocarditis due to COVID-19 before vaccination was full recovered. Treatment details of the event was not provided. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	2399523-1	30-39 years	I developed chest pain within a week of vacation. I thought it was acid reflux. Pain worsened. Went to er multiple times. Had elevated heart enzymes, abnormal ekg . Started having severe cardiac Vaso spasms admitted to hospital. Many test and many medications later we are sure my myocarditis was caused by vaccine booster
MYOCARDITIS	2400270-1	40-49 years	Took 2nd vaccine (Modena) for Covid19 and was admitted to hospital within 3 weeks for Myocarditis // suspected Myocarditis. I don't have information available to me but the tests and lab work showed elevated inflammatory issues that led them to diagnose with suspected myocarditis. I also had an MRI to ensure I had not had any strokes.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2402321-1	18-29 years	decrease in blood pressure; hair grew incredibly fast; nails grew incredibly fast; flare of lyme's disease, lyme's disease flare up/neurological signs/Sensitivity to heat on the body/losing movement at the site; Small intestine tract bacteria over growth; waist size increased; non-serious weird signs of body growing/became 4 inches taller; myocarditis; neurological symptoms had spread to the circulatory system; inability to process stress; inability to process emotions; flare of lyme's disease,lyme's disease flare up/brain injury/not fully gone through puberty/pain and internal organs moved with humira/feeling of soda bubbles moving up and down in spine/loss of movement/losing sensation at the site/loss of sensati; very worn down for about three days after each shot; This spontaneous case was reported by a consumer and describes the occurrence of GASTROINTESTINAL BACTERIAL OVERGROWTH (Small intestine tract bacteria over growth), STRESS (inability to process stress), LYME DISEASE (flare of lyme's disease,lyme's disease flare up/brain injury/not fully gone through puberty/pain and internal organs moved with humira/feeling of soda bubbles moving up and down in spine/loss of movement/losing sensation at the site/loss of sensation), LYME DISEASE (flare of lyme's disease, lyme's disease flare up/neurological signs/Sensitivity to heat on the body/losing movement at the site), EMOTIONAL DISORDER (inability to process emotions), BLOOD PRESSURE DECREASED (decrease in blood pressure), NEUROLOGICAL SYMPTOM (neurological symptoms had spread to the circulatory system), WAIST CIRCUMFERENCE INCREASED (waist size increased) and MYOCARDITIS (myocarditis) in a 28-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Co-suspect product included non-company product ADALIMUMAB (HUMIRA) for Crohn's disease. Concurrent medical conditions included Lyme's disease (The patient's wife reported that patient had Lyme's disease since he was a child.). In June 2020, the patient started ADALIMUMAB (HUMIRA) (Subcutaneous) at an unspecified dose. On an unknown date, the patient received first dose of mRNA-1273 (Spikevax) (Intramuscular) 1 dosage form. In November 2020, the patient experienced LYME DISEASE (flare of lyme's disease,lyme's disease flare up/brain injury/not fully gone through puberty/pain and internal organs moved with humira/feeling of soda bubbles moving up and down in spine/loss of movement/losing sensation at the site/loss of sensation) (seriousness criterion medically significant). In February 2021, the patient experienced STRESS (inability to process stress) (seriousness criterion medically significant), EMOTIONAL DISORDER (inability to process emotions) (seriousness criterion medically significant), NEUROLOGICAL SYMPTOM (neurological symptoms had spread to the circulatory system) (seriousness criterion medically significant) and MYOCARDITIS (myocarditis) (seriousness criterion medically significant). In March 2021, the patient experienced GASTROINTESTINAL BACTERIAL OVERGROWTH (Small intestine tract bacteria over growth) (seriousness criterion medically significant), WAIST CIRCUMFERENCE INCREASED (waist size increased) (seriousness criterion medically significant) and BODY HEIGHT INCREASED (non-serious weird signs of body growing/became 4 inches taller). In May 2022, the patient experienced LYME DISEASE (flare of lyme's disease, lyme's disease flare up/neurological signs/Sensitivity to heat on the body/losing movement at the site) (seriousness criterion medically significant). On an unknown date, the patient experienced BLOOD PRESSURE DECREASED (decrease in blood pressure) (seriousness criterion medically significant), HAIR GROWTH RATE ABNORMAL (hair grew incredibly fast), NAIL GROWTH ABNORMAL (nails grew incredibly fast) and FATIGUE (very worn down for about three days after each shot). At the time of the report, GASTROINTESTINAL BACTERIAL OVERGROWTH (Small intestine tract bacteria over growth), STRESS (inability to process stress), LYME DISEASE (flare of lyme's disease,lyme's disease flare up/brain injury/not fully gone through puberty/pain and internal organs moved with humira/feeling of soda bubbles moving up and down in spine/loss of movement/losing sensation at the site/loss of sensation), LYME DISEASE (flare of lyme's disease, lyme's disease flare up/neurological signs/Sensitivity to heat on the body/losing movement at the site), EMOTIONAL DISORDER (inability to process emotions), BLOOD PRESSURE DECREASED (decrease in blood pressure), NEUROLOGICAL SYMPTOM (neurological symptoms had spread to the circulatory system), WAIST CIRCUMFERENCE INCREASED (waist size increased), MYOCARDITIS (myocarditis), HAIR GROWTH RATE ABNORMAL (hair grew incredibly fast), NAIL GROWTH ABNORMAL (nails grew incredibly fast), BODY HEIGHT INCREASED (non-serious weird signs of body growing/became 4 inches taller) and FATIGUE (very worn down for about three days after each shot) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In March 2021, Body height: increased. In March 2021, Waist circumference: increased. On an unknown date, Blood pressure measurement: decreased. mRNA-1273 (Spikevax) (Intramuscular) dosing remained unchanged. No concomitant medications were reported. In Jun 2020 the patient started taking HUMIRA and at that time the Lyme's disease was dormant. That particular type of Lyme's disease acted like a brain injury and caused him to not fully gone through puberty. He experienced other symptoms like joint pain, popping joints and the feeling of soda bubbles moving up and down his spine. In Mar 2021, patient started intravenous antibiotic therapy via a Peripherally inserted central catheter line, which was lasted for six weeks. At week four during his treatment, weird signs of his body started to grow. It was like he was going or finishing going through puberty. In May 2022, patient also developed pain in his joints. It was unknown if patient was enrolled in a COVID-19 vaccine trial. The reporter's causality and manufacturer's opinion for the events of sensitivity to heat on the body, losing movement at the site, feeling of soda bubbles moving up and down in spine, losing sensation at the site, small intestine tract bacteria over growth, weird signs of body growing/became 4 inches taller, waist size increased, bed ridden, brain injury, not fully gone through puberty, loss of movement, neurological signs, hair grew incredibly fast, myocarditis, decrease in blood pressure, nails grew incredibly fast, inability to process stress, flare up/of lyme's disease, loss of sensation, inability to process emotions, was reasonable possibility and no reasonable possibility, respectively. The reporter's causality for pain and internal organs moved with humira was a reasonable possibility and for worn down, neurological symptoms had spread to the circulatory system, toe where rash on feet, toe where swelling on feet and COVID was not provided. Manufacturer's opinion was that there was no reasonable possibility that the events of toe where swelling on feet, COVID and pain are related to humira. The event of internal organs moved was not assessable. Company comment: This is a Spontaneous case reported by a consumer, concerning a 28-year-old male patient, with relevant concurrent conditions of Lyme¦s disease and Crohn¦s disease in treatment with Adalimumab since June 2020 (reported as a suspect drug). Patient has received both primary COVID-19 vaccination and booster dose with mRNA-1273 vaccine, on unknown dates. In June 2020, Lyme¦s disease was dormant. 5 months later symptoms started to flare. He was experiencing increased brain fog, difficulty to focus, cold temperature caused pain, heat on his body caused him loss of sensation or movement, joint pain, felling of soda bubbles moving up and down his spine. In February 2021, patient had become fully bedridden due to his symptoms. He experienced a decrease in blood pressure, myocarditis, and the inability to process stress or emotions. In March 2021, patient started intravenous antibiotic therapy. This lasted for 6 weeks. At week 4, he became 4 inches taller, his waist size increased, his internal organs moved, and his hair and nails grew incredibly fast. Patient also experienced a small intestine tract bacteria overgrowth. In May 2022, patient started to develop signs of his Lyme¦s disease again with neurological signs, pain in his joints and sensitivity to heat. No information disclosed about diagnostic tests performed, clinical course or other treatments received. Since vaccination dates were not provided, temporal association and latency cannot be properly assessed. Lyme¦s disease can

Symptoms	VAERS ID	Age	Adverse Event Description
			present relapses as part of the natural history of disease, so that confounds the case. Crohn¦s disease could also be a confounder for the case. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-616834, MOD-2022-616833 (Patient Link).; Sender's Comments: This is a Spontaneous case reported by a consumer, concerning a 28-year-old male patient, with relevant concurrent conditions of Lyme¦s disease and Crohn¦s disease in treatment with Adalimumab since June 2020 (reported as a suspect drug). Patient has received both primary COVID-19 vaccination and booster dose with mRNA-1273 vaccine, on unknown dates. In June 2020, Lyme¦s disease was dormant. 5 months later symptoms started to flare. He was experiencing increased brain fog, difficulty to focus, cold temperature caused pain, heat on his body caused him loss of sensation or movement, joint pain, felling of soda bubbles moving up and down his spine. In February 2021, patient had become fully bedridden due to his symptoms. He experienced a decrease in blood pressure, myocarditis, and the inability to process stress or emotions. In March 2021, patient started intravenous antibiotic therapy. This lasted for 6 weeks. At week 4, he became 4 inches taller, his waist size increased, his internal organs moved, and his hair and nails grew incredibly fast. Patient also experienced a small intestine tract bacteria overgrowth. In May 2022, patient started to develop signs of his Lyme¦s disease again with neurological signs, pain in his joints and sensitivity to heat. No information disclosed about diagnostic tests performed, clinical course or other treatments received. Since vaccination dates were not provided, temporal association and latency cannot be properly assessed. Lyme¦s disease can present relapses as part of the natural history of disease, so that confounds the case. Crohn¦s disease could also be a confounder for the case. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	2403970-1	**40-49 years**	Patient developed severe chest pain about week after the injection. Found to have elevated troponin consistent with myocarditis. Patient was admitted to the hospital and cardiology consulted.
MYOCARDITIS	2406306-1	**18-29 years**	Nausea, Headache, Fever. Dizziness, Rapid Heartbeat. Myocarditis. Lowered Brain Function.
MYOCARDITIS	2408450-1	**30-39 years**	Immediately after receiving the vaccine my heart began to race. I was unsure what was happening and decided to leave the vaccine clinic. My heart did not stop racing for two days, and I began to have chest pain. On Monday morning, Jan 10th, I went to an urgent care. They did an EKG which was abnormal, and my resting heart rate was 140-150. I had an x-ray taken and blood work done. I wore a heart monitor for 24 hours after, and it showed a high resting heart rate with PVC's and large variables in heart rate when not exercising. I was referred to a cardiologist for care. I had a second abnormal EKG, and was put on medication for heart rate control. I have been under the care of a cardiologist since, and I still experience chest pain 8 months later. I am a very active person, and have had to limit my exercise due to my heart issues. I am still on medication 8 months later, and I'm incredibly frustrated with how getting this vaccine has changed my life. My doctor believes I had myocarditis and I know have an Arrhythmia.
MYOCARDITIS	2411142-1	**30-39 years**	I got really sick sore and fever after I got the shot the same day. Cough happened maybe a week later when the fever went down. The worst part was my heart was hurting I had a palpating heart and chest discomfort which I have since been to the hospital probably 6 times.
MYOCARDITIS	2414143-1	**40-49 years**	Troponins over 3000, Myocarditis, Heart Cath, MRI, Chest X-Ray, Patient has 0 family history or personal of heart issues, no alcohol, smoking or drug usage, CBC W/differential, Magnesium, Comprehensive Metabolic Panel, Influenza A,B, Covid-19, Respiratory Virus Antigens Profile, UA W/Microscopic, EGD, Colonoscopy, C-Reactive protein, ECG 12 Lead, Basci Metabolic Panel, Phosphorus, Sedimentation rate, Protime W/INNR, APTT, Thyroid stimulating hormone, Toxicology Screen, Urine, Glyco HGB, Lipase, CT,
MYOCARDITIS	2429576-1	**18-29 years**	Patient reported that he has received 2 doses of Pfizer Covid-19 vaccines in the Fall of 2021 and that within 1-2 weeks post vaccine #2 he developed chest pain. He underwent a cardiac MRI and it revealed a myocarditis. He was referred to an off-base cardiologist who told him that his myocarditis was due to the COVID-19 vaccine and that he should not receive another one. Patient reported he did have COVID infection in July 2021 and was evaluated by cardiology for chest pain following his COVID infection. The pain would occur only with exertion. He had EKG and enzymes and was told it was normal. The pain following his second vaccine was more severe and would occur at rest. He did not seek immediate medical evaluation because he thought his heart was okay. He waited to see his PCM a couple of weeks later where myocarditis was confirmed by MRI. Symptoms: CHEST PAIN, UNSPECIFIED (R079).
MYOCARDITIS	2436415-1	**30-39 years**	cardiomyopathy, myocarditis, s.o.b, chest pains started approx 6 hours post vaccine. benedryl taken 30min prior to vaccine as a pre caution. Heart issues have culminated to supraventricular tachycardia, tachy/brady syndrome, etc..
MYOCARDITIS	2451173-1	**18-29 years**	Myocarditis diagnosed 19 September 2022
MYOCARDITIS	2454826-1	**40-49 years**	Patient developed chest pain within 24 hours of vaccine, presented to ED 4 days later d/t worsening CP. Extensive workup led to diagnosis of myocarditis. Discharged with 2-week prednisone taper

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2458360-1	18-29 years	My son (23 years) had 1 shot of Moderna's COVID vacccine and has myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (My son (23 years) had 1 shot of Moderna's COVID vacccine and has myocarditis) in a 23-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (My son (23 years) had 1 shot of Moderna's COVID vacccine and has myocarditis) (seriousness criterion medically significant). The patient was treated with COLCHICINE ongoing since an unknown date at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (My son (23 years) had 1 shot of Moderna's COVID vacccine and has myocarditis) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. The reporter stated that her son (23 years) had 1 shot of Moderna's COVID vaccine and had myocarditis and they won't let him get the 2nd shot. This case was identified as part of a retrospective clean-up activity where certain emails received in the Moderna mailbox were missed to be booked-in. Company comment This spontaneous case reported by a consumer, concerns a 23 years old male patient with no relevant medical history reported, who experienced the expected, serious, medically significant AESI of MYOCARDITIS (My son (23 years) had 1 shot of Moderna's COVID 19 Vaccine and has myocarditis) unknown days after receiving the 1 dose of mRNA-1273 vaccine in the covid 19 vaccination series. It was reported that he was on colchicine. No further clinical information on comorbidities, risk factors, symptoms, labs, diagnostics and concomitant medications details were available in the report. The outcome of the event was reported as unknown. The benefit-risk relationship of mRNA- 1273 vaccine is not affected by this report.; Sender's Comments: This spontaneous case reported by a consumer, concerns a 23 years old male patient with no relevant medical history reported, who experienced the expected, serious, medically significant AESI of MYOCARDITIS (My son (23 years) had 1 shot of Moderna's COVID 19 Vaccine and has myocarditis) unknown days after receiving the 1 dose of mRNA-1273 vaccine in the covid 19 vaccination series. It was reported that he was on colchicine. No further clinical information on comorbidities, risk factors, symptoms, labs, diagnostics and concomitant medications details were available in the report. The outcome of the event was reported as unknown. The benefit-risk relationship of mRNA- 1273 vaccine is not affected by this report.
MYOCARDITIS	2463137-1	18-29 years	I was pregnant (unknown) at time of vaccine. I had positive HCG on 09/18/2022 and miscarried on 10/26/2022. I have had recurrent miscarriages since then. Major adverse event: 11/2/2022 I was seen in ER for chest pain, near fainting, and painful breathing at sternum. Bloodwork showed extremely elevated white cell count (24.9 K/CUMM). Antibiotics were given to help with infection. I was sent home with verbal diagnosis of pericarditis/myocarditis with pleuritic event. Secondary possible adverse event: 09/02/2022 I was sent by ambulance to ER for near fainting and inability to obtain blood pressure reading. I was diagnosed with long QT syndrome. At this time I was 19 weeks pregnant and currently I am 23 weeks pregnant.
MYOCARDITIS	2464620-1	30-39 years	Patient was diagnosed with Myocarditis/pericarditis due to a pericardial effusion and elevated troponins on 9/28/2022.
MYOCARDITIS	2467147-1	30-39 years	Dr. came into clinic and received Moderna Bivalent 0.5 ml dose in left deltoid muscle. He reports that approximately 12 hours later he developed chills and muscle aches. At approximately 0630 am he developed a severe headache. He reports by mid-morning her was starting to experience chest pain and contacted his primary care physician who instructed him to go to the hospital ER for evaluation. He was diagnosed with Myocarditis during his visit at the ER. He was sent home from ER after spending a few hours there being monitored and assessed.
MYOCARDITIS	2470789-1	18-29 years	Chest pain starting about 1.5 days after his vaccination. He presented to the hospital 3.5 days after his vaccination.
MYOCARDITIS	2471941-1	18-29 years	Laboratory and clinical signs of myocarditis. Patient was being routinely screened for myocarditis as his was concominantly starting clozapine so we were monitoring CRP, WBc with Diff, and Troponin weekly. 10/7 #Elevated troponin #Sinus tachycardia #C/f myocarditis, drug induced vs. Viral Inflammatory markers elevated, and trop mildly elevated but flat. Recent symptomatic COVID infection ~3 weeks ago. Thus far, workup has included a CT PE which was suboptimal due to motion artifact, but did not demonstrate proximal thrombi. TTE demonstrated normal RVEF and size, and a low-normal LVEF. Possible this represents myocarditis, viral or drug induced. Clozaril level is pending. If this comes back at supratherapeutic and he needs to remain on it for psychiatric reasons, would be reasonable to consider lower dose and monitor level. Would not recommend cMRI at this point given he was unable to tolerate PE study yesterday. - Would recommend lower extremity dopplers to further evaluate for PE/DVT. If positive, could consider repeat CT PE study +/- sedation - discontinue propranolol (d/w primary team) - start metoprolol succinate 25mg daily - start lisinopril 2.5mg daily - if remains on clozaril, would repeat TTE in 2 weeks or sooner if clinical status changes

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2472262-1	18-29 years	Recurrence of myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Recurrence of myocarditis) in a 27-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. LITERATURE REFERENCE: The patient's past medical history included Myocarditis (First episode of myocarditis at age 20). On an unknown date, the patient received second dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, after starting mRNA-1273 (Spikevax), the patient experienced MYOCARDITIS (Recurrence of myocarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 2 days due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Recurrence of myocarditis) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Magnetic resonance imaging heart: Confirmed myocarditis after receiving second dose. Cardiac MRI was found to have normal biventricular size and function, but with sub epicardial delayed enhancement involving the basal inferolateral and inferior wall and distal lateral segment. Patient had no increased myocardial signal intensity on T2 imaging. On side-by-side comparison, the enhancement in the distal lateral segment was new in comparison to the cardiac MRI at the time of the first myocarditis episode.. On an unknown date, Troponin: Elevated troponin (normal value less than or equals to 0.029 ng/mL). For mRNA-1273 (Spikevax) (Unknown), the reporter considered MYOCARDITIS (Recurrence of myocarditis) to be related. The study was conducted on children and adults cared for at the Clinic identified through the electronic health records, who had a history of myocarditis before the COVID-19 pandemic and had subsequently received at least 2 doses of the mRNA COVID-19 vaccines. No concomitant and treatment medications were reported. Patient developed chest pain 2 days after receiving the mRNA -1273 vaccine. Patient was hospitalized for 2 days and during this time he did not require any cardiac support or had any reported arrhythmias. The patient was stable at the post discharge follow-up at 6 weeks. The course was relatively benign in this patient. Company Comment: This is a literature non-study case concerning a 27 year-old, male patient with a history of Myocarditis at the age of 20, who experienced the serious (due to medically important condition and hospitalization) expected, AESI of Myocarditis (reported as Recurrence of myocarditis), 2 days after the second dose of mRNA-1273 vaccine. He developed chest pain 2 days after receiving the mRNA-1273 vaccine. He had elevated troponin (peak 0.268 ng/mL) and on cardiac MRI recurrence of myocarditis was confirmed. It showed normal biventricular function, but with subepicardial delayed enhancement involving the basal inferolateral and inferior wall and distal lateral segment. The enhancement in the distal lateral segment was new in comparison to the cardiac MRI at the time of the first myocarditis. Patient was hospitalized for 2 days with no need for cardiac support or reported arrhythmias and was stable at outpatient follow-up at 6 weeks. Treatment was not reported. The mentioned medical history remains as a confounder. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 29-Sep-2022: Follow up received by safety on 30-Sep-2022 has Email with FTA and contains significant information: Reporter information, literature information, medical history, lab data, and event information were updated.; Sender's Comments: Company Comment: This is a literature non-study case concerning a 27 year-old, male patient with a history of Myocarditis at the age of 20, who experienced the serious (due to medically important condition and hospitalization) expected, AESI of Myocarditis (reported as Recurrence of myocarditis), 2 days after the second dose of mRNA-1273 vaccine. He developed chest pain 2 days after receiving the mRNA-1273 vaccine. He had elevated troponin (peak 0.268 ng/mL) and on cardiac MRI recurrence of myocarditis was confirmed. It showed normal biventricular function, but with subepicardial delayed enhancement involving the basal inferolateral and inferior wall and distal lateral segment. The enhancement in the distal lateral segment was new in comparison to the cardiac MRI at the time of the first myocarditis. Patient was hospitalized for 2 days with no need for cardiac support or reported arrhythmias and was stable at outpatient follow-up at 6 weeks. Treatment was not reported. The mentioned medical history remains as a confounder. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYOCARDITIS	2474254-1	30-39 years	Immediately upon injection I tasted a salty/metal taste in my mouth. My left side got tingly and my ears rang. That night had the worst menstrual cramps of my life. My arm hurt so mad it felt like there were a million knives stabbing it and I could not sleep, graze a shirt sleeve against it or shower for days. The following days felt sick with a severe headache and flu symptoms. I then developed a giant red tender ring on my arm for 8 days. The morning the red arm rash disappeared I woke up with an extremely tight chest and it felt like someone was sitting on it and I could not breathe. I then started getting a racing pounding heart and my chest was in extreme pain as if someone poured cement in it, I had an elephant sitting on it, and my heart was being squeezed and stabbed at the same time and it would not slow down. These symptoms to this day are still here. Extreme fatigue, weakness, dizziness, throwing up, fast inappropriate pounding heart, chest pain and chest pressure, shortness of breath, exertion and out of breath with the slightest movement like my heart is non stop running a marathon. Loss of period for 9 months and now have been on my period for 3 months straight. Blacking out when standing, reactions to foods, tremors, joint pain, brain fog, non stop nausea, non stop vertigo, black floaters in my eyes. Diagnosed with Myocarditis & Pericarditis - I still have symptoms (seen multiple cardiologists) Diagnosed with POTS - I still have symptoms Diagnosed with more severe MCAS - I still have symptoms Diagnosed with Dysautonomia/Autonomic Dysfunction - I still have this Diagnosed with Chronic Fatigue syndrome - I still have this Diagnosed with Chronic Vertigo - I still have this Diagnosed with a Positive ANA - I still have this (Autoimmune Antibodies) Diagnosed with Lactic Acidosis Diagnosed with hypovolemia Diagnosed with Vaccine adverse reaction

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2479380-1	30-39 years	"Syncopal episodes while exercising 6 and 10 weeks after last vaccine dose; Patient died on 19Jul2022. Autopsy showed granulomatous myocarditis; Multiple findings in other organs consistent with sarcoidosis.; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the parent. A 38-year-old male patient received BNT162b2 (BNT162B2), on 22Nov2021 as dose 3 (booster), single (Batch/Lot number: unknown) at the age of 37 years for covid-19 immunisation. The patient's relevant medical history included: ""Mild hypertension"" (unspecified if ongoing); ""Asthma"" (unspecified if ongoing). Patient had no known allergies. Concomitant medication(s) included: LISINOPRIL; MONTELUKAST; ZYRTEC [CETIRIZINE HYDROCHLORIDE]; PROVENTIL [SALBUTAMOL]. Vaccination history included: moderna coviD-19 (DOSE 2, SINGLE, lot number: 026L20A), administration date: 26Jan2021, when the patient was 36-year-old, for Covid-19 Immunization, reaction(s): ""Had relatively severe reaction to all three doses""; moderna coviD-19 (DOSE 1, SINGLE, lot number: 039K20A), administration date: 29Dec2020, when the patient was 36-year-old, for Covid-19 Immunization, reaction(s): ""Had relatively severe reaction to all three doses"". Patient had no other vaccine in four weeks. The following information was reported: SARCOIDOSIS (death) with onset 19Jul2022 at 18:30, outcome ""fatal"", described as ""Multiple findings in other organs consistent with sarcoidosis.""; MYOCARDITIS (death) with onset 19Jul2022 at 18:30, outcome ""fatal"", described as ""Patient died on 19Jul2022. Autopsy showed granulomatous myocarditis""; SYNCOPE (medically significant), outcome ""unknown"", described as ""Syncopal episodes while exercising 6 and 10 weeks after last vaccine dose"". The events ""syncopal episodes while exercising 6 and 10 weeks after last vaccine dose"" required physician office visit. Patient saw cardiologist who did ECG, Cardiac Echo, and Cardiac MRI. No treatment or further studies were recommended by cardiologist. Patient was advised follow up in 6 months. The patient underwent the following laboratory tests and procedures: Echocardiogram: (unspecified date) Unknown Results; Electrocardiogram: (unspecified date) Unknown Results; Magnetic resonance imaging heart: (unspecified date) Unknown Results; SARS-CoV-2 test: (20Jul2022) Negative, notes: Blood test, post mortem. Therapeutic measures were not taken as a result of myocarditis, sarcoidosis, syncope. The patient date of death was 19Jul2022. Reported cause of death: ""Sudden adult death due to granulomatous myocarditis"", ""Multiple findings in other organs consistent with sarcoidosis."". The autopsy revealed ""sudden adult death due to granulomatous myocarditis"" (myocarditis); ""multiple findings in other organs consistent with sarcoidosis."" (sarcoidosis). The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Reported Cause(s) of Death: Sudden adult death due to granulomatous myocarditis; Multiple findings in other organs consistent with sarcoidosis.; Autopsy-determined Cause(s) of Death: Sudden adult death due to granulomatous myocarditis; Multiple findings in other organs consistent with sarcoidosis."
MYOCARDITIS	2480593-1	40-49 years	8/17/22 Myocarditis. Had 12+ months of dull pain in center of chest following 2nd dose. Nearly 9+ months after third dose, was intensely exercising and sat down 11:15pm with acute chest pain, bilateral arm numbness and diaphoresis (full body sweat). No coughing, nausea, diarrhea or headaches. No history of heart issues or Covid19 infection. Went to ED, RHR 45bpm. Labs were significant for troponin 11,111.8 (went up to 25,000 a few hours later), elevated WBC 11.58, low Hgb 13, CRP<1, LDL 167. EKG showed sinus bradycardia, ST depression in I, aVL, and V4-V6, with no STEMI present. No CXR. Given ASA load, atorvastatin, and started on heparin gtt and admitted to CCU for NSTEMI. Vitals: BP 118/71 | Pulse 85 | Temp 97.5 ¦F (36.4 ¦C) | Resp 19 | Ht 182.9 cm (6') | Wt 70.3 kg (154 lb 15.7 oz) | SpO2 95% | BMI 21.02 kg/m¦
MYOCARDITIS	2483801-1	30-39 years	"Took the COVID booster shot. Was sick with fever, joint pain/muscle aches, and extreme weakness for 2 weeks. Symptoms came and went every 3 days for up to a month. Three months after booster, developed high heart rate for a month straight. Chest pain, short of breath, and heart ""skipping a beat"". CRP Cardiac was high and still is high. Diagnosed with myocarditis."
MYOCARDITIS	2494537-1	40-49 years	Myocarditis - Sinus Tachycardia, chest pain, heart flutter, irregular heartbeat, shortness of breath, weakness on exertion, swelling of ankles, decreased apatite, fatigue, increased headaches
MYOCARDITIS	2498766-1	30-39 years	"Heart disease myocarditis; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 39-year-old male patient received BNT162b2 (BNT162B2), on 08Dec2021 as dose 3 (booster), single (Lot number: 3330 BA) at the age of 38 years, in left arm for covid-19 immunisation. The patient's relevant medical history included: ""Covid-19"" (unspecified if ongoing), notes: If covid Prior vaccination: Yes. There were no concomitant medications. Vaccination history included: BNT162b2 (Dose Number: 2, Batch/Lot No: Ew 0175, Location of injection: Arm Left), administration date: 26Apr2021, when the patient was 38-year-old, for Covid-19 Immunization; BNT162b2 (Dose Number: 1, Batch/Lot No: Er 8733, Location of injection: Arm Left), administration date: 02Apr2021, when the patient was 38-year-old, for Covid-19 Immunization. The following information was reported: MYOCARDITIS (medically significant) with onset 22Dec2021, outcome ""not recovered"", described as ""Heart disease myocarditis"". The event ""heart disease myocarditis"" required physician office visit. The patient underwent the following laboratory tests and procedures: Electrocardiogram: (Dec2021) Heart disease myocarditis; Nasopharyngeal swab: (14Apr2022) Negative. Therapeutic measures were taken as a result of myocarditis. Clinical course: The patient has not taken any vaccines in four weeks. The patient has not taken any other medication in two weeks. The patient was not tested covid post vaccination."

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2499661-1	30-39 years	chronic heart condition; Benign Myocarditis reaction from Moderna C19 vaccine is now chronic heart condition; This spontaneous case was reported by a consumer and describes the occurrence of CARDIAC DISORDER (chronic heart condition) and MYOCARDITIS (Benign Myocarditis reaction from Moderna C19 vaccine is now chronic heart condition) in a 38-year-old male patient who received mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL AND OMICRON BA.4/BA.5)) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL AND OMICRON BA.4/BA.5)) (unknown route) 1 dosage form. On an unknown date, the patient experienced CARDIAC DISORDER (chronic heart condition) (seriousness criterion medically significant) and MYOCARDITIS (Benign Myocarditis reaction from Moderna C19 vaccine is now chronic heart condition) (seriousness criterion medically significant). The patient was treated with COLCHICINE ongoing since an unknown date at a dose of UNK, Doubled. At the time of the report, CARDIAC DISORDER (chronic heart condition) had not resolved and MYOCARDITIS (Benign Myocarditis reaction from Moderna C19 vaccine is now chronic heart condition) outcome was unknown. Concomitant medication was not provided. It was explained by cardiologist as patient had 20% chance of living the next 9years. Company Comment: This is a Spontaneous case reported by a consumer, concerning a 38-year-old male patient, with no medical history reported, who experienced the expected and serious (due to medically significant) AESI of Myocarditis, and the unexpected and serious (due to medically significant) event of Cardiac disorder, which occurred on an unknown date after an unspecified dose of mRNA-1273.222 vaccine. Patient was told by his cardiologist that his benign myocarditis reaction from Moderna vaccine was now a chronic heart condition, and that he has 20% chance of living the next 9 years. He also doubled his colchicine. No information disclosed about diagnostic tests performed. The benefit-risk relationship of mRNA-1273.222 is not affected by this report.; Sender's Comments: This is a Spontaneous case reported by a consumer, concerning a 38-year-old male patient, with no medical history reported, who experienced the expected and serious (due to medically significant) AESI of Myocarditis, and the unexpected and serious (due to medically significant) event of Cardiac disorder, which occurred on an unknown date after an unspecified dose of mRNA-1273.222 vaccine. Patient was told by his cardiologist that his benign myocarditis reaction from Moderna vaccine was now a chronic heart condition, and that he has 20% chance of living the next 9 years. He also doubled his colchicine. No information disclosed about diagnostic tests performed. The benefit-risk relationship of mRNA-1273.222 is not affected by this report.
MYOCARDITIS	2499687-1	18-29 years	Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 23-year-old female patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. The action taken with mRNA-1273 (Spikevax) (Unknown Route) was unknown. For mRNA-1273 (Spikevax) (Unknown Route), the reporter did not provide any causality assessments. Concomitant and treatment medications were not reported. Author investigated 7 COVID-19 and 6 post-mRNA vaccination patients with myocardial injury and found nearly identical alterations in gene expression that would predispose to inflammation, coagulopathy, and myocardial dysfunction. Company comment: This literature non-study case concerns a 23-year-old female patient, with no reported medical history, who experienced the expected and serious (medically significant) AESI of myocarditis, after an unspecified dose of mRNA-1273 vaccine. The exact vaccination date and the event¦s onset date were not reported; hence, latency could not be properly assessed. No further clinical information was available for medical review. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender's Comments: This literature non-study case concerns a 23-year-old female patient, with no reported medical history, who experienced the expected and serious (medically significant) AESI of myocarditis, after an unspecified dose of mRNA-1273 vaccine. The exact vaccination date and the event¦s onset date were not reported; hence, latency could not be properly assessed. No further clinical information was available for medical review. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2499926-1	18-29 years	Developed mild myocarditis, milf pericarditis, and costochondritis, took steroids
MYOCARDITIS	2502743-1	18-29 years	Currently in hospital with myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Currently in hospital with myocarditis) in a 25-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Currently in hospital with myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Currently in hospital with myocarditis) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Concomitant medication was not provided. As per social media, patient won't live past 30. Treatment information was not reported. Company comment: This is a spontaneous case concerning a 25-years-old male patient with no reported medical history, who experienced the expected serious (hospitalization and medically significant) adverse event of special interests of myocarditis. The event occurred on unknown day after the unknown dose of mRNA-1273 vaccine. No information disclosed about diagnostic tests performed or treatments received. At the time of the report, event was not resolved. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. Events seriousness assessed as reported. Most recent FOLLOW-UP information incorporated above includes: On 02-Nov-2022: Live Follow-up received include : Patient age added. On 04-Nov-2022: Live follow up received and updated patient information and details were added, reporter information also added.; Sender's Comments: This is a spontaneous case concerning a 25-years-old male patient with no reported medical history, who experienced the expected serious (hospitalization and medically significant) adverse event of special interests of myocarditis. The event occurred on unknown day after the unknown dose of mRNA-1273 vaccine. No information disclosed about diagnostic tests performed or treatments received. At the time of the report, event was not resolved. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. Events seriousness assessed as reported.
MYOCARDITIS	2504616-1	18-29 years	I got the Janssen Vaccine on June 26, 2021. A couple days later in July 2021 during running and other physical activities, I started to feel chest pain, dizziness, and shortness of breath, and non-frequent heart palpitations as well. This is something I have never previously dealt with before I got the vaccine. These symptoms began to be showing during rest (normal activities) as well, as time went on. I have had these symptoms ongoing from July 2021 - Present. I have received treatment for suspected conditions (such as Myocarditis and Pericarditis, although no test result or diagnosis indicated I have either of these). This treatment appeared to be of little help to my symptoms that I have been feeling, but it did not make any symptoms better or worse. This treatment included taking Colchicine and Ibuprofen on a daily basis for 6 months (September 2021 - March 2022). I was also prescribed Prednisone that I was taking in specific doses for a certain amount of time in April 2022.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2506689-1	40-49 years	Myocarditis
			Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 26-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 1 day due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Angiocardiogram: No evidence of coronary disease. On an unknown date, Blood creatinine: 1.03 mg/dl. On an unknown date, Blood pressure systolic: 102 mmHg. On an unknown date, Body surface area: 2 square metre. On an unknown date, C-reactive protein (0-10 milligram per litre): 9.6 milligram per litre. On an unknown date, Echocardiogram: LVEF (Left ventricular ejection fraction) 65%, no regional WMA (wall-motion abnormality).. On an unknown date, Electrocardiogram: STE(ST elevation) of inferior and lateral leads, incomplete RBBB(Right bundle branch block). On an unknown date, Fibrin D dimer (Unknown-500 ng/mL): 1330 ng/mL. On an unknown date, Heart rate: 65 bpm. On an unknown date, Magnetic resonance imaging heart: LVEF 51%, LGE (Late gadolinium enhancement) identified focal punctate lesions in the lateral wall; STIR (short T2 inversion recovery) imaging identified myocardial edema in the same area. 4-chamber (4C) -short T2 inversion recovery (STIR) imaging specifically identifies increased interstitial space from either myocyte loss or edema, showing increased signal in the lateral left ventricular (LV) wall suggesting acute myocardial edema. This is less obvious on follow-up imaging conducted 57 days later.. On an unknown date, Nasopharyngeal swab: Negative. On an unknown date, Platelet count (150-400 microliter): 278 microliter. On an unknown date, Red blood cell sedimentation rate (0-10 mm/hr): 8 mm/hr. On an unknown date, Troponin I: 44.50 ng/mL. The action taken with mRNA-1273 (Spikevax) (Unknown) was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. Concomitant medications were not reported. Patient had symptoms of chest pain radiating to left arm. Arrhythmias during hospitalization was reported as none. Patient had areas of focal punctate LGE on the initial study that were diminished but still present >1 month later. Author investigated 7 COVID-19 and 6 post-mRNA vaccination patients with myocardial injury and found nearly identical alterations in gene expression that would predispose to inflammation, coagulopathy, and myocardial dysfunction. In summary, it appears that histopathologic findings in myocardial injury associated with COVID-19 or mRNA vaccine can be due to causes other than myocarditis. This case was linked to US-MODERNATX, INC.-MOD-2022-670442, US-MODERNATX, INC.-MOD-2022-670443, US-MODERNATX, INC.-MOD-2022-670444, US-MODERNATX, INC.-MOD-2022-668401 (Linked Report). Company comment: This literature non-study case concerns a 26-year-old male patient, with no cardiac history or other medical history reported, who experienced the expected and serious (due to hospitalization and medically significant) AESI of Myocarditis, which occurred 4 days after the first dose of mRNA-1273 vaccine. Patient experienced chest pain radiating to left arm. He was hospitalized for 1 day and several diagnostic studies were performed. Lab data showed fibrin D-dimer high (1330 ng/ml, with a normal range of unknown-500 ng/ml), troponin I of 44.5 ng/ml, normal red blood cell sedimentation and C-reactive protein, among others. SARS-CoV-2 test was negative. Electrocardiogram revealed ST elevation of inferior and lateral leads and incomplete right bundle branch block. Echocardiogram showed left ventricular ejection fraction (LVEF) of 65%, with no regional wall-motion abnormality. Cardiac magnetic resonance (CMR) was consistent with myocarditis, with a LVEF of 51%, late gadolinium enhancement (LGE) that identified focal punctate lesions in lateral wall, as well as myocardial edema in the same area. Angiocardiogram showed no evidence of coronary disease. Corticosteroids were not administered, and no information about other treatments was disclosed. Follow-up CMR showed focal punctate LGE diminished but still present more than 1 month later. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender's Comments: This literature non-study case concerns a 26-year-old male patient, with no cardiac history or other medical history reported, who experienced the expected and serious (due to hospitalization and medically significant) AESI of Myocarditis, which occurred 4 days after the first dose of mRNA-1273 vaccine. Patient experienced chest pain radiating to left arm. He was hospitalized for 1 day and several diagnostic studies were performed. Lab data showed fibrin D-dimer high (1330 ng/ml, with a normal range of unknown-500 ng/ml), troponin I of 44.5 ng/ml, normal red blood cell sedimentation and C-reactive protein, among others. SARS-CoV-2 test was negative. Electrocardiogram revealed ST elevation of inferior and lateral leads and incomplete right bundle branch block. Echocardiogram showed left ventricular ejection fraction (LVEF) of 65%, with no regional wall-motion abnormality. Cardiac magnetic resonance (CMR) was consistent with myocarditis, with a LVEF of 51%, late gadolinium enhancement (LGE) that identified focal punctate lesions in lateral wall, as well as myocardial edema in the same area. Angiocardiogram showed no evidence of coronary disease. Corticosteroids were not administered, and no information about other treatments was disclosed. Follow-up CMR showed focal punctate LGE diminished but still present more than 1 month later. The benefit-risk relationship of mRNA-1273 is not affected by this report. US-MODERNATX, INC.-MOD-2022-670444:21-YO-Male US-MODERNATX, INC.-MOD-2022-670442:55-YO-Female US-MODERNATX, INC.-MOD-2022-670443:34-YO-Male US-MODERNATX, INC.-MOD-2022-668401:23-YO-Female
MYOCARDITIS	2509164-1	18-29 years	

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2510251-1	30-39 years	"Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 34-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. LITERATURE REFERENCE: No Medical History information was reported. On an unknown date, the patient received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion hospitalization). The patient was hospitalized for 2 days due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Atrial pressure: 3 mmHg. On an unknown date, Biopsy heart: No significant abnormality. On an unknown date, Blood creatinine: 1.10 mg/dl. On an unknown date, Blood pressure systolic: 144 mmHg. On an unknown date, Body mass index: 30.4. On an unknown date, Body surface area: 2.3 square metre. On an unknown date, C-reactive protein (0.0-10.0 milligram per litre): 56.2 milligram per litre peak. On an unknown date, Cardiac index: 3.68 litre per minute per square metre. On an unknown date, Echocardiogram: LVEF 56%, no regional WMA (wall-motion abnormality), bicuspid aortic valve, aortic root diameter 4.4 cm. On an unknown date, Ejection fraction: 56 %. On an unknown date, Electrocardiogram: Left anterior fascicular block, late R wave progression. On an unknown date, Fibrin D dimer (Unknown-500 ng/mL): 560 ng/mL. On an unknown date, Haemoglobin: 16.6 g/dL. On an unknown date, Heart rate: 96 96 bpm. On an unknown date, Magnetic resonance imaging heart: Focal LGE (late gadolinium enhancement) of the basal inferolateral wall and proximal anterior septum, normal LV and RV size and function. On an unknown date, Microscopy: Normal myofibrillary organization, some interstitial cell debris. Some mitochondrial proliferation of golgi, overall reading is ""mildly abnormal"". On an unknown date, Platelet count (150-400 microliter): 215 microliter. On an unknown date, Platelet factor 4: Negative. On an unknown date, Prothrombin time (11.1-13.7 secs): 12.4 secs. On an unknown date, Pulmonary arterial pressure: 16 mmHg. On an unknown date, Pulmonary arterial wedge pressure: 7 mmHg. On an unknown date, Red blood cell sedimentation rate (0-10 mm/hr): 16 mm/hr. On an unknown date, SARS-CoV-2 RNA: Negative. On an unknown date, SARS-CoV-2 test: (Negative) all 4 genomic regions. On an unknown date, Troponin I: 3.44 ng/mL. On an unknown date, White blood cell count: 9.0 10^9/L. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. Concomitant and treatment medications were not reported. Patient presented with symptoms of substernal chest pain radiating to left arm. No arrhythmias during hospitalization was reported. Patient underwent endomyocardial biopsy (EmBx) for histopathology and gene expression performed at 29 days after onset of chest pain or other cardiac symptoms and 32 days after vaccination. Hemodynamic support and corticosteroids was reported as none. Patient had gene expression measured had mRNA abundance values similar to the COVID-19 data. The similarity was striking, and none of the individual gene mRNA abundances had P values less than 0.10 (range 0.12-0.44) between the COVID-19 and post-vaccination groups. Author investigated 7 COVID-19 and 6 post-mRNA vaccination patients with myocardial injury and found nearly identical alterations in gene expression that would predispose to inflammation, coagulopathy, and myocardial dysfunction. In summary, it appears that histopathologic findings in myocardial injury associated with COVID-19 or mRNA vaccine can be due to causes other than myocarditis. This case belonged to case 4 from table S4. Company Comment: This literature non study case concerns a 34 year old male patient with concurrent obesity, no previous history of myopericarditis, who experienced the expected, serious (hospitalization) of Myocarditis, 3 days after receiving the third dose with mRNA-1273 vaccine. The patient was admitted to the hospital with substernal chest pain radiating to left arm. His investigations included: Elevated C-reactive protein, Troponin I and D-dimer; Echocardiogram- LVEF 56%, no regional wall-motion abnormality; Electrocardiogram-Left anterior fascicular block, late R wave progression; Magnetic resonance imaging heart-Focal late gadolinium enhancement of the basal inferolateral wall and proximal anterior septum, normal LV and RV size and function; Coronary angiogram was not done; Microscopy-Normal myofibrillary organization, some interstitial cell debris. Some mitochondrial proliferation of golgi, overall reading was ""mildly abnormal""; Biopsy heart- No significant abnormality; SARS-CoV-2 myocardial RT-PCR test- negative, all 4 genomic regions. Patient was hospitalized for 2 days for Myocarditis. The patient did not require any hemodynamic or corticosteroid support. No information on detailed clinical course, treatment, outcome of the event and details pertaining to the previous doses was available in the report. The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to MODERNATX, INC.-MOD-2022-670442, MODERNATX, INC.-MOD-2022-670433, MODERNATX, INC.-MOD-2022-670444, MODERNATX, INC.-MOD-2022-668401 (E2B Linked Report).; Sender's Comments: This literature non study case concerns a 34 year old male patient with concurrent obesity, no previous history of myopericarditis, who experienced the expected, serious (hospitalization) of Myocarditis, 3 days after receiving the third dose with mRNA-1273 vaccine. The patient was admitted to the hospital with substernal chest pain radiating to left arm. His investigations included: Elevated C-reactive protein, Troponin I and D-dimer; Echocardiogram- LVEF 56%, no regional wall-motion abnormality; Electrocardiogram-Left anterior fascicular block, late R wave progression; Magnetic resonance imaging heart-Focal late gadolinium enhancement of the basal inferolateral wall and proximal anterior septum, normal LV and RV size and function; Coronary angiogram was not done; Microscopy-Normal myofibrillary organization, some interstitial cell debris. Some mitochondrial proliferation of golgi, overall reading was ""mildly abnormal""; Biopsy heart- No significant abnormality; SARS-CoV-2 myocardial RT-PCR test- negative, all 4 genomic regions. Patient was hospitalized for 2 days for Myocarditis. The patient did not require any hemodynamic or corticosteroid support. No information on detailed clinical course, treatment, outcome of the event and details pertaining to the previous doses was available in the report. The benefit-risk relationship of mRNA-1273 is not affected by this report. MODERNATX, INC.-MOD-2022-670433:26-YO-Male MODERNATX, INC.-MOD-2022-670444:21-YO-Male MODERNATX, INC.-MOD-2022-670442:55-YO-Female MODERNATX, INC.-MOD-2022-668401:23-YO-Female"

Symptoms	VAERS ID	Age	Adverse Event Description
			Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 21-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Activated partial thromboplastin time (23.8-36.2 Second): 32.2 Second. On an unknown date, Atrial pressure: 2 mmHg. On an unknown date, Biopsy: Under electron microscopy revealed normal myocyte morphology and myofibrillary organization. Unusual accumulation of free cell debris and organelles within interstitial areas suggestive of ongoing or prior cellular damage. and biopsy under Light microscopy revealed No significant abnormality. On an unknown date, Blood creatinine: 0.82 mg/dl. On an unknown date, Blood pressure systolic: 133 mmHg. On an unknown date, Body mass index: 21.6 kilogram per square metre. On an unknown date, Body surface area: 1.9 square metre. On an unknown date, C-reactive protein: Less than 1.0 milligram per liter. On an unknown date, Cardiac index: 4.06 litre per minute per square metre. On an unknown date, Echocardiogram: No regional wall-motion abnormality. On an unknown date, Ejection fraction: 64 %. On an unknown date, Electrocardiogram: Normal sinus rhythm, early repolarization.. On an unknown date, Fibrin D dimer: Less than 270 ng/mL. On an unknown date, Haemoglobin: 17.3 g/dL. On an unknown date, Heart rate: 70 beats per minute. On an unknown date, Magnetic resonance imaging heart: late gadolinium enhancement (LGE)in the septal and lateral walls STIR imaging identified focal inflammation in the lateral wall, punctate mid myocardial LGE basal to mid septal and lateral walls, mild RV dilation, small pericardial effusion. On an unknown date, Nasopharyngeal swab: Indeterminant, Positve for spike protein with cycle threshold score of 37.4. On an unknown date, Platelet count (150-400 microliter): 217 microliter. On an unknown date, Platelet factor 4: Negative. On an unknown date, Prothrombin time (11.1-13.7 Second): 13.3 Second. On an unknown date, Pulmonary arterial pressure: 12 mmHg. On an unknown date, Pulmonary arterial wedge pressure: 3 mmHg. On an unknown date, Red blood cell sedimentation rate: 4 mm/hr. On an unknown date, SARS-CoV-2 test: Indeterminant. On an unknown date, White blood cell count: 5.9 10^9/L. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. Concomitant and treatment medications were not provided. Patient had symptoms Left sided chest pain and palpitations. endomyocardial biopsy was provided since vaccination (Vax) 40 days, onset of chest pain was 23 days. Coronary angiogram was not performed. The patient did not receive hemodynamic support and an unspecified corticosteroid treatment. Company comment: This literature non study case concerns a 21 year old male patient with no previous history of myopericarditis or any cardiovascular pathology identified, who experienced the expected, serious (medically significant) AESI of Myocarditis, about 17 days after receiving the third dose with mRNA-1273 vaccine. The patient experienced left sided chest pain with palpitations. His investigations included: Cardiac and inflammatory biomarkers- normal; Echocardiogram- LVEF 64%, no regional wall-motion abnormality; Electrocardiogram- Normal sinus rhythm, early repolarization; Magnetic resonance imaging heart-late gadolinium enhancement(LGE) in the septal and lateral walls; STIR imaging identified focal inflammation in the lateral wall, punctate mid myocardial LGE basal to mid septal and lateral walls, mild RV dilation, small pericardial effusion; Biopsy electron microscopy revealed normal myocyte morphology and myofibrillary organization, unusual accumulation of free cell debris and organelles within interstitial areas suggestive of ongoing or prior cellular damage; Nasopharyngeal swab for COVID 19 RNA-Indeterminant, CoV-2 myocardial RT-PCR (S RNA considered positive)- positive for spike protein with cycle threshold score of 37.4, negative for other 3 regions; Coronary angiogram was not done. The patient did not require any hemodynamic or corticosteroid support. No information on detailed clinical course, treatment, outcome of the event and details pertaining to the previous doses was available in the report. The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to US-MODERNATX, INC.-MOD-2022-670442, US-MODERNATX, INC.-MOD-2022-670443, US-MODERNATX, INC.-MOD-2022-670433, US-MODERNATX, INC.-MOD-2022-668401 (Linked Report).; Sender's Comments: This literature non study case concerns a 21 year old male patient with no previous history of myopericarditis or any cardiovascular pathology identified, who experienced the expected, serious (medically significant) AESI of Myocarditis, about 17 days after receiving the third dose with mRNA-1273 vaccine. The patient experienced left sided chest pain with palpitations. His investigations included: Cardiac and inflammatory biomarkers- normal; Echocardiogram- LVEF 64%, no regional wall-motion abnormality; Electrocardiogram- Normal sinus rhythm, early repolarization; Magnetic resonance imaging heart-late gadolinium enhancement(LGE) in the septal and lateral walls; STIR imaging identified focal inflammation in the lateral wall, punctate mid myocardial LGE basal to mid septal and lateral walls, mild RV dilation, small pericardial effusion; Biopsy electron microscopy revealed normal myocyte morphology and myofibrillary organization, unusual accumulation of free cell debris and organelles within interstitial areas suggestive of ongoing or prior cellular damage; Nasopharyngeal swab for COVID 19 RNA-Indeterminant, CoV-2 myocardial RT-PCR (S RNA considered positive)- positive for spike protein with cycle threshold score of 37.4, negative for other 3 regions; Coronary angiogram was not done. The patient did not require any hemodynamic or corticosteroid support. No information on detailed clinical course, treatment, outcome of the event and details pertaining to the previous doses was available in the report. The benefit-risk relationship of mRNA-1273 is not affected by this report. US-MODERNATX, INC.-MOD-2022-670443:34-YO-Male US-MODERNATX, INC.-MOD-2022-670433:26-YO-Male US-MODERNATX, INC.-MOD-2022-670442:55-YO-Female US-MODERNATX, INC.-MOD-2022-668401:23-YO-Female
MYOCARDITIS	2510252-1	**18-29 years**	

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2510432-1	**30-39 years**	heart failure occurred after receiving vaccines; got 2 doses of the Moderna Covid-19 Vaccine, then got myocarditis; got 2 doses of the Moderna Covid-19 Vaccine/received one booster dose of Pfizer Covid-19 vaccine; got 2 doses of the Moderna Covid-19 Vaccine/received one booster dose of Pfizer Covid-19 vaccine; This spontaneous case was reported by a patient and describes the occurrence of CARDIAC FAILURE (heart failure occurred after receiving vaccines) and MYOCARDITIS (got 2 doses of the Moderna Covid-19 Vaccine, then got myocarditis) in a 36-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 040B21A and 038A21A) for COVID-19 prophylaxis. The occurrence of additional non-serious events is detailed below. Patient had no prior heart issues. Patient was perfectly healthy. On 27-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 24-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 24-Nov-2021, the patient experienced COVID-19 IMMUNISATION (got 2 doses of the Moderna Covid-19 Vaccine/received one booster dose of Pfizer Covid-19 vaccine) and INTERCHANGE OF VACCINE PRODUCTS (got 2 doses of the Moderna Covid-19 Vaccine/received one booster dose of Pfizer Covid-19 vaccine). On an unknown date, the patient experienced CARDIAC FAILURE (heart failure occurred after receiving vaccines) (seriousness criterion medically significant) and MYOCARDITIS (got 2 doses of the Moderna Covid-19 Vaccine, then got myocarditis) (seriousness criterion medically significant). At the time of the report, CARDIAC FAILURE (heart failure occurred after receiving vaccines) had not resolved and MYOCARDITIS (got 2 doses of the Moderna Covid-19 Vaccine, then got myocarditis), COVID-19 IMMUNISATION (got 2 doses of the Moderna Covid-19 Vaccine/received one booster dose of Pfizer Covid-19 vaccine) and INTERCHANGE OF VACCINE PRODUCTS (got 2 doses of the Moderna Covid-19 Vaccine/received one booster dose of Pfizer Covid-19 vaccine) outcome was unknown. No concomitant medications were provided by the reporter. Patient got 2 doses of the Moderna Covid-19 Vaccine, then got myocarditis It was reported that patient heart was barely functioning now and would get a pacemaker. Patient received one booster dose of Pfizer Covid-19 vaccine with batch number as FH8030 on 24-Nov-2021. No treatment medications were provided by the reporter. Company Comment: This is a spontaneous case concerning a 36-year-old, female patient previously healthy, who experienced the unexpected serious (medically significant) AESI of cardiac failure and expected serious (medically significant) AESI of myocarditis. The events occurred after the administration of the second dose of mRNA-1273 vaccine, however start dates were not reported and latency could not be estimate with the information provided. Patient will required a pacemaker but no further information on clinical course, investigations and treatment received was available in the report. A third dose was administered with Pfizer vaccine 7 months after the second mRNA-1273 dose. Revaccination with different COVID-19 vaccine and Interchange of vaccine products is noted in this case. The benefit-risk relationship of mRNA-1273 Vaccine is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 15-Nov-2022: Live Follow-up received contains event Heart failure added, vaccination details and narrative updated.; Sender's Comments: This is a spontaneous case concerning a 36-year-old, female patient previously healthy, who experienced the unexpected serious (medically significant) AESI of cardiac failure and expected serious (medically significant) AESI of myocarditis. The events occurred after the administration of the second dose of mRNA-1273 vaccine, however start dates were not reported and latency could not be estimate with the information provided. Patient will required a pacemaker but no further information on clinical course, investigations and treatment received was available in the report. A third dose was administered with Pfizer vaccine 7 months after the second mRNA-1273 dose. Revaccination with different COVID-19 vaccine and Interchange of vaccine products is noted in this case. The benefit-risk relationship of mRNA-1273 Vaccine is not affected by this report.
MYOCARDITIS	2512875-1	**30-39 years**	Starting having lost of breath, like catch air, it hurt my ribs espeachilly when using the restroom. Had to go to the hospital , ER, and doctor office various times for different events including passing out. 3/11/2022 was sent to an out pt. then sent by ambulance to the the hospital and admitted until 3/13/2022. Diagnosed with Myocarditis Then back on the 3/14/2022 and rediagnosised me for pericarditis. On the 3/17/2022 I saw Dr. 4/1/2022 saw the cardiologist Dr. and she told me my heart was blocked and I was only getting 30 bpm and I was rushed and transferred to where Dr. rushed me in for surgery for a pacemaker.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2516379-1	18-29 years	Myocarditis; Nose bleeding; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in an 18-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. The occurrence of additional non-serious events is detailed below. The patient's past medical history included SARS-CoV-2 infection (Patient had two previous episodes of COVID-19 infections, eight months, and two months prior of the COVID-19 vaccine.). On an unknown date, the patient received first dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant) and EPISTAXIS (Nose bleeding). The patient was treated with PARACETAMOL (TYLENOL) at an unspecified dose and frequency. At the time of the report, MYOCARDITIS (Myocarditis) was resolving and EPISTAXIS (Nose bleeding) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Angiogram: (Negative) CT angiography (CTA) of the chest was negative for any acute changes.. On an unknown date, Blood creatine phosphokinase (39-308 U/L): 900 U/L. On an unknown date, Blood creatine phosphokinase MB (0.0-3.6 ng/mL): 73.3 ng/mL and 8.1. On an unknown date, Blood pressure measurement: 128/88 mmHg. On an unknown date, Body temperature: 98.2 Degrees Fahrenheit (¦F).. On an unknown date, C-reactive protein (0-10 milligram per litre): 160 milligram per litre. On an unknown date, Chest X-ray: Negative. On an unknown date, Ejection fraction: The echocardiogram revealed an ejection fraction (EF) of 60-65%.. On an unknown date, Electrocardiogram: EKG showed normal sinus rhythm with ST-segment elevation in some lateral leads.. On an unknown date, Fibrin D dimer (0.00-0.40 microgram per millilitre): 0.70 microgram per millilitre. On an unknown date, Heart rate: 88 beats per minute. On an unknown date, Heart sounds: The precordium was quiet, first and second heart sounds were heard with no added sounds.. On an unknown date, Lipids: The lipid panel was performed, no abnormal results were noted.. On an unknown date, Magnetic resonance imaging heart: Cardiac MRI revealed patchy mural delayed myocardial enhancement with relative sparing of the endocardium within the septum, and inferior and lateral walls at the cardiac base. Cardiac MRI was suggested of myocarditis. On an unknown date, Myocardial necrosis marker: Cardiac enzymes were noted to be elevated. On an unknown date, Oxygen saturation: 98 % on room air.. On an unknown date, Physical examination: On examination, the patient appeared to be an obese male in acute painful distress.. On an unknown date, Respiratory rate: 18 cycles per minute. On an unknown date, Right ventricular systolic pressure: The echocardiogram revealed, right ventricular systolic pressure (RVSP) of 30-35 mmHg.. On an unknown date, SARS-CoV-2 test: (Negative) On admission. On an unknown date, Troponin (0.00-0.01 ng/mL): 1.39 ng/mL. On an unknown date, White blood cell count (5.0-10.0): 11.0 K/ul. The action taken with mRNA-1273 (Spikevax) (Unknown) was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. No further causality assessment was provided for EPISTAXIS (Nose bleeding). No concomitant medication was reported. Patient was presented sudden onset of chest pain that had started about 8 hours after receiving the first dose of the Moderna vaccine. Patient had chest pain with fever, cough, and shortness of breath after the vaccine. He also had other symptoms such as fatigue, nausea, diarrhea, and nose bleeds, which may likely have been the other side effects of the vaccine. Reported that precordium was quiet. The patient was managed with steroids and Tylenol as needed for pain management. He was also placed on telemetry for rhythm monitoring. It was reported that cardiac enzymes were monitored over the course of the hospitalization and were seen to have plateaued. Therefore, with the resolution of symptoms and the decreasing need for analgesics, the patient was discharged. He was followed up 1 month later and was found to be stable. The patient had to visit the clinic in six months and subsequently every year, provided he continued to remain at baseline. Author stated that the susceptibility to developing these likely stems from the possible production of antibodies to the viral antigen from previous COVID-19 infections. Furthermore, patient developed symptoms eight hours after receiving the vaccine suggests a possible additive effect of antibodies produced from the two previous COVID-19 infections. This case report suggested that individuals repeatedly infected with COVID-19 may be at increased risk of myocarditis following the administration of the Moderna vaccine. Author concluded that COVID-19 vaccines can lead to myocarditis in rare cases. Although most cases occur after the second dose of vaccination, a high index of suspicion was needed when patients with previous COVID-19 infections present with symptoms suggestive of myocarditis, even after the first dose of vaccine. Also, the onset of myocarditis within 24 hours post first dose of vaccination should be anticipated in individuals with two or more previous COVID-19 infections. Company comment:This is a literature non-study case concerning an 18-year-old male patient, with two previous episodes of COVID-19 infections, eight months and two months prior vaccination, who experienced the expected and serious (hospitalization and medically significant) AESI of myocarditis 8 hours after receiving the first dose of mRNA-1273 vaccine. He presented with a complaint of sudden onset of chest pain, rated it as a 7/10 in its worse form. He described it as being sharp, pressure-like, and squeezing, radiating to the back and worse with inhalation and coughing. The chest pain was associated with fever, cough, shortness of breath, fatigue, diarrhea, and vomiting. He reported a history of nose bleeding that had started about the same time and resolved without any intervention (non-serious). On examination, he appeared to be an obese male in acute painful distress with a temperature of 98.2¦F, blood pressure of 128/88 mmHg, pulse rate of 88 beats per minute, respiratory rate of 18 cycles per minute, and oxygen saturation of 98% on room air. The precordium was quiet, and first and second heart sounds were heard with no added sounds. Cardiac enzymes were elevated: troponin of 1.39 ng/mL (0.00-0.01), total creatine kinase of 900 U/L (39-308), creatine kinase-MB of 73.3 ng/mL (0.0-3.6) and a creatine kinase-MB index of 8.1 (0.0-2.8). A lipid panel showed no abnormal results. The EKG showed normal sinus rhythm with ST-segment elevation in some lateral leads. White blood cell count, C-reactive protein, and D-dimer were elevated at 11.0 K/ul (5.0-10.0), 160 mg/L (0-10), and 0.70 ug/mL (0.00-0.40) respectively. The echocardiogram revealed an ejection fraction of 60-65% and a right ventricular systolic pressure of 30-35 mmHg. Chest X-ray and CT angiography of the chest were negative for any acute changes. He tested negative for COVID-19 on admission. Cardiac MRI revealed patchy mural delayed myocardial enhancement with relative sparing of the endocardium within the septum, and inferior and lateral walls at the cardiac base. He was managed with steroids and paracetamol and placed on telemetry for rhythm monitoring. Cardiac enzymes were monitored over the course of the hospitalization and were seen to have plateaued. He was discharged home due to the resolution of symptoms and the decreasing need for analgesics. He was followed up a month later and was found to be stable. The reporter assessed that this is the first reported case of vaccine-induced myocarditis following the first dose of the Moderna vaccine in a patient with two previous COVID-19 infections. The susceptibility to developing myocarditis after the first dose of vaccination was likely due to the antibodies developed against the viral antigen from previous infections. No further clinical information was available for medical review. The benefit-risk relationship of mRNA-1273 is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 16-Nov-2022: Follow up received by safety on 17-Nov-2022 has Email with FTA and contains significant information: Reporter information, medical history, lab data, treatment medications and events were updated.; Sender's Comments: This is a literature non-study case concerning an 18-year-old male patient, with two previous episodes of COVID-19 infections, eight months and two months prior vaccination, who experienced the expected and serious (hospitalization and medically

Symptoms	VAERS ID	Age	Adverse Event Description
			significant) AESI of myocarditis 8 hours after receiving the first dose of mRNA-1273 vaccine. He presented with a complaint of sudden onset of chest pain, rated it as a 7/10 in its worse form. He described it as being sharp, pressure-like, and squeezing, radiating to the back and worse with inhalation and coughing. The chest pain was associated with fever, cough, shortness of breath, fatigue, diarrhea, and vomiting. He reported a history of nose bleeding that had started about the same time and resolved without any intervention (non-serious). On examination, he appeared to be an obese male in acute painful distress with a temperature of 98.2¦F, blood pressure of 128/88 mmHg, pulse rate of 88 beats per minute, respiratory rate of 18 cycles per minute, and oxygen saturation of 98% on room air. The precordium was quiet, and first and second heart sounds were heard with no added sounds. Cardiac enzymes were elevated: troponin of 1.39 ng/mL (0.00-0.01), total creatine kinase of 900 U/L (39-308), creatine kinase-MB of 73.3 ng/mL (0.0-3.6) and a creatine kinase-MB index of 8.1 (0.0-2.8). A lipid panel showed no abnormal results. The EKG showed normal sinus rhythm with ST-segment elevation in some lateral leads. White blood cell count, C-reactive protein, and D-dimer were elevated at 11.0 K/ul (5.0-10.0), 160 mg/L (0-10), and 0.70 ug/mL (0.00-0.40) respectively. The echocardiogram revealed an ejection fraction of 60-65% and a right ventricular systolic pressure of 30-35 mmHg. Chest X-ray and CT angiography of the chest were negative for any acute changes. He tested negative for COVID-19 on admission. Cardiac MRI revealed patchy mural delayed myocardial enhancement with relative sparing of the endocardium within the septum, and inferior and lateral walls at the cardiac base. He was managed with steroids and paracetamol and placed on telemetry for rhythm monitoring. Cardiac enzymes were monitored over the course of the hospitalization and were seen to have plateaued. He was discharged home due to the resolution of symptoms and the decreasing need for analgesics. He was followed up a month later and was found to be stable. The reporter assessed that this is the first reported case of vaccine-induced myocarditis following the first dose of the Moderna vaccine in a patient with two previous COVID-19 infections. The susceptibility to developing myocarditis after the first dose of vaccination was likely due to the antibodies developed against the viral antigen from previous infections. No further clinical information was available for medical review. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2518066-1	**40-49 years**	I had chest and heart pain also known as myocarditis. I had these pains even when seated on chair and while resting on bed. This is not constant pain. There are times when I am not in pain.
MYOCARDITIS	2518357-1	**18-29 years**	I was sick roughly one week before the vaccine and was sick while receiving the shot. I tested negative for Covid when I first got sick as well as when I went to the ED. After the shot my malaise increased similar to my second dose of the vaccine. I continued with mild symptoms of the illness until 01-22-2022 and 01-23-2022 where I had 2-3 runs of vtach, each lasting a few seconds. These runs were accompanied by shortness of breath and dizziness. On 01-24-2022 I had 2 runs of vtach each lasting 5-10 minutes. I went into Afib with RVR on 01-24-2022 did not stop until Adenosine was administered in the ambulance and a Cardizem drip was start in the ED. The total time was roughly four hours from the onset of symptoms that day. Diagnostic tests showed I had myocarditis, but no indication as to the etiology. I have been on metoprolol 25mg BID since as well as colchicine BID for 8 inconsecutive months. I started taking MagOx 200mg Daily in October 2022. Some changes in medication have been made due to ongoing symptoms such as frequent PVC's, PAC's, moments of rapidly changing heart rate at rest.
MYOCARDITIS	2520504-1	**18-29 years**	Myocarditis; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDITIS (Myocarditis) in a 19-year-old patient of an unknown gender who received mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL AND OMICRON BA.4/BA.5)) (batch no. 015H22A) for COVID-19 prophylaxis. No Medical History information was reported. On 19-Nov-2022, the patient received dose of mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL AND OMICRON BA.4/BA.5)) (unknown route) 1 dosage form. On 24-Nov-2022, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In November 2022, Brain natriuretic peptide: Mildly elevated. In November 2022, Fibrin D dimer: Mildly elevated. In November 2022, Troponin I: 7.04. No concomitant medications were reported. It was reported that symptoms started on 24-Nov-2022 with chest pain. Escalated to orthopnea, diaphoresis and tachypnea with worsening chest pain by 25-Nov-2022. No treatment medications were reported. Company comment This spontaneous case concerns 19-year-old patient of an unknown gender with no medical history reported, who experienced the expected, serious (medically significant and hospitalization) AESI of myocarditis, which occurred six days after a dose of mRNA-1273.222 (BA.4/BA.5) vaccine (Spikevax Bivalent Original/Omicron BA.4-5). It was reported that the patient started with symptoms of chest pain, then added orthopnea, diaphoresis, tachypnea with worsening chest pain. The patient went to the emergency department, and was admitted with Troponin I of 7.04, mildly elevated BNP and D-Dimer. The patient was diagnosed with myocarditis. No further clinical information was available for review. The benefit-risk relationship of mRNA-1273.222 (BA.4/BA.5) Vaccine is not affected by this report.; Sender's Comments: This spontaneous case concerns 19-year-old patient of an unknown gender with no medical history reported, who experienced the expected, serious (medically significant and hospitalization) AESI of myocarditis, which occurred six days after a dose of mRNA-1273.222 (BA.4/BA.5) vaccine (Spikevax Bivalent Original/Omicron BA.4-5). It was reported that the patient started with symptoms of chest pain, then added orthopnea, diaphoresis, tachypnea with worsening chest pain. The patient went to the emergency department, and was admitted with Troponin I of 7.04, mildly elevated BNP and D-Dimer. The patient was diagnosed with myocarditis. No further clinical information was available for review. The benefit-risk relationship of mRNA-1273.222 (BA.4/BA.5) Vaccine is not affected by this report.
MYOCARDITIS	2522491-1	**30-39 years**	Myocarditis resulting in ventricular arrythmia and cardiac arrest.
MYOCARDITIS	2522616-1	**18-29 years**	my child developed myocarditis. we are STILL fighting a battle of heart inflammation with a string of side effects?elevated heart rate, chest pains, and now mitral valve prolapse. this has been a nightmare. we?re waiting for her next round of MRIs to see if the inflammation has gone down so she can resume a normal life again.
MYOCARDITIS	2522632-1	**40-49 years**	Myocarditis... Heart palpitations, light headedness, post vaccine while engaging in strenuous cardiovascular activities.
MYOCARDITIS	2523120-1	**30-39 years**	Within 20-30 minutes of the vaccination on October 21, I began experiencing intermittent chest pains. I had experienced this previously with my first 3 doses of the vaccine but it always went away quickly. October 21 and 22 consisted of this on and off chest pain. On October 23 , I began having heart flutters at rest in addition to the chest pain. I went to the ER where I had an abnormal EKG and troponin in my blood. I stayed in the hospital overnight. On the 24th, I had a nuclear stress test (abnormal), echocardiogram (abnormal) and a cardiac catheterization procedure (showed no blockages). I was diagnosed with myocarditis due to the covid vaccine. I was put on a blood pressure medication and sent home to rest for the next 6-8 weeks.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2526166-1	18-29 years	Myocarditis
MYOCARDITIS	2527311-1	18-29 years	"she was in the hospital with the blood pressure of 252/190; myocarditis; optic nerve swelling; severe bruising; migraines; exhaustion; petechiae on her back; cotton wool spots on her eye; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. The reporter is the parent. A 21-year-old female patient received BNT162b2 (BNT162B2), on 11May2022 as dose 2, single (Lot number: FK9894) at the age of 21 years for covid-19 immunisation. The patient's relevant medical history included: ""Covid-19"", start date: Sep2020 (unspecified if ongoing), notes: had covid in Sep2020 and then again this year Jan/Feb2022 and then was vaccinated in Apr.; ""Covid-19"", start date: 2022 (unspecified if ongoing), notes: had covid in Sep2020 and then again this year Jan/Feb2022 and then was vaccinated in Apr. The patient took concomitant medications. Vaccination history included: BNT162b2 (DOSE 1, SINGLE, Lot: FK9894), administration date: 20Apr2022, when the patient was 21-year-old, for COVID-19 immunization, reaction(s): ""Hypertensive crisis"", ""bruising"", ""headaches"", ""visual changes"", ""slowing of optic nerve"". The following information was reported: HYPERTENSIVE CRISIS (hospitalization, medically significant) with onset 23Jun2022, outcome ""unknown"", described as ""she was in the hospital with the blood pressure of 252/190""; MYOCARDITIS (medically significant), outcome ""unknown""; PAPILLOEDEMA (medically significant), outcome ""unknown"", described as ""optic nerve swelling""; CONTUSION (non-serious), outcome ""unknown"", described as ""severe bruising""; MIGRAINE (non-serious), outcome ""unknown"", described as ""migraines""; FATIGUE (non-serious), outcome ""unknown"", described as ""exhaustion""; PETECHIAE (non-serious), outcome ""unknown"", described as ""petechiae on her back""; RETINAL EXUDATES (non-serious), outcome ""unknown"", described as ""cotton wool spots on her eye"". The patient underwent the following laboratory tests and procedures: Blood pressure measurement: 252/190; 252, notes: (hospital name withheld and the hospital (withheld) ran multiple tests and they couldn't find any reason for her blood pressure to go from normal to 252; Computerised tomogram: Unknown results; Magnetic resonance imaging: Unknown results; Urine analysis: Unknown results. Therapeutic measures were taken as a result of hypertensive crisis. Clinical course: Patient received 2 doses of the Pfizer Covid vaccine. 1st dose on 20Apr2022, 2nd dose on 11May2022. On 23Jun2022 she went to the hospital in (hospital name withheld) and was admitted with a blood pressure of 252/190. She spent 5 days in ICU, and 3 days in a regular room. She had severe bruising on both legs and both arms, and petechiae on her back, migraines, and was severely exhausted. (hospital name withheld and the hospital (withheld) ran multiple tests and they couldn't find any reason for her blood pressure to go from normal to 252. They did a CAT scan, MRI's, and a 24 hour Urinalysis for her kidneys to check for adrenal gland tumors. Patient is a 21 year old athlete, that is now on 4 medications to control her blood pressure. States that they have been treating this as myocarditis. Caller believes all this was an adverse reaction to the vaccine. Has anyone else reported any of these effects after receiving this shot? Stated that it took the hospital 3 days of giving her daughter IV medications to get her blood pressure under control before she could go to oral medications.; Sender's Comments: Linked Report(s) : US-PFIZER INC-202201340703 same reporter/patient, different dose/AE;"
MYOCARDITIS	2528318-1	30-39 years	SIGNS/SYMPTOMS Chest pain/angina SOB Reduced Ejection Fraction TREATMENT ECHO ECG/EKG Nuclear stress test Left heart catheterization Heart Monitor
MYOCARDITIS	2529499-1	40-49 years	11/4/22 Deep pressure, mid chest discomfort, radiating to jaw lasting several hours and worse with reclining, improved when leaning forward, not exertional, did not abate. Took 4 Tums with improvement of symptoms. 11/5/22 Presented to ER. EKG showed no acute injury. First troponin elevated. Differential: non-STEMI vs myocarditis. 11/6/22 Left Heart Catheterization showed normal coronary arteries 11/7/22 Cardiac MRI showed myocarditis. Colchicine added to medications.

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2531743-1	18-29 years	"MRI showed that he was in Heart failure.; Died on the flight and they brought him back; blood clots in his heart and the bottom of his heart was already dead; He had myocarditis; weight went down; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the parent. A 24-year-old male patient received BNT162b2 (BNT162B2), on 05Jan2022 as dose 2, single (Batch/Lot number: unknown) at the age of 24 years, in arm for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. Vaccination history included: Covid-19 vaccine (DOSE 1; Manufacturer unknown), for COVID-19 IMMUNIZATION. The following information was reported: CARDIAC ARREST (death, hospitalization, medically significant, life threatening) with onset 2022, outcome ""fatal"", described as ""Died on the flight and they brought him back""; MYOCARDITIS (death, hospitalization, medically significant, life threatening) with onset 2022, outcome ""fatal"", described as ""He had myocarditis""; CARDIAC FAILURE (death, hospitalization, medically significant, life threatening) with onset 2022, outcome ""fatal"", described as ""MRI showed that he was in Heart failure.""; CORONARY ARTERY THROMBOSIS (death, hospitalization, medically significant) with onset 2022, outcome ""fatal"", described as ""blood clots in his heart and the bottom of his heart was already dead""; WEIGHT DECREASED (non-serious) with onset 2022, outcome ""unknown"", described as ""weight went down"". The patient was hospitalized for cardiac failure, cardiac arrest, coronary artery thrombosis, myocarditis (start date: 07May2022, hospitalization duration: 37 day(s)). The patient underwent the following laboratory tests and procedures: Biopsy heart: (2022) Unknown results, notes: He still goes to cardiac rehab and has cardiac biopsies once a month, where they take off like 4 pieces of the heart tissue; Magnetic resonance imaging heart: (Mar2022) blood clots and the bottom of his heart was dead; (Mar2022) Heart failure, notes: Cardiac MRI showed that he was in Heart failure; Weight: (2022) weight went down, notes: He was in the hospital for 37 days and weight went down. Therapeutic measures were taken as a result of cardiac failure, cardiac arrest, coronary artery thrombosis, myocarditis. The patient date of death was unknown. Reported cause of death: ""MRI showed that he was in Heart failure."", ""He died on the flight and they brought him back."", ""blood clots in his heart and the bottom of his heart was already dead"", ""He had myocarditis"". It was not reported if an autopsy was performed. Clinical course: Caller on the line calling about her sons Pfizer Covid-19 Vaccine second dose. She wanted to report what happened to her son. Her son received a heart transplant after his second dose. He was healthy 24-year-old. It happened on 16May2022. They have been so depressed and it has really taken a toll on her family and that she has cancer and everything. It should have never happened to him. He was in the hospital for 37 days and weight went down. The timeline points to the vaccine according to her sons doctor, but no one can prove it. Over 2.5 million dollars for the heart transplant, he has damage in his Left femoral artery from the life support they had him on that kept him living until they could find a heart. She took him into hospital on 07May2022 because he had blood clots in his heart and the bottom of his heart was already dead. Cardiac MRI showed that he was in Heart failure. He was transferred to hospital on 05May2022, then was flown to another institute. He died on the flight and they brought him back. He went to a cardiac rehab after his hospitalization. He was discharged from the hospital around 06Jun2022. He still goes to cardiac rehab and has cardiac biopsies once a month, where they take off like 4 pieces of the heart tissue. He recovered a couple month afterwards, but still has issues. Takes 26 pills in the morning now and 14 pills to keep his immunes system suppressed. Her son cant work because of this. Her son has his vaccination card. He refused the vaccine in the hospital. He was a healthy 24-year-old with a job as a carpenter and had a healthy life. Her son nearly died. He only received 2 doses. MRI: Said that his heart looked like a 60 something year old man that has been through heart attacks. He had myocarditis. It is hard on him does not like to talk about what happened. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Reported Cause(s) of Death: He died on the flight and they brought him back.; blood clots in his heart and the bottom of his heart was already dead; He had myocarditis; MRI showed that he was in Heart failure."
MYOCARDITIS	2533666-1	18-29 years	Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 27-year-old female patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, after starting mRNA-1273 (Spikevax), the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter did not provide any causality assessments. No concomitant and treatment medications were reported. Patient developed myocarditis 3 days after 2nd dose of mRNA-1273 (Moderna) vaccine. Company Comment: This literature non-study case concerns a 27-year-old female patient, with no medical history reported, who experienced the expected and serious (due to medically significant) AESI of Myocarditis, which occurred 3 days after mRNA-1273 vaccine, administered as second dose within COVID-19 vaccination schedule. No information disclosed about diagnostic tests performed, clinical course or treatments received. The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to US-MODERNATX, INC.- MOD-2022-686179 (Linked Report).; Sender's Comments: This literature non-study case concerns a 27-year-old female patient, with no medical history reported, who experienced the expected and serious (due to medically significant) AESI of Myocarditis, which occurred 3 days after mRNA-1273 vaccine, administered as second dose within COVID-19 vaccination schedule. No information disclosed about diagnostic tests performed, clinical course or treatments received. The benefit-risk relationship of mRNA-1273 is not affected by this report. US-MODERNATX, INC.- MOD-2022-686179:(26 YO male)

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2535524-1	18-29 years	Myocarditis; This literature-non-study case was reported in a literature article and describes the occurrence of MYOCARDITIS (Myocarditis) in a 26-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. LITERATURE REFERENCE: No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). At the time of the report, MYOCARDITIS (Myocarditis) outcome was unknown. The action taken with mRNA-1273 (Spikevax) (Unknown) was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter did not provide any causality assessments. No concomitant and treatment medications were reported. Company comment-This literature-non-study case concerns a male patient aged 26 years with no medical history reported, who experienced the expected serious (medically significant) AESI event of Myocarditis about seven days after first dose of mRNA-1273 vaccine in covid-19 vaccination series. No information on risk factors, medical history, concomitant medications, detailed clinical course, lab details, cardiac studies, treatment received was available in the report. Outcome of the event was unknown at the time of report. The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to US-MODERNATX, INC.-MOD-2022-686175 (E2B Linked Report).; Sender's Comments: This literature-non-study case concerns a male patient aged 26 years with no medical history reported, who experienced the expected serious (medically significant) AESI event of Myocarditis about seven days after first dose of mRNA-1273 vaccine in covid-19 vaccination series. No information on risk factors, medical history, concomitant medications, detailed clinical course, lab details, cardiac studies, treatment received was available in the report. Outcome of the event was unknown at the time of report. The benefit-risk relationship of mRNA-1273 is not affected by this report. US-MODERNATX, INC.-MOD-2022-686175:(27 YO female)

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2538664-1	30-39 years	Acute hypoxic respiratory failure; Myocarditis; COVID-19; Coxsackie viral infection; Colitis; This literature-non-study case was reported in a literature article and describes the occurrence of ACUTE RESPIRATORY FAILURE (Acute hypoxic respiratory failure), MYOCARDITIS (Myocarditis), COVID-19 (COVID-19), COXSACKIE VIRAL INFECTION (Coxsackie viral infection) and COLITIS (Colitis) in a 32-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. LITERATURE REFERENCE: The patient's past medical history included COVID-19 (resolved after two-week quarantine). 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 ACUTE RESPIRATORY FAILURE (Acute hypoxic respiratory failure) (seriousness criteria hospitalization and medically significant), MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant), COVID-19 (COVID-19) (seriousness criterion hospitalization), COXSACKIE VIRAL INFECTION (Coxsackie viral infection) (seriousness criterion hospitalization) and COLITIS (Colitis) (seriousness criterion hospitalization). The patient was hospitalized for 10 days due to ACUTE RESPIRATORY FAILURE, COLITIS, COVID-19, COXSACKIE VIRAL INFECTION and MYOCARDITIS. The patient was treated with DEXAMETHASONE at a dose of 6 milligram once a day; REMDESIVIR at an unspecified dose and frequency; VANCOMYCIN for Colitis, at a dose of 1.25 gram every twelve hours; PIPERACILLIN SODIUM, TAZOBACTAM SODIUM (ZOSYN) for Colitis, at a dose of 3.375 milligram once a day; SOTALOL for Atrial fibrillation, at an unspecified dose and frequency; OXYGEN (nasal) at a dose of 2 liter; CIPROFLOXACIN for Colitis, at an unspecified dose and frequency and METRONIDAZOLE (FLAGYL [METRONIDAZOLE]) for Colitis, at an unspecified dose and frequency. At the time of the report, ACUTE RESPIRATORY FAILURE (Acute hypoxic respiratory failure), MYOCARDITIS (Myocarditis), COVID-19 (COVID-19), COXSACKIE VIRAL INFECTION (Coxsackie viral infection) and COLITIS (Colitis) was resolving. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Blood pressure measurement: 89/57 mmHg hypotensive. On an unknown date, Brain natriuretic peptide: 2322 pg/ml. On an unknown date, Chest X-ray: showed no acute cardiopulmonary disease. There was no focal consolidation or congestive heart failure. There was no pleural effusion, cardio-mediastinal silhouette was not enlarged, and trachea was in the midline. There was no pneumothorax. On an unknown date, Computerised tomogram abdomen: Focal fat along the falciform ligament. There was wall thickening of the terminal ileum, cecum, and ascending colon. There was mesenteric stranding and lymphadenopathy noted in the right mesentery. There was no free air, no ascites, and no evidence of gastrointestinal obstruction. (with IV contrast). On an unknown date, Computerised tomogram pelvis: Focal fat along the falciform ligament. There was wall thickening of the terminal ileum, cecum, and ascending colon. There was mesenteric stranding and lymphadenopathy noted in the right mesentery. There was no free air, no ascites, and no evidence of gastrointestinal obstruction. (with IV contrast). On an unknown date, Coxsackie virus test: (Positive) revealed positive high titers of Coxsackie B1-B6 antibodies. On an unknown date, Echocardiogram: decreased left ventricular ejection fraction to 50-55%, mild inferior septal and inferior wall hypokinesis, and a trivial pericardial effusion. On an unknown date, Electrocardiogram: showed sinus tachycardia with a ventricular rate of 142 beats per minute, first-degree atrioventricular block, without any ST-segment changes or other abnormalities. On an unknown date, Heart rate: 130 heart beats per minute tachycardic. On an unknown date, Magnetic resonance imaging heart: revealed diminished biventricular ejection fraction with mild global hypokinesis, lateral apical wall myocardial edema, and epicardial enhancement. Findings were consistent with myocarditis. On an unknown date, Oxygen saturation: 89 % on room air. On an unknown date, SARS-CoV-2 test: (Positive) six weeks prior to presentation and (Positive) on current admission. On an unknown date, Troponin: 864 ng/mL Elevated. On an unknown date, White blood cell count: 15 thousand per cubic millimetre remarkable for leukocytosis. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYOCARDITIS (Myocarditis) to be related. No further causality assessments were provided for ACUTE RESPIRATORY FAILURE (Acute hypoxic respiratory failure), COVID-19 (COVID-19), COXSACKIE VIRAL INFECTION (Coxsackie viral infection) and COLITIS (Colitis). No concomitant medication was reported. The patient with no significant past medical history presented to the ED with generalized fatigue, nausea, abdominal pain, and diarrhea. The patient obtained the Moderna vaccine after which he developed diarrhea and abdominal pain prompting first visit to the ED. Patient symptoms persisted prompting further evaluation. Patient was afebrile. The patient was admitted for acute hypoxic respiratory failure secondary to COVID-19 and for management of infectious versus inflammatory colitis. The patient was treated with intravenous hydration. Due to the patient's echocardiogram findings and elevated brain natriuretic peptide and troponin, myocarditis was on the differential. It was suggested that either etiology (COVID-19 or Coxsackievirus) could be viable for the given clinical presentation. The patient's hospitalization was also complicated by persistent atrial fibrillation and was unsuccessfully treated with numerous attempts at synchronized cardioversion. Two hours after unsuccessful cardioversions, the patient spontaneously converted to normal sinus rhythm but was maintained on sotalol for three days for rhythm control. The patient remained hospitalized for a total of 10 days and although hemodynamically stable continued to experience exercise intolerance and fatigue. Patient was medically optimized and discharged home on two more days of dexamethasone, to complete a total 10-day course of steroids. Author stated patient had multiple etiologies of myocarditis, including the COVID-19 infection, COVID-19 vaccination, and the Coxsackievirus. In viral myocarditis, symptoms develop weeks after the initial viral exposure, which means that any of these etiologies were plausible differentials. Thus, it was difficult to determine the exact cause of myocarditis. Company comment:This is a literature non-study case concerning a healthy 32-year-old male patient, with no significant past medical history but recently tested positive for COVID-19, who was fully vaccinated with mRNA-1273 vaccine and experienced the expected and serious (hospitalization and medically significant) AESI of MYOCARDITIS, and the unexpected and serious (hospitalization and medically significant) events of ACUTE RESPIRATORY FAILURE (AESI), COVID-19, COXSACKIE VIRAL INFECTION and COLITIS. He tested positive for COVID-19 with anosmia and ageusia, which resolved and three weeks later, he received an unspecified dose of mRNA-1273 vaccine after which he developed diarrhea and abdominal pain. He visited the emergency department and was discharged on ciprofloxacin and metronidazole for colitis; however, his symptoms persisted, and he was admitted for acute hypoxic respiratory failure secondary to COVID-19 and for management of infectious versus inflammatory colitis. He was hypotensive (89/57 mmHg), tachycardic (130 beats per minute), afebrile, and was saturating 89% on room air. Chest x-ray showed no acute cardiopulmonary disease. Laboratories were remarkable for leukocytosis (15 x 103/mm3), elevated high-sensitivity troponin (864 ng/mL), and brain natriuretic peptide (2322 pg/nL). His SARS-CoV-2 PCR test was positive on admission. Electrocardiogram showed sinus tachycardia with a ventricular rate of 142 beats per minute, first-degree atrioventricular block, without any ST-segment changes or other abnormalities. Computerized tomography of the abdomen and pelvis with intravenous contrast showed nonspecific colitis with mesenteric stranding and lymphadenopathy noted in the right mesentery. He was treated with intravenous hydration, supplemental oxygen, dexamethasone 6 milligrams daily, and remdesivir for five days. He was started on vancomycin 1.25 grams every 12 hours and piperacillin-tazobactam 3.375 milligrams daily for the treatment of colitis. He underwent a transthoracic echocardiogram with incidental findings of decreased left ventricular ejection fraction to

Symptoms	VAERS ID	Age	Adverse Event Description
			50-55%, mild inferior septal and inferior wall hypokinesis, and a trivial pericardial effusion. A cardiac magnetic resonance imaging revealed diminished biventricular ejection fraction with mild global hypokinesis, lateral apical wall myocardial edema, and epicardial enhancement, consistent with myocarditis. Further workup revealed positive high titers of Coxsackie B1-B6 antibodies. His hospitalization was also complicated by persistent atrial fibrillation and was unsuccessfully treated with numerous attempts at synchronized cardioversion. Two hours after unsuccessful cardioversions, the patient spontaneously converted to normal sinus rhythm but was maintained on sotalol for three days for rhythm control. He remained hospitalized for 10 days and although hemodynamically stable continued to experience exercise intolerance and fatigue. He was medically optimized and discharged home on two more days of dexamethasone, to complete a total 10-day course of steroids. Follow up could not be completed since he moved to another location. The numerous overlapping etiologies, which include active COVID-19 infection, recent vaccination series and the Coxsackievirus could be confounders for the event viral myocarditis. The benefit-risk relationship of mRNA-1273 is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 14-Dec-2022: Live follow up received by safety on 14-Dec-2022 has email with full text article and contains significant information: Reporter details, citation details, medical history, laboratory tests, suspect product, treatment details and event details were updated.; Sender's Comments: This is a literature non-study case concerning a healthy 32-year-old male patient, with no significant past medical history but recently tested positive for COVID-19, who was fully vaccinated with mRNA-1273 vaccine and experienced the expected and serious (hospitalization and medically significant) AESI of MYOCARDITIS, and the unexpected and serious (hospitalization and medically significant) events of ACUTE RESPIRATORY FAILURE (AESI), COVID-19, COXSACKIE VIRAL INFECTION and COLITIS. He tested positive for COVID-19 with anosmia and ageusia, which resolved and three weeks later, he received an unspecified dose of mRNA-1273 vaccine after which he developed diarrhea and abdominal pain. He visited the emergency department and was discharged on ciprofloxacin and metronidazole for colitis; however, his symptoms persisted, and he was admitted for acute hypoxic respiratory failure secondary to COVID-19 and for management of infectious versus inflammatory colitis. He was hypotensive (89/57 mmHg), tachycardic (130 beats per minute), afebrile, and was saturating 89% on room air. Chest x-ray showed no acute cardiopulmonary disease. Laboratories were remarkable for leukocytosis (15 x 103/mm3), elevated high-sensitivity troponin (864 ng/mL), and brain natriuretic peptide (2322 pg/nL). His SARS-CoV-2 PCR test was positive on admission. Electrocardiogram showed sinus tachycardia with a ventricular rate of 142 beats per minute, first-degree atrioventricular block, without any ST-segment changes or other abnormalities. Computerized tomography of the abdomen and pelvis with intravenous contrast showed nonspecific colitis with mesenteric stranding and lymphadenopathy noted in the right mesentery. He was treated with intravenous hydration, supplemental oxygen, dexamethasone 6 milligrams daily, and remdesivir for five days. He was started on vancomycin 1.25 grams every 12 hours and piperacillin-tazobactam 3.375 milligrams daily for the treatment of colitis. He underwent a transthoracic echocardiogram with incidental findings of decreased left ventricular ejection fraction to 50-55%, mild inferior septal and inferior wall hypokinesis, and a trivial pericardial effusion. A cardiac magnetic resonance imaging revealed diminished biventricular ejection fraction with mild global hypokinesis, lateral apical wall myocardial edema, and epicardial enhancement, consistent with myocarditis. Further workup revealed positive high titers of Coxsackie B1-B6 antibodies. His hospitalization was also complicated by persistent atrial fibrillation and was unsuccessfully treated with numerous attempts at synchronized cardioversion. Two hours after unsuccessful cardioversions, the patient spontaneously converted to normal sinus rhythm but was maintained on sotalol for three days for rhythm control. He remained hospitalized for 10 days and although hemodynamically stable continued to experience exercise intolerance and fatigue. He was medically optimized and discharged home on two more days of dexamethasone, to complete a total 10-day course of steroids. Follow up could not be completed since he moved to another location. The numerous overlapping etiologies, which include active COVID-19 infection, recent vaccination series and the Coxsackievirus could be confounders for the event viral myocarditis. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYOCARDITIS	2547751-1	**18-29 years**	I was hospitalized on 11/11/22 for chest pain and tachycardia. Cardiac CT and X Ray were normal, but troponin levels were elevated at .33 (about 3.5 times higher than normal). I had been feeling very weak and tired for ~3 days before the event. On the day of the event, I had gone on a bike ride (as usual, I am a cyclist and ride 3-5 times/week) and developed chest pain afterwards. As the pain worsened, my heart rate suddenly increased to 130 bpm for ~5 mins while I was at rest. I was short of breath during this time, and the pain was worse afterwards. I then decided to go to the hospital, where I was kept for 22 hours while they tried to determine what happened. Through process of elimination, I was diagnosed with mild peri- and/or myocarditis. My white blood cell counts were normal, but I had elevated inflammation markers and troponin.
MYOCARDITIS	2549472-1	**18-29 years**	presented to hospital on 1/2/23 for evaluation of shortness of breath and chest pressure, ongoing for two days
MYOCARDITIS	2552801-1	**40-49 years**	"high temperature/fever; severe chest pain; heart attack; myocarditis; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 42-year-old male patient received BNT162b2, BNT162b2 omi ba.4-5 (BNT162B2, BNT162B2 OMI BA.4-5), on 23Dec2022 as dose 3 (booster), single (Lot number: GJ3274) at the age of 42 years for covid-19 immunisation. The patient's relevant medical history was not reported (no other medical history). Concomitant medication(s) included: FLU [INFLUENZA VACCINE] taken for immunisation, on 13Dec2022 as dose number unknown, single. Vaccination history included: BNT162b2 (Dose Number: 1, Batch/Lot No: FF2590), administration date: 31Oct2021, when the patient was 41-year-old, for COVID-19 immunization; BNT162b2 (Dose Number: 2, Batch/Lot No: FF2587), administration date: 15Nov2021, when the patient was 41-year-old, for COVID-19 immunization. There was no other medications in two weeks, no covid prior vaccination, no known allergies. The following information was reported: MYOCARDIAL INFARCTION (hospitalization, medically significant, life threatening) with onset 24Dec2022, outcome ""not recovered"", described as ""heart attack""; PYREXIA (hospitalization, life threatening) with onset 24Dec2022, outcome ""not recovered"", described as ""high temperature/fever""; MYOCARDITIS (hospitalization, medically significant, life threatening) with onset 24Dec2022, outcome ""not recovered""; CHEST PAIN (hospitalization, life threatening) with onset 24Dec2022, outcome ""not recovered"", described as ""severe chest pain"". The patient was hospitalized for pyrexia, chest pain, myocardial infarction, myocarditis (hospitalization duration: 3 day(s)). The events ""high temperature/fever"", ""severe chest pain"", ""heart attack"" and ""myocarditis"" required physician office visit and emergency room visit. The patient underwent the following laboratory tests and procedures: Body temperature: (unspecified date) high; SARS-CoV-2 test: (26Dec2022) Negative, notes: Nasal Swab. It was unknown if therapeutic measures were taken as a result of pyrexia, chest pain, myocardial infarction, myocarditis."

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2554603-1	18-29 years	"HCP gave diagnosis of myocarditis 30 days after 2nd Pfizer covid vaccine in Nov2021. 6/15/2021 he was given his first AVA, JEV and typhoid vaccine as part of pre-placement vaccinations. He reports that evening onset of nausea and sensation of lightheadedness, not dizzy, that was felt when changing position from sitting or lying to standing. States he vomited x1 and had diarrhea x1. Went to local ER on 6/20/21 where EKG, labs w/urine were all normal. Treated with Zofran and oral fluids. Released w/o issues. Placement 7/28-10/10/2021. 9/23/2021 given first Pfizer Covid-19 vaccine Lot # ff2587at Health Clinic. That day he had ""severe headache with light sensitivity"" that required his roommate to get light blocking curtains and he slept in a dark room. Over next 2-3 days he could get up and do work/eat but needed sunglasses when out. He would use Advil with onset of headaches with relief of pain. He also complained of increased heart rate as if anxious feeling in chest and an indescribable ""weird feeling in center of chest"" lasting10-12 min with activity on and off for 1-2 days. He had that weekend off, so he rested, increased fluids, and avoided running with resolution of all symptoms 1 week later. He did tell his manager but felt symptoms were normal after the vaccine. 10/14/2021 post placement screening following recent placement (returned 10/10/2021) had no voiced complaints. 10/21/21 he received 2nd Pfizer Covid vaccine at store pharmacy (Lot # FE3596) to left deltoid (has CDC Covid-19 record card). He reports similar symptoms but less intense light sensitivity with headache and sluggishness for 1 day. Denied fever or cardiac issues or any difficulty breathing. One week later he felt 2 episodes of palpitations less than 1 second each described as if ""heart skipped"" and he coughed with resolution of symptoms. Over next month he was in Training and felt it was getting harder to take breaths in or ""winded"" with elevated heart rates and palpitations while working and training. He assumed he was not sleeping enough and did not seek medical care. However, he began to experience SOB and fatigue that worsened walking from one building to next or up a flight of stairs. This was impacting his ability to work. He stated his command restricted him to first floor. 11/30/2021 He presented to ER for 3 episodes of chest pain & palpitations lasting total of 30 min after doing sprints as part of physical training with SOB (described as difficulty breathing in-was cold outside). Discomfort stopped when stopped sprinting, however palpitations began and he became nervous about this due to fathers history of heart problems. ER & HCP documented holosystolic murmurs present best heard at apex and right carotid. EKG û NSR/ST rate 109 with 2nd EKG showing nonspecific ST elevation V2-3. Labs studies with WBC 12.0 otherwise normal CBC, normal chemistry (CMP, MAG, lipids) and UA. Cardiac labs showed elevated troponin I peaking at 0551. CXR normal. He was admitted to ICU x 24 hours being treated with oral ASA, IV and monitored. His troponin levels continued downward trend to 0.115 and he was discharged with diagnosis of ""NSTEMI silent MI"", elevated troponins, palpitation, and tachycardia. No medications were given on discharge as pain free. 12/6/2021 Cardiology follow up with NP with Cardiology. He denies any further recurrent chest pain and rare palpitations. He reported one presyncope episode early in training during 5 mile run in 100-degree heat. Tests: EKG NSR, D-dimer & TSH normal, with cardiologist diagnosing myocarditis due to covid vaccine (onset <30 days post vaccine w/+ troponins) on f/u exams in Nov 2021. 1/24/22 Echo w/doppler = normal structure and function w/EF 60-65% and EST was normal meeting all standards for age. No evidence ischemia. Remains pain free. 1/9-11/22 Mobile Telemetry showed NSR-SB-ST, rare PAC/PVC (1%) no sustained arrhythmias or dysrhythmia noted to correlate with patient's symptoms. In Jun 2022 he dislocated his left shoulder (left hand dominant) when fell on outstretched arm. It was reduced in ER. Ortho imaging and follow-up; in Oct 2022 follow up reports symptoms have significantly improved and not using Mobic. 8/15/2022 follow up with cardiology documents normal exams but still feels palpitations with vigorous exercise that causes anxiety. Unable to resume pre-vaccine vigorous exercise and training. Diagnosed myocarditis after covid vaccine û exempt from further boosters. Palpitations û Tx with magnesium oxide 400 mg daily; and FHX antiphospholipid syndrome. Advance exercise slowly as tolerated. Follow up in 6 months pending any new concerns (due Feb2023). 1/6/2023 states is chest pain free without SOB. Has had 1 or 2 brief episodes of palpitation (1 second or so that resolves with cough or stopping activity doing). He is on leave at home and advised was considering leaving work as doubts he can continue with training and wants to pursue career in collegiate volleyball. He has played volleyball several times since home without any cardiac or respiratory issues."
MYOCARDITIS	2560062-1	18-29 years	Myocarditis of heart with difficulty breathing and pain for 24 hrs
MYOCARDITIS	2560896-1	18-29 years	I woke up with extreme burning chest pain at 5:30 am on December 25, 2022. Breathing was still normal, but the chest was hurting and the pain would not go away. Got driven to the Hospital and admitted into the ER.
MYOCARDITIS	2563060-1	40-49 years	Narrative: Working Dx is 44 yr old M with recent secondery reaction from seecond dose of Moderna covicd vaccine with acute myocarditis with no coronary artery disease in hx and risk factors of hypertension(newly diagnosed) and hyperlipidemia with still complaints of exertional SOB. Hus lung examination is clear now . He had CT with contrast in the hospital and had no pulmonary embolism. It appears to me that his underlying asthma is causing breathing problem and he might getting worsening of symptoms from metoprolol.
MYOCARDITIS	2565065-1	40-49 years	Severe and continuing chest pain, tightness, and difficulty breathing. Pain increases during physical activity. Severe pain and discomfort lasted 6 months, but still have occassional discomfort once every 2 weeks.
MYOCARDITIS	2565291-1	30-39 years	My healthy adult daughter died from the Moderna COVID19 vaccines. Myocarditis
MYOCARDITIS	2574335-1	30-39 years	Patient obtained both a flu and COVID vaccine on Monday 1/23/23 and for the next 2 days subsequently felt relatively usual post vaccination including some fevers and lethargy. Then on Thursday 1/26 developed a GI illness with 2 to 3 days of diarrhea and abdominal pain. Patient presented to the emergency department 1/29/2023 with chest pressure. He was found in his work-up to have elevated troponin to 1700 for which cardiology was consulted. An echocardiogram which showed mild hypokinesis of the basal anterior wall segment but otherwise normal ejection fraction at 56%. He was monitored in the hospital and was found to have rising troponins (peak level 8359), EKG was normal on admission however changed to show inferolateral T wave inversions. Given his progression of hospital course, it was decided to take him to the Cardiac Cath Lab 1/30/2023 which showed normal coronaries. Given this finding, his most likely clinical scenario fit with myocarditis post COVID-vaccine and recent GI illness, he was started on NSAIDs and colchicine. He was discharged home on 1/31 on colchicine 0.6 mg/day x 3 months and ibuprofen 600 mg 3 times daily x 4 weeks. He will follow-up with heart doctor in the next 2 to 3 weeks with plan for repeat echocardiogram in 3 months.
MYOCARDITIS	2577345-1	40-49 years	2/5/23 myocarditis
MYOCARDITIS	2579713-1	40-49 years	Myocarditis and Pericarditis After mRNA COVID-19 Vaccination

Symptoms	VAERS ID	Age	Adverse Event Description
MYOCARDITIS	2590015-1	18-29 years	"myocarditis; Numb left arm and numb left leg; chest pain/Experienced very intense chest pain for some time; very intense heartburn; acid reflux; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). A 27-year-old male patient received BNT162b2, BNT162b2 omi ba.4-5 (BNT162B2, BNT162B2 OMI BA.4-5), as dose 4 (booster), single (Batch/Lot number: unknown) at the age of 27 years intramuscular, in left arm for covid-19 immunisation. The patient's relevant medical history included: ""Lupus"" (unspecified if ongoing); ""depression"" (unspecified if ongoing); ""mood disorders"" (unspecified if ongoing). The patient had no known allergy. Concomitant medication(s) included: PROBIOTICS. Vaccination history included: pfizer-biontech (Dose Number: 1, Batch/Lot No: ER8732, Location of injection: Arm Left, Route of Administration: Intramuscular), administration date: 02Apr2021, when the patient was 24-year-old, for COVID-19 Immunization; pfizer-biontech (Dose Number: 2, Batch/Lot No: EW0176, Location of injection: Arm Left, Route of Administration: Intramuscular), administration date: 23Apr2021, when the patient was 24-year-old, for COVID-19 Immunization; Pfizer-biontech (Dose Number: 3, Batch/Lot No: Unknown. Unable to locate or read the details, Location of injection: Arm Left, Route of Administration: Intramuscular), for COVID-19 Immunization. The following information was reported: MYOCARDITIS (medically significant), outcome ""recovered with sequelae""; HYPOAESTHESIA (non-serious) with onset the same day of vaccination, outcome ""recovered with sequelae"", described as ""Numb left arm and numb left leg""; CHEST PAIN (non-serious) with onset the same day of vaccination, outcome ""recovered with sequelae"", described as ""chest pain/Experienced very intense chest pain for some time""; DYSPEPSIA (non-serious), outcome ""recovered with sequelae"", described as ""very intense heartburn""; GASTROOESOPHAGEAL REFLUX DISEASE (non-serious), outcome ""recovered with sequelae"", described as ""acid reflux"". The events ""myocarditis"", ""numb left arm and numb left leg"", ""chest pain/experienced very intense chest pain for some time"", ""very intense heartburn"" and ""acid reflux"" required physician office visit. Day after vaccination, the patient went to doctor that said symptoms were consistent with myocarditis. The patient experienced very intense chest pain for some time after booster was administered patient experienced very intense heartburn and acid reflux that they previously never had. Patient said chest pain symptoms will come and go moderately now. The information on the batch/lot number for BNT162b2, BNT162b2 omi ba.4-5 has been requested and will be submitted if and when received."
MYOCARDITIS	2595902-1	30-39 years	Narrative: Admission: 9/7/2021 Discharge: 9/17/2021 Acute Adult-Onset Still's Flare/Macrophage Activation Syndrome Diagnosis: 36yo female with h/o Adult Onset Still's disease (on Actemra every 2 weeks) and anxiety presented to the Emergency Dept 9/7/2021 with complaints of SOB. Patient stated that on 8/27/2021 she got the third (booster) dose of Pfizer COVID vaccine (2 previous Pfizer vaccinations were on 1/26/2021 and 2/16/2021 . Following this, she developed a productive cough and SOB and her symptoms got progressively worse. She endorsed significant SOB and chest pressure. She said it felt like something is sitting on her chest. She noted pain with inspiration. She endorsed productive cough of green sputum as well as fever up to 102 at home. Around the same time her son's teacher tested + for COVID, but she (the patient) had had 2 negative COVID tests in the past week. She was seen in the ED the previous day for these symptoms and was noted to have a pneumonia on CXR. She was started on Augmentin and given an albuterol inhaler. She says the inhaler helped a little, but the SOB and chest pressure got so bad today she had to come back to the ED on 9/7/2021. She denied vision changes, n/v, arm numbness/tingling, abdominal pain, diarrhea/constipation, dysuria, hematuria. She was admitted to the intensive care unit. On review of story and lack of risk factors, picture seemed more consistent with myocarditis; thought was secondary to the vaccine vs Still's dz. Rheumatology was consulted and believed vaccine was more likely etiology/higher on ddx, and requested Still's/MAS labs to trend. TTE was obtained with no evidence of myocarditis. MRI was not obtained as pt clinically was improving. Troponins rapidly downtrended. Pt was deemed stable for floor transfer on 9/9, with plan to c/w abx for LUL CAP/Otitis Media and obtain recs from rheum regarding new onset abd rash concerning for Still's flare on 9/9/21. Suspected Still's flare due to pulmonary infiltrate, type 2 NSTEMI, characteristic rashes and fever after 4 days of antibiotic treatment for CAP. There is concern for reactivation of Still's after COVID booster as well as Macrophage Activation Syndrome. Patient had improvement of her symptoms with Anakinra (started 9/13) and predisone (started on 9/10) with eventual downtrend of inflammatory markers. There was some initial concern for Acute generalized exanthematous pustulosis (AGEP) given concomitant abx treatment with Rocephin. However skin cx per derm showed coag neg staph and rash persisted despite d/c of abx. Thus rash was considered to be Still's related. The patient was discharged to home in stable condition.
MYOCARDITIS	2597675-1	30-39 years	Myocarditis (3/16/23), elevated DDimer (3/8/23)

Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

Notes:

Caveats: VAERS accepts reports of adverse events and reactions that occur following vaccination. Healthcare providers, vaccine manufacturers, and the public can submit reports to VAERS. While very important in monitoring vaccine safety, VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness. The reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. Most reports to VAERS are voluntary, which means they are subject to biases. This creates specific limitations on how the data can be used scientifically. Data from VAERS reports should always be interpreted with these limitations in mind.

The strengths of VAERS are that it is national in scope and can quickly provide an early warning of a safety problem with a vaccine. As part of CDC and FDA's multi-system approach to post-licensure vaccine safety monitoring, VAERS is designed to rapidly detect unusual or unexpected patterns of adverse events, also known as "safety signals." If a safety signal is found in VAERS, further studies can be done in safety systems such as the CDC's Vaccine Safety Datalink (VSD) or the Clinical Immunization Safety Assessment (CISA) project. These systems do not have the same limitations as VAERS, and can better assess health risks and possible connections between adverse events and a vaccine.

Key considerations and limitations of VAERS data:

- Vaccine providers are encouraged to report any clinically significant health problem following vaccination to VAERS, whether or not they believe the vaccine was the cause.
- Reports may include incomplete, inaccurate, coincidental and unverified information.
- The number of reports alone cannot be interpreted or used to reach conclusions about the existence, severity, frequency, or rates of problems associated with vaccines.
- VAERS data are limited to vaccine adverse event reports received between 1990 and the most recent date for which data are available.
- VAERS data do not represent all known safety information for a vaccine and should be interpreted in the context of other scientific information.

Some items may have more than 1 occurrence in any single event report, such as Symptoms, Vaccine Products, Manufacturers, and Event Categories. If data are grouped by any of these items, then the number in the Events Reported column may exceed the total number of unique events. If percentages are shown, then the associated percentage of total unique event reports will exceed 100% in such cases. For example, the number of Symptoms mentioned is likely to exceed the number of events reported, because many reports include more than 1 Symptom. When more than 1 Symptom occurs in a single report, then the percentage of Symptoms to unique events is more than 100%. More information. (/wonder/help/vaers.html#Suppress)

Data contains VAERS reports processed as of 03/17/2023. The VAERS data in WONDER are updated weekly, yet the VAERS system receives continuous updates including revisions and new reports for preceding time periods. Duplicate event reports and/or reports determined to be false are removed from VAERS. More information. (/wonder/help/vaers.html#Reporting)

About COVID19 vaccines:

- For more information on how many persons have been vaccinated in the US for COVID19 to date, see https://covid.cdc.gov/covid-data-tracker/#vaccinations/ (https://covid.cdc.gov/covid-data-tracker/#vaccinations/).
- One report may state that the patient received more than one brand of COVID-19 vaccine on the same visit. This is a reporting error, but explains why the total number of reports may not equal the total number of COVID-19 vaccine doses.

Help: See The Vaccine Adverse Event Reporting System (VAERS) Documentation (/wonder/help/vaers.html) for more information.

Query Date: Mar 27, 2023 2:21:39 PM

Suggested Citation:

United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - 03/17/2023, CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/vaers.html on Mar 27, 2023 2:21:39 PM

Query Criteria:

Age: 18-29 years; 30-39 years; 40-49 years
State / Territory: The United States/Territories/Unknown
Symptoms: MYOCARDITIS; MYOCARDITIS BACTERIAL; MYOCARDITIS INFECTIOUS
Vaccine Products: COVID19 VACCINE (COVID19); COVID19-2 (COVID19-2)
VAERS ID: All
Group By: Symptoms; VAERS ID; Age
Show Totals: False
Show Zero Values: Disabled