The Vaccine Adverse Event Reporting System (VAERS) Results

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1098028-1	Cardiac arrest, death approx 12 hours later
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1103748-1	Cardiac Arrest/Death
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1110099-1	3/12/21 Sudden cardiac arrest at home; unable to be resuscitated at scene (Brother) Caller is a family friend who was asked by family to call and report incident. If f/u is needed, please contact him first. Current Medical History: unknown by caller Current Medications: unknown by caller
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1136622-1	Patient had cardiac arrest secondary to MI less than 24 hours from receiving the vaccine. Now on 3 pressors. Although due to the patient's health condition, this may not have been attributed to the vaccine.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1147618-1	cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1153885-1	"ASYSTOLE; PASSED AWAY; This spontaneous report received from a physician concerned their mother-in-law, an female of unspecified age. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, administered on 11-MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the patient was in a nursing home, but was hospitalized for pyelonephritis. The patient was not allowed back into the nursing home without a negative COVID test and the vaccine. After discharge from the hospital, the patient's COVID test came back negative, and upon arrival to the nursing home, the patient received the Janssen COVID-19 vaccine. Within 30 minutes, the patient was unresponsive and transported back to the hospital. On arrival to the hospital, the patient was asystole. She was treated at the hospital until 13-MAR-2021, when she passed away. Asystole was reported as fatal. Additionally, cause of death was reported as ""cause unknown"", therefore, an additional serious adverse event of ""passed away"" was captured. An autopsy was not performed. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient died on 13-MAR-2021. This report was serious (Death and Hospitalization).; Sender's Comments: V0: An female of unknown age became unresponsive 30 minutes after, experienced asystole on the same day as, and died of unknown causes 2 days after receiving Janssen COVID-19 Vaccine Ad26.COV2.S (suspension for injection; route of administration and batch number unknown) for prophylactic vaccination while in a nursing home. Medical history and concomitant medications were not reported. The patient was the mother-in-law of the reporter, an internal medicine physician. The patient had no complaints for 30 minutes after receiving the vaccine, then became unresponsive; she was transported to a hospital where she was noted to be asystolic upon arrival. Treatment and hospital course were not provided. The patient died 2 days after receiving the vaccine, and cause of death was unknown; outcome of asystole was reported as fatal. An autopsy was not performed. This case has insufficient information to make a meaningful medical assessment.; Reported Cause(s) of Death: ASYSTOLE; UNKNOWN CAUSE OF DEATH"
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1157494-1	CARDIAC ARREST; This spontaneous report received from a consumer concerned a 53 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included type 2 diabetes, picc line, and diabetic foot ulcer. The patient had no known allergies. The patient had no previous history of heart conditions. The patient received COVID-19 VACCINE AD26.COV2.S (suspension for injection, route of admin not reported, batch number: 1805022, expiry: UNKNOWN) dose was not reported, administered on 11-MAR-2021 for prophylactic vaccination. Concomitant medications included Ceftriaxone for diabetic foot ulcer, and Heparin for picc line prophylaxis. On Saturday, 20-MAR-2021, the patient reported that his chest felt funny but he wasn't sure about the cause. On Monday, 22-MAR-2021 morning; the patient had collapsed when he got out of the shower and yelled for help. The patient was gasping for breath and reading on pulse oximeter dropped into the 70's and also reported that he felt light headed. It was unknown weather the patient died in ambulance or at hospital. It was unspecified if an autopsy was performed. Laboratory data included: Oxygen saturation decreased (NR: not provided) Dropped to 70's. On 22-MAR-2021, the subject died from cardiac arrest. The action taken with COVID-19 VACCINE AD26.COV2.S was not applicable. This report was serious (Death).; Sender's Comments: V0: 20210342361 -COVID-19 VACCINE AD26.COV2.S- Cardiac Arrest. This event is considered not related. The event has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event than the drug. Specifically: MEDICAL HISTORY.; Reported Cause(s) of Death: CARDIAC ARREST

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1159539-1	immediately felt tingling in left arm (like ben gay), then after about 10 min felt go into neck and and cheek. A little light headed. At 15 minutes asked nurse if normal. Then started sweating. left hand turned purple. Dont really remember anything else. Went unconscious. Remember them yelling Code something and Cardiac arrest. Taken to ER. Think they may have said anaphalatic shock. I think they gave me epinepherine. Had paralysis in left hand when i woke up for a few minutes. Blood work and EKG were normal. Went home within a couple of hours. Light-headed two days later still. Saw doctor two days after. Blood pressure is high. Little bit of fatigue and brain fog.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1168291-1	3/22/21 Admission HPI: 71 y.o. male with a history of poorly controlled diabetes mellitus and COPD. He presented to my office today acutely with a several day history of increasing shortness of breath. He has increased his prednisone at home recently and been increasing the frequency of his DuoNebs. Despite this, he states that his oxygen saturations have been staying in the low 80s. He has a hard time walking due to the shortness of breath. He states previous to about a week ago he was doing very well. He denies any fever. He denies any known exposure to coronavirus (COVID-19). In the office today his oxygen saturations were 88% on 4 L. Because of his failure of outpatient therapy, he will be admitted to the hospital for further evaluation and treatment. This patient has a history of severe respiratory decompensation that happens very quickly. Therefore, it is medically urgent we get him into the hospital. 3/25/21 Admission HPI71 y.o. male with a known history of severe COPD and type 2 diabetes mellitus. He came to my office with a several day history of increasing shortness of breath. He had increased his oral steroids and breathing treatments at home and despite this was still having oxygen saturations in the low to mid 80s on 2-4 L of supplemental oxygen. In my office he was extremely diminished and had basically failed outpatient therapy. Therefore he was admitted to inpatient status for acute treatment of a severe COPD exacerbation requiring IV antibiotics and IV steroids. He was admitted and treated with IV treatments. He did recover nicely. However, he was found to be extremely physically deconditioned. Because of this he was thought to be an excellent candidate for swing bed and is being transitioned to swing bed. 4/5/21 ER Practitioner Note: Upon arrival to ED trauma room I found patient to be in cardiac arrest, CPR in progress. History is that EMS was called to the scene for a patient with chest pain. Shortly after arrival at his home patient developed a cardiac arrest. They followed standard ACLS protocol and the patient was intubated. Blood sugar normal. As CPR was given, medications were administered consisting of epinephrine and 1 mg in 2 different doses along with 1 amp of bicarb. IV access via an IO. Patient was then transported to the emergency department. Upon arrival, CPR was continued and oxygen supplied via endotracheal tube with good tube placement verified by auscultation and good sat readings. Monitor was placed and patient demonstrated initially a sinus rhythm but there was no pulse. Therefore, diagnosis was PEA and no reversible causes were identified. ACLS protocol was followed with epinephrine 1 mg IV every 5 min. He received a total that including EMS, 5 mg of epinephrine and 1 amp of bicarb. Monitor at this point revealed the rhythm changed to an agonal rhythm. When CPR was given, there was good results from the CPR. However, CPR discontinued and there is no pulse and patient had an agonal rhythm for several minutes, pupils were fixed but not dilated year. Lungs demonstrating clear bilateral breath sounds when he was bagged via the endotracheal tube. No external signs of any trauma noted. The patient's sister is here and she is a registered nurse. We had discussed management at this point with her and all were in agreement that the code be terminated. At 1015, patient was pronounced deceased.. ACLS protocol was followed. See nursing record for medication and vital sign details. Code outcome: Deceased CC time 20 minutes.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1173826-1	Pt received the vaccine on 3/9/2021 reports to ED on 3/19/2021 s/p fall while transferring from wheelchair no fractures on x-ray, sent home at 2246. started to c/o chest pain and shortness of breath. Went into cardiac arrest at home approximately 4 hours after leaving ER. Pt was pronounced DOA 3/20/201 @ 0343
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1177248-1	Family reports general malaise post treatment, followed by fever and chills 4/3/2021, and cardiac arrest 4/4/2021.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1186471-1	Complaints of diarrhea, sweating, weakness suffered sudden cardiac arrest. CPR, AED, Lucas device applied ACLS protocol initiated by EMS. Efforts terminated. Patient pronounced deceased at 1003am.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1201130-1	Death on 03/25/2021 ruled as cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1206377-1	The patient had a ventricular fibrillation cardiac arrest on 4/12/21. He has new complete heart block requiring transvenous pacing and myoclonic jerks. The latter are likely a result of hypoxic brain injury.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1207755-1	Patient received J and J covid vaccine on 4/11/21 at an unknown location. Patient presented to hospital in cardiac arrest on 4/12/21. Patient was resuscitated and it was noted the patient had a ST elevation myocardial infarction. Due to the patient's size (246.7kg) she was unable to be treated for her condition with our equipment as she was over the weight limit for our equipment. She was transferred for additional care

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1207980-1	The patient presented 3 weeks post injection with cardiac arrest from home. She had a 1 hour downtime. The day previous she had worsening leg swelling and SOB +DOE. Post arrest she was diagnosed with massive PE. She was treated for PE with thrombolytics and improved hemodynamically. She unfortunately at this time has anoxic brain injury.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1209498-1	Pt received the vaccine on 3/24/21. On 4/12/21 pt died of cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1216091-1	Patient at gym working out and had a seizure, when 9-1-1 crews arrived patient was post-ictal, while treating the patient he had another seizure, during transport patient went into cardiac arrest, crews provided ACLS care and transported patient to hospital for treatment. Resuscitation efforts were terminated by physician in emergency room.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1216134-1	Cardiac arrest...death
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1217751-1	"HEART ARRHYTHMIA; CARDIAC ARREST; SWOLLEN BRAIN; LACK OF OXYGEN; SHORT-TERM MEMORY LOSS; COMPROMISED MOTOR SKILLS; COMA; SEIZURES; LETHARGY; This spontaneous report received from a consumer concerned a 59 year old male. The patient's weight, height, and medical history were not reported. The subject was a veteran and retired. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: Unknown) dose was not reported, administered on 24-MAR-2021 for prevention of symptomatic sar-cov-2 virus infection. No concomitant medications were reported. On 24-MAR-2021, the patient felt lethargic that night, and went to bed early. On 26-MAR-2021, he had seizures. On 29-MAR-2021, patient was admitted in the intensive care unit (ICU) after driving and slumped over due to a coma. Doctors noted that he had heart arrhythmia and cardiac arrest. He had foam coming out the mouth. On 29-MAR-2021, X-ray were done that showed no blockage and no heart attack. The patient was intubated. Doctors also noted a swollen brain due to a lack of oxygen. On 03-APR-2021, the patient woke up from his coma and was out of ICU. The patient long-term memory (things that happen 5-10 years ago and earlier) was fine, but his short-term memory had been compromised. For example, he was unable to remember his name. He was unable to complete normal motor skills like walking and dressing. At the time of this report, patient was in rehab. He had a heart defibrillator placed in his body. His wife emphasized that he did not have any pre-existing conditions. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from coma, cardiac arrest, and lack of oxygen on 03-APR-2021, had not recovered from short-term memory loss, and compromised motor skills, and the outcome of lethargy, seizures, heart arrhythmia and swollen brain was not reported. This report was serious (Hospitalization Caused / Prolonged, and Other Medically Important Condition).; Sender's Comments: V0: A 59-year-old male patient with no pre-existing medical conditions felt lethargic the night after vaccine and went to bed early. Two days after vaccine he had seizures (details not reported.) Five days after vaccine, the patient was admitted to the intensive care unit (ICU) after slumping over while driving with ""foam coming out"" of his mouth. Doctors noted that he had heart arrhythmia and cardiac arrest. ""X-rays"" were done that showed no blockage and no heart attack. The patient was intubated. Doctors also noted brain swelling due to a lack of oxygen. 10 days after vaccine, the patient woke up from his coma and was out of ICU. The patient's long-term memory (things that happen 5-10 years ago and earlier) was intact, but his short-term memory had been compromised. He was unable to complete normal motor skills like walking and dressing. An internal cardiac defibrillator was placed. At the time of this report, patient was in rehab and recovering. The lethargy is likely related to vaccine. It is possible that the subject experienced new onset seizure disorder, although a direct causal association to vaccine cannot be established based on the information provided. It is unlikely that the cardiac arrhythmia, subsequent cardiac arrest, or resulting anoxic event were related to vaccine, without a plausible mechanism."
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1218398-1	4/7/21 patient presents to ED with severe left arm pain and neck pain, dopplar shows occlusive thrombus in left cephalic vein 4/9/21 patient goes in to cardiac arrest; found to have an INR>10 and concern for life-threatening bleed that required treatment with KCentra; intubated and sedated; liver shock, heart failure with reduced ejections fraction; troponin elevation 4/13/21: patient extubated; patient's wife informs Dr. that patient was vaccinated on 3/31 with Jansen product after seeing news reports regarding adverse events 4/16/21 patient expected to be moved out of CCU to medical floor
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1229547-1	Came to ED on 4/15 with c/o anginal symptoms, found to be in rapid afib. EKG showed ST elevation in later precordial leads, went for emergent left heart catheterization. Went into V-fib arrest requiring defibrillation (x2) in addition to CPR in cath lab. Angio showed acute thrombotic occlusions of LM, LAD and RI, underwent mechanical thrombectomy of LM and LAD with balloon angio of RI (recent cardiac cath in March 2020 showed clearly patent stents). Placed on Impella bypass. Currently in CVICU care, intubated with Impella.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1233011-1	Janssen vaccine received 3/6/2021. Had a fall from sudden onset weakness 3/9/21 broke hip then ORIF and cardiac arrest. Now at skilled nursing facility

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1236583-1	PEA Cardiac Arrest tx with intubation, CPR, Epi prolonged mechanical ventilation, vasopressors, IVC filter, PEG, Trach. Now off of mechanical ventilation but still vented
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1236916-1	On 4/16 at around 10:24AM, patient presented to emergency department via EMS status post a witnessed cardiac arrest. After the witnessed cardiac arrest, EMS was called and reported that the patient was unresponsive. Per EMS, patient was immediately intubated and chest compressions started. EMS reports an initial cardiac rhythm of VFib and shocked patient once. Patient was given 3 epinephrine and brought into the ED. After prolonged CPR and resuscitation for more than hour and a half, the patient was made DNR/DNI and was pronounced dead at 11:45AM.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1247816-1	patient called EMS with pain crisis and noted that she had lost vision in both eyes. was transported to Emergency room by EMS and had cardiac arrest and died.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1248862-1	Patient flew from city to city through another city on Tuesday 3/16/21. He had a reaction on the flight where he coughed for 1.5 hrs and was hot in the airplane. He could not go to work and was required to get Covid tested on 3/18. Still coughing and having trouble sleeping (laying down). Rapid Covid test negative on 3/18. PCR test results negative on 3/21 from hospital. He continued to grow weak and cough from 3/16-3/21. At 3am on 3/22 he called and said that his feet were 2X their size and having difficulty breathing. Taken to hospital via ambulance. When transfered to ER bed, Dr said that he lost pulse. They intubated and got his pulse back. Died at 5:15am. Autopsy said cardiac arrest. Dr said that they could not maintain a heart beat. He asked me if the patient had a history of blood clots? No he did not ever has a blood clot that I know of. He had a chest xray post mortem showing fluid in his lungs from low circulation of blood.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1258614-1	Patient presented to ED for 2 syncopal episodes and went into cardiac arrest 5 minutes prior to ED arrival in ambulance. She received ACLS measures and alteplase was mixed and administered for pulmonary embolism concern.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1258621-1	Syncopal episode with spontaneous recovery. Second syncopal episode associated with 15 seconds of asystole on cardiac monitor.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1266405-1	Patient received J&J COVID vaccine on 4/10/2021. She underwent elective R total knee arthroplasty on 4/20/2021. On 4/21, patient developed chest pain and was found to have a STEMI (large embolus in the posterolateral branch of the right coronary artery). She underwent thrombectomy and angioplasty on 4/21 with no evidence of CAD elsewhere. She developed hypoxic respiratory failure evening of 4/21 and was found to have bilateral pulmonary embolus with saddle type emboli and distal emboli throughout both lungs. She underwent IR guided thrombectomy on4/22 and had a cardiac arrest intra-operatively. Given timing of onset and recent J&J COVID vaccination, the patient was treated with IVIG, steroids, and placed argatroban. She continued to have multiorgan failure requiring mechanical ventilation and hemodialysis. On 4/26, CT head was positive for small area of subarachnoid hemorrhage. Patient was transitioned to comfort care measures and palliatively extubated on 4/26.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1267883-1	Cardiac Arrest about an hour after being injected.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1270973-1	vaccine administered 4/8 at 1429 patient had a cardiac arrest on 4/8 at 2209 patient expired 4/10/21
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1273483-1	Medical team dispatched to the residence of the the name person on April 10, 2021 at 2327. Pt assessed by medic on scene and determine patient with obvious death. Pt found halfway on the couch and to be pulseless, apneic, and with rigor mortis. Unknown down time and when further assessed, patient death determine by EMS. pt had fixed and dilated pupils, non-responsive to painful stimuli, absent breath sounds, no heart sounds auscultated. Pt was also placed on the monitor and found to be in asystole in 2 contiguous leads. CPR with held and no resuscitative measures performed.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1281748-1	"""Janssen COVID-19 Vaccine EUA"" 3/18 twitching of foot...severe leg pain 7:45 PM 3/19 involved in a motor vehicle accident with cardiac arrest and a dissecting aortic aneurysm 12;45 PM"
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1281824-1	Pt. in cardiac arrest on 04/13/2021. Pt. was pronounced dead at Hospital on 04/13/2021.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1283082-1	HAD LITTLE WEAKNESS AND TIREDNESS SINCE NEXT DAY AFTER TAKING VACCINE ON 4/7/2021 ON 4TH DAY, MORNING, 8.00 AM, 4/11/2021, WHEN I CHECKED AFTER WAKING UP, PATIENT WAS NOTICED NOT RESPONDING, NOT BREATHING, NO HEART BEAT. 911 WAS CALLED AND ARRIVED AT 8.20 AM. THEY TRIED VARIOUS MEASURES FOR 1 HOUR, AND THEN THEY CONCLUDED THAT THE PATIENT IS NO MORE.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1288955-1	Exactly 11 days after receiving the J&J vaccine my husband developed leg pain in his right lower inner leg, he was taken to the hospital on 04/20/2021 which a ultrasound was completed but resulted no blood clots, no other labs or treatment was performed that day, the next day he developed severe diarrhea and flu like symptoms with continued leg pain and difficulty breathing, He was then rushed to the hospital by ambulance where he was suffering from very low BP 41/31 was the lowest, a line was placed and he was put on pressors to increase his BP. He was transferred to the hospital where he was diagnosed with a flesh eating bacteria in the right leg where the pain was at and Sepsis. He was taken to surgery to debride the right leg and was started on CVVHD because his new kidney was now failing, he eventually was started back on Hemodialysis and taken to surgery 2 more times where he cardiac arrested on the table in surgery and died. A private autopsy is being performed but the preliminary results shows he had multi-system organ failure, including his liver which was NEVER a problem in the past.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1298812-1	CARDIAC ARREST; HYPOTHERMIA; HER BG WAS LOW; DIARRHEA; NAUSEA; FELT SOMETHING WAS GOING THROUGH HER BODY; SLIGHT HEADACHE; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient's past medical history included bypass, and concurrent conditions included type 1 diabetes mellitus (T1DM), and heart disease. The patient received Covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, and batch number: 1805022 expiry: UNKNOWN) dose was not reported, 1 total dose administered on 17-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 17-MAR-2021 after receiving the vaccine, the patient felt something was going through her body for 45 minutes. She experienced nausea and a slight headache. On 18-MAR-2021, she felt fine. On 29-MAR-2021, she woke up middle on the night and felt he blood glucose (BG) was low (T1DM). Later she woke up again and experienced nausea and drank juice. She developed diarrhea and sever chest pain. The ambulance arrived, her body temperature was 93.7 degrees F, her BG was 54 mg/dL. She developed cardiac arrest and admitted to the hospital for 3 day. The action taken with Covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from cardiac arrest, hypothermia, diarrhea, nausea, and felt something was going through her body, and slight headache on 18-MAR-2021, and the outcome of her BG was low was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210503747-COVID-19 VACCINE AD26.COV2.S-CARDIAC ARREST, HYPOTHERMIA, HER BG WAS LOW. This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY, UNDERLYING DISEASE 20210503747-COVID-19 VACCINE AD26.COV2.S-DIARRHEA. 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). 20210503747-COVID-19 VACCINE AD26.COV2.S-NAUSEA. This event(s) is labeled per RSI and is therefore considered potentially related.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1306869-1	Brief HPI and Hospital Course: 67 year old male with unknown past medical history was brought in by EMS as post-cardiac arrest. Patient was found on unresponsive on sidewalk, possible collapse. ACLS started by EMS, approx 10-15 minutes. Initial rhythm was junctional PEA. Was given 2 epi and intubated by EMS and had ROSC, Initial ROSC rhythm was SVT which slowed to 90s on its own. On arrival to ED, left femoral central line placed. Tox screen was positive for cocaine and ETOH. Was placed on ACS protocol for possible NSTEMI. Tested positive for COVID19 on admission. Patient required pressor support on admission. Hypothermia protocol was initiated. Patient was rewarmed per protocol, normothermic as of 5/5. Brief Narrative of Events leading to Patient's Death: Patient remained normothermic with persistent septic shock, multi organ failure, ARDS secondary to COVID19. Multiple attempts to reach family members made by ICU team and palliative care team daily without answer. Patient made DNR by two-physician consent. Patient's BP low despite maximum levophed support.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1312649-1	On 5/12/2021 patient was complaining of generalized body aches, later in the morning when going to a pain management clinic, patient subsequently became nauseous and vomited several times during the course of the day. Reportedly had episode of dark emesis as well. Patient was then found by family around 10pm unresponsive, pale, w/ difficulty breathing, EMS was called, patient was found to be in cardiac arrest in asystole. Patient possibly had v-fib during transport and was defibrillated twice before becoming asystolic again. Patient was subsequently pronounced dead in the Emergency Department on 5/12/21 at 11:04pm.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1317417-1	Cardiac arrest at home Patient found down at home by son; son found patient drooling; initially thought she was sleeping but found her with her eyes open sitting in a recliner unresponsive at home. EMS arrived and CPR was initiated; patient was intubated and transferred to local hospital. CPR was performed approximately 10 minutes. Per family, patient was in normal state of health prior to incident
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1317920-1	Patient developed acute coronary syndrome, ST-elevation myocardial infarction, and ventricular fibrillation cardiac arrest on April 9, 2021. He had no prior history of coronary artery disease.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1319781-1	CARDIAC ARREST DURING ANESTHESIA FOR A SCHEDULED HEART SURGERY; ATRIAL FIBRILLATION; This spontaneous report received from a patient concerned a 70 year old White and Hispanic or Latino male. The patient's height, and weight were not reported. The patient's past medical history included general anesthesia. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805025, expiry: not reported) dose 1 total, administered on 06-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 2021, the patient experienced atrial fibrillation. On 02-APR-2021,the patient went to the hospital for ablation of atrial fibrillation and experienced cardiac arrest during anesthesia for a scheduled heart surgery. Patient heart was stopped suddenly but cardiologist were able to revive patient .Patient had tested for Catheterization of heart ,CAT scan and stress test for heart prior 2-3 weeks before heart surgery. All the test were normal .On 02-APR-2021,After an event ,Patient was hospitalized for 5 days. The surgery for heart was pending. On MAR-2021, Laboratory data included: CAT scan (NR: not provided) normal, Cardiac catheterization (NR: not provided) normal, and Stress test (NR: not provided) normal. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from cardiac arrest during anesthesia for a scheduled heart surgery on APR-2021, and the outcome of atrial fibrillation was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0. 20210512607-COVID-19 VACCINE AD26.COV2.S-Cardiac arrest, Atrial fibrillation. 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)
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1328056-1	Vaccine on 5/5/2021 on 5/11/2021 the patient went into cardiac arrest. The patient has a history of Acute respiratory failure with hypoxia, on O2
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1332359-1	CARDIAC ARREST (SEVER CHEST PAIN); CLOGGED VEIN; LEFT ARM GOES TO SLEEP; This spontaneous report received from a patient concerned a 62 year old white male. The patient's past medical history included blood clot, heart attack, lump in leg, and stents in main arteries, and concurrent conditions included heavy smoker, and heart issues. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1808025, expiry: UNKNOWN) dose was not reported, 1 total administered on 12-MAR-2021 to left arm as prophylactic vaccination. The patient was previously treated with clopidogrel bisulfate for blood clot. On an unspecified date in 2021, Laboratory data included: Echocardiogram (NR: not provided) unknown, and Lab test (full workup)(NR: not provided) unknown. On an unspecified date in Mar-2021, a week later vaccination, the patient experienced that left arm went to sleep which felt worse next day, on 25-APR-2021, patient experienced severe pain in chest, called ambulance and was taken to hospital. On same day patient was hospitalized. Patient went to full cardiac arrest twice same day. It was stated that vein that was 60 percent good earlier was 100 percent clogged (clogged vein) in one month after getting the vaccine. They tried to put stent in, clear vein out, and put piece of metal and expanded it, to make alley way for blood flow. Patient stated that patient would not take Plavix this time. According to patient, stent was reacting with Plavix, and decided to take something different. They did same job twice. It was stated that patient was discharged on 05-May-2021 from hospital. On 12-MAY-2021, patient went to consult the health care professional to make sure everything was okay. The patient gave lot number 1808025, then stated that, patient thinks it is 180, and then either 5 or 8, and next it was either D or 0, and then after the space it is 25. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the cardiac arrest (sever chest pain), left arm goes to sleep and clogged vein was not reported. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210523134-COVID-19 VACCINE AD26.COV2.S-CARDIAC ARREST (SEVERE CHEST PAIN), CLOGGED VEIN. This event(s) is considered not related. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY, UNDERLYING DISEASE
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1333853-1	LOC with cardiac arrest within 15 minutes of injection. CPR started and patient did recover on his own. EMS transported to ED.
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1336097-1	Vfib arrest
CARDIAC ARREST	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1347530-1	5 days after COVID-19 vaccine, patient had a sudden unexpected cardiac arrest and died at his home after long resuscitation attempts by EMS.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1350433-1	Presented 5/13 to Hospital. Presented to Hospital on 5/13 with one week of symptoms including cough, dyspnea, diarrhea. COVID-19 testing was positive on 5/8. Treatments prior to arrival included remdesivir and dexamethasone, started 5/13. She was also placed on pulse dose steroids 1000 mg/day methylprednisolone given her history of ground glass lung opacities in 2018. Progressed to high-flow nasal cannula, then BiPAP on 5/14, and was intubated on 5/17. Paralysis and proning initiated. Transferred to another hospital for possible VV ecmo candidacy. Patient with severe acute respiratory failure d/t covid who has failed treatment with the ventilator despite paralysis and proning. CTS asked to place patient on VV ECMO. 5/20/21 1135am initiated ECMO Patient is a 50yr old female with past medical history of hypertension, asthma, OSA and obesity BMI 41.5 who presented to hospital on 5/13 with progressive cough and shortness of breath for about a week. Of note, patient also has a history of respiratory failure presenting with ground glass opacities on CT scan in 2018 with unclear etiology despite bronchoscopy and serologic studies which resolved with high dose corticosteroids. Patient recently tested positive for COVID on 5/8 and received johnson and johnson vaccine in April. Patient was admitted on 5/13 and treated with decadron, remdesivir and tocilizumab. Course complicated by progressive respiratory failure requiring HFNC followed by Bipap and ultimately intubation on 5/17. Due to elevated d-dimer, lower extremity dopplers were obtained which were negative, however a heparin gtt was initiated. Course further complicated by cold left lower extremity; arterial duplex demonstrated distal popliteal artery thormbus extending into the peroneal, anterior tibial and dorsalis pedis arteries. therefore heparin was switched to argatroban and a HIT panel was sent. On 5/19 patient continued to decline despite paralytic and pronning. Patient transferred to ICU for further level of care and VV ECMO evaluation. On arrival patient was started on veletri; however due to continued respiratory decline a shock call was placed for VV ECMO and patient cannulated for VV @ 1200. Cannulation was difficult and patient was felt to have an IVC thrombus as clot was seen going into the ECMO circuit during cannulation. Post cannulation she developed worsening septic shock and DIC. She received 2uprbc, 1unit cryo, 1 platelet, 2 FFP, 5 liters crystalloid and 1L albumin. Blood cultures positive for GPC in clusters. Escalating vasopressors (Epi/NE/vaso) and ongoing hypoxia family opted to change code status to DNR. Patient then continue to have worsening hemodynamic instability and went into PEA and ultimately asystole. She was pronounced deceased at 1815. Family was en route already due to her instability thus will be notified of her passing once they arrive. Dr. was notified of patients death.
CARDIAC ARREST	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1361500-1	Patient received vaccine on Thursday evening. He began to feel very tired Monday and Tuesday. Wednesday he woke up in alot of abdominal pain. We went to healthcare facility at 4:30pm. He was diagnosed with Acute Pancreatitis. He was sent home at 10:30pm We went back to ED at 1:30 am Thursday. He was admitted during the day. In the early morning of Friday May 28th his blood pressure tanked and he became unresponsive. His heart stopped and they did compressions for 8-9 minutes. He was put into ICU. By 3am we were told he may not survive. By 5 am we were told his organs were shutting down. He passed around 7:45am. In researching the vaccine we discovered the SARS virus used in vaccine can attack the pancreas. We believe he died as a result of the reaction to the vaccine and his body and organs could not fight.
CARDIAC ARREST	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1368543-1	He was admitted to Hospital unresponsive as Ventricular Fibrillation cardiac arrest. Found to be COVID-19 positive upon testing on 5/31/2021. No prior positive tests on record.
CARDIAC ARREST	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1372120-1	Pt called 911 for shortness of breath The following is the paramedic narrative patient found at home, sitting on floor. alert, speaking. Patient with sob, saying she can not breath , states it came on suddenly about a half hour ago and pt has not been feeling ill prior to this. No trauma, no pains or other complaints. pt went unconscious then into pea cardiac arrest, witnessed. Laid pt down and check for heart beat and breathing, became pulseless and apneic Initial treatment CPR, IV, BVM. Family states no medical history other than anemia. no drug use, no respiratory or cardiac issues. Pt was given J and J covid 19 vaccine recently. Pt also just returned from a trip and noted to not have gone diving. 2 epinephrine IV given on scene with no change to heart rhythm. Pt loaded into the ambulance and cpr continued while transporting. pt with copious amounts of vomit, suction enroute to ed. Pt w/o shockable rhythm throughout transport. Continue cpr and bvm via king airway , cap at 9. unable to get capnography higher. no change in heart rhythm. while enroute to er. At ED pt did get pulses back however it was reported that pt loss pulses and was pronounced
CARDIAC ARREST	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1375369-1	Cardiac Arrest, DVT, AKA, Stroke
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	0917784-1	Pt had vaccination at city site. Waitied 15 min after shot and was cleared to go. Reported to wife that he was very thristy, so they stopped at a convenience store on the way home. While there, he felt worse and asked to go to the Emergency room. They chose Methodist to enter. Pt went to triage and while at triage, had syncopal episode, then full arrest. After short course of CPR and defib, he had ROSC. Was taken to cath lab for intervention (stents) and is now in ICU.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	0918487-1	Two days post vaccine patient went into cardiac arrest and passed away.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0927260-1	No adverse effects noted after vaccination. Patient with cardiac history was found unresponsive at 16:45 on 1/6/21. Abnormal breathing patterns, eyes partially closed SPO2 was 41%, pulseless with no cardiac sounds upon auscultation. CPR and pulse was regained and patient was breathing. Patient sent to Hospital ER were she remained in an unstable condition had multiple cardiac arrest and severe bradycardia and in the end the hospital was unable to bring her back.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0940866-1	"Patient was found ""acting abnormal"" on 1/9/2021 at 1215. VS HR 20-30's. EMS activated. EMS arrived and patient was found pulseless in PEA/ asystole, CPR and ACLS initiated and then transported to the MC. Unsuccessful resuscitation and expired on 1/09/2021 at 1348. Clinical impression Cardiopulmonary arrest."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0950057-1	Patient suffered a cardiac arrest and was unable to give details about her symptoms. Per husband, patient did not complain of any symptoms after vaccine administration. She began seizing without warning which was complicated by cardiac arrest of uncertain etiology
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0953129-1	Patient presented to our Emergency Department via EMS in full code status; asystole. Patient expired. Per nursing, husband stated patient awoke this AM and reported pain in back between shoulders and in bilateral shoulders. Patient then went unresponsive and husband called EMS.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0953882-1	ventricular fibrillation cardiac arrest. Witnessed collapse. Bystander CPR performed. Paramedics performed ACLS with defibrillation x 6 before ROSC
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0956994-1	The patient had severe shortness of breath resulting in cardiac arrest on the 5th day after the vaccine. Shortness of breath started 12 hours after injection. On the 5th day, the patient was discovered to also have a rash throughout his body, but it is unknown when this rash started.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0957799-1	Presented to Urgent Care for weakness and confusion, transferred to ED, patient had a cardiac arrest and was unable to be resuscitated
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0960580-1	Ventricular tachycardia resulting in cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0963167-1	Narrative: Symptoms: & Cardiac Arrest; Death Treatment: EPINEPHRINE
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0965564-1	Cardiac arrest Narrative:
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0968195-1	My dad got the Moderna Vaccine on Tuesday, January 12, 2021 in his left arm at the Mall injection site for the Health Department. He was told that the side effects could mean his arm hurting, tiredness, headache, and even a low grade fever. Additionally, the site informed us both (as I was with him to get the injection) that this was all normal and not to seek medical attention unless these symptoms last longer than 72 hours. That evening, my dad was experiencing all of those symptoms, and went to bed at 7pm. A little after 10am on Wednesday, January 13, 2021, when he awoke, my dad went to the bathroom vomiting. This was where he collapsed and went into cardiac arrest. Fire/Rescue was dispatched about 10:30am after my mom started CPR. County Fire Rescue EMTs and Paramedics continued CPR and other attempts at reviving him all the way to Hospital Emergency Department. He was pronounced dead at 12:14pm on Wednesday, January 13, 2021. We have no doubt my dad, following the instructions of the injection facility, thought he was just experiencing the side effects of the vaccine. He had no chance. Had this injection been done in the RIGHT arm, perhaps he could have recognized the arm numbness being that of an impending heart attack. We really miss Dad. He served this country with distinction for over 50 years, and we believe his country failed him.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0968341-1	24 hours after presentation patient had developed high fevers 104. He presented to the emergency department with symptoms of severe sepsis and respiratory distress. He was intubated, suffered cardiac arrest with return of spontaneous circulation, requiring vasopressors.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0971176-1	"Pt. woke up the next morning after vaccination and ""didn't feel well"", described by wife as fatigue, no energy. At approximately 2 PM, he vomited. His wife checked on him at 4:20 PM and he wasn't breathing sitting in his chair. EMS squad was called but when they arrived he was asystole and mottling present. Did not start CPR since he was already gone too long. Pronounced by coroner on scene."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0975023-1	CARDIAC ARREST THAT LEAD TO DEATH - IT WAS REPORTED BY EMS THAT THE PT HAD RECEIVED THE VACCINE ABOUT 30 MINS PRIOR. HE ARRIVED HOME, BECAME SHORT OF BREATH & COLLAPSED. 911 WAS CALLED AND HE WAS TRANSPORTED VIA EMS TO HOSPITAL (16:17) WHERE HE LATER EXPIRED (23:01).
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0979990-1	sudden cardiac arrest

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0981912-1	Patient presented to the Emergency Department complaining of chest pain, pale, cool diaphoretic, and hypotensive. The patient was discovered to have a large saddle pulmonary embolism, went into cardiac arrest and expired. Of note, the patient received her second Moderna COVID vaccine on 1/23, which would place her first one approximately 12/25 if she received them at the appropriate interval. This information is from the patient's daughter and the ED record, the information is not available in CAIR. Per the daughter, the patient started feeling ill on 1/21, improved on 1/25, and then acutely worsened on 1/27, resulting in the ED visit.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0981938-1	UNKNOWN/ASYTOLE Narrative: Please refer to section 6. 68y/o male with h/o severe peripheral vascular disease with previous left AKA 2/3/20, s/p bilateral bypasses in the past. Pt recently underwent right AKA on 1/12/21. Per Hospital remote data 1/10/21 pt c/o shortness of breath, CXR demonstrated right lower lobe opacity & left basilar infiltrate. Pt s/p >10 days emperic IV abx. Moderna vaccine 0.5ml IM was administered via left deltoid on 1/22/21 around 16:21. On 1/23/21@05:14 code blue was called as pt found to be unresponsive, breathless and pulseless, facial cyanosis noted, CPR started immediately.Pt found to be in asystole. ACLS guideline followed but no return of spontaneous circulation, At 05:32 pt remained pulseless and breathless and was pronounced. Autopsy currently pending.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0985312-1	Experienced a witness arrest at home on 1/27/21 while watching TV. Wife performed CPR prior to EMS arrival. Pt intubated using King Airway due to edema and bleeding. Admitted to ICU on Vent
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0988245-1	93 y/o with complex medical history (severe COPD on oxygen, diastolic CHF, CKD3, myelofibrosis, marginal zone lymphoma of spleen with recent progression and no active treatment, chronic anemia, afib, CAD, pulmonary artery hypertension, h/o bladder cancer, hypertension, hypothyroidism, h/o bilateral PE, sick sinus syndrome s/p pacemaker, h/o Hodgkin's disease). Has had multiple hospitalizations over the last 3 months for dyspnea, most recently in 12/2020. Enrolled in palliative care. Has had multiple transfusions (most recently 01/13/21) for his chronic anemia due to myelofibrosis, and recently started on darbepoetin. No documented history of anaphylaxis to medications or prior vaccinations. He received COVID19 vaccine (Moderna) on 01/16/21. He passed away suddenly at home on 01/17/21. Symptoms: & cardiac arrest Treatment:
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0990356-1	Passed out from cardiac arrest (her head feeling really full and really hot, and felt as if she was going to pass out, then she passed out).; Passed out; fractured her face; Head really hot; Head full; Diarrhea; heart rate dropped; platelets dropped; A spontaneous report was received from a consumer concerning a 75-years-old, female patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced head feeling really full and really hot, passed out from cardiac arrest, heart rate dropped, platelets dropped, fractured her face and diarrhea. The patient's medical history was not provided. Concomitant medication included atenolol. On 13 Jan 2021, prior to the onset of the events, the patient received her first of two planned doses of mRNA-1273 (Lot number: Unknown) in her arm for prophylaxis of COVID-19 infection. On 15 Jan 2021, the patient complained her head was feeling full and hot. Felt as she was going to pass out, then she passed out from cardiac arrest and fractured her face. After passing out she got diarrhea. On 15 Jan 2021, the patient was hospitalized. The patient's heart rate decreased to 22 beats/minute three times and to 15 beats/minutes twice, and her platelet count dropped. The second dose of mRNA-1273 was discontinued in response to the events. The outcome for the events, head feeling really full and really hot, passed out from cardiac arrest, heart rate dropped, platelets dropped, fractured her face and diarrhea, and diarrhea, was unknown.; Reporter's Comments: This spontaneous report concerning a 75-year-old, female subject who experienced unexpected events of passed out from cardiac arrest and fractured her face, head feeling really full and really hot, and felt as if she was going to pass out, then she passed out, and got diarrhea, heart rate dropped down to 22, platelets also dropped, after the first dose of the Vaccine (mRNA-1273) (Lot number: unknown, expiration date: unknown). The events developed 2 days after vaccine administration. The patient was hospitalized. Treatment and outcome are unknown.' Based on the information which includes a temporal association and the absence of any other etiology, a causal association cannot be excluded. However, there is inadequate information in that the patient's medical history is lacking and event is also confounded by patient's advanced age.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0994015-1	Cardiac arrest of unknown etiology. Sudden collapse with PEA requiring CPR and intubation. Now has severe anoxic encephalopathy and expect death.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0995146-1	Narrative: Patient experienced cardiac arrest with PEA and a witnessed collapse upon arrival to the emergency department on 1/24/21. Patient received his first dose of the COVID vaccine on 01/15/2021and felt poorly thereafter. He was describing shortness of breath to his wife and requiring 5L of O2 at home to maintain saturations in 80s, while he usually was on 3L to maintain saturations in the mid 90s. He had been oriented but more fatigued than normal and described bilateral shoulder pain (which was not new for him) as well as indigestion. Took Tylenol with some relief. He had decreased PO intake and less appetite. The patient's wife encouraged him to come to the hospital daily for a week prior to admission, but the patient did not want to because he felt his side effects were secondary to the vaccine. Symptoms:RespDepression, Palpitations, Syncope & cardiac arrest Treatment: EPINEPHRINE 1 MG ONCE 3 rounds given ,CALCIUM CHLORIDE 1000 MG ONCE

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0995224-1	Cardiac arrest; Pain on her upper right chest; Lot of pain in lower abdomen; Pain underneath arm; Thought it was muscle aches; A spontaneous report was received from a nurse concerning a 92-year-old, female patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and developed upper right chest pain and underneath the arm, severe abdominal pain, muscle aches and cardiac arrest. The patient's medical history was not provided Concomitant product use was not provided by the reporter. On 14 Jan 2021, approximately five days prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 intramuscularly in the arm for prophylaxis of COVID-19 infection. On 19 Jan 2021, the patient developed upper right chest pain and pain underneath the arm. They thought it was muscle aches. Sometime later, the patient developed a lot of pain in the lower abdomen. The called emergency services and an ambulance arrived but the patient then suffered cardiac arrest. Treatment for the event included tramadol. Action taken with mRNA-1273 in response to the events was not applicable due to the patient was died. The patient died on 19 Jan 2021. The cause of death was reported as cardiac arrest. Autopsy were not provided.; Reporter's Comments: Company Comment: This case concerns a 92-year-old female patient who experienced unexpected serious events of cardiac arrest, upper right chest pain and underneath the arm, severe abdominal pain, muscle aches. The event occurred 5 days after the administration of the first dose of the vaccine mRNA-1273 vaccine (Lot #: unknown, expiration date-unknown). Although a temporal association exist between the events and the administration of the vaccine, in the absence of critical details such as the patient's medical history, any diagnostic test or autopsy result, adequate evaluation and assessment cannot be established. Main field defaults to æpossibly related' for all events.; Reported Cause(s) of Death: Cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0997145-1	"85 year old patient with multiple medical problems. PEA/asystolic arrest 5 days after receiving vaccine, hospitalized. Patient died on 2/1/2021. It is not clear whether the vaccine administration led to the patient's death or not. ""...healthcare professionals are encouraged to report any clinically significant or unexpected events (even if not certain the vaccine caused the event)"""
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1002813-1	Patient was seen at 0710 he was sleeping but at normal cognitive behavior Patient was again assessed at 0720 where he was noted to be unresponsive, BP 180/100s, HR 230s, he was a DNR therefore not CPR was administered. EMS arrived at facility patient was noted to be in full cardiac and respiratory arrest. Time of death 0735
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1002931-1	CARDIAC ARREST, DEATH Narrative: The patient presents to the emergency department in cardiopulmonary arrest. CPR was continued upon arrival. The Combi tube was removed and an endotracheal tube was placed without complications. ROSC was obtained multiple times but the patient continued to go into PEA. The patient was seen in the emergency department by both critical care and Cardiology. EKG shows ST elevations, but the patient was unstable to go to catheterization. The patient had 1 episode of asystole. Despite best efforts and multiple attempts we were unable to resuscitate the patient. Time of death 1253 on 1/24/21.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1003454-1	Pt presented to the emergency department with complaints of myalgias after receiving the vaccine. She noted that she had vomiting the night prior. She denied any chest pain, shortness of breath, abdominal pain, headaches, fever at that time. Pt was left in room by herself for approximately 5 minutes and was found unresponsive. Code Blue was called. Pt was found in asystole. ACLS was initiated. Return of circulation occurred after 7 minutes of resuscitation. Pt is currently intubated and sedated.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1011487-1	Received Covid vaccine in am. Last seen by family at 17:30 pm and observed to be well. About an hour later he collapsed, unresponsive. A 911 call was initiated at 18:29. Paramedics arrived to find the patient in cardiac arrest. CPR/ACLS was initiated, but resuscitation was unsuccessful. Pt. was transported to MC where he was pronounced dead at 19:32. There was no sing of an injection site reaction, nor of allergic reaction..
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1011774-1	Cardiac arrest resulting in death on the third day post vaccine administration, 0224. Reported syncopal event post toileting. Rescue measures attempted but not successful. Time of death 0358, 02/06/2021.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1012047-1	Sudden death 2/7/21 @ 0309 Started acute encephalopathy & required intubation Soon after intubation went into cardiac arrest Likely severe acidosis.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1014740-1	Patient found down at home with agonal respirations and per EMS asystole, received 2 rounds of epi at her house with return of spontaneous pulses, lost pulse again in route to ER and another round of epi was given, CPR in progress when arrived at hospital. Prior to this patient's husband states he heard her fall in the bathroom but did not immediately check on her as he states that this has happened before. He checked on her 10 min later and that's when he found her unconscious. Daughter called 911 and she began CPR. No previous complaints of headache, chest pain, back pain, fever or chills. Husband states patient was drinking that evening which is not unusual for her. Patient died at hospital.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1014865-1	He had not been feeling well after his second Covid vaccination (on 01/23/2021) and was found unresponsive in his room at the nursing home (late evening on 02/02/2021). He was taken to a hospital where they did tests and he had pneumonia and kidney failure, but he was being transferred to a larger hospital when he arrested and died (02/03/2021)

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1015687-1	Almost immediate headache per wife. Developed fever around 4 pm. Headache all day. Took Tylenol at 4 and 10 pm. Gradual development of SOB and cough. Temp of 101.4 at 10 pm. pulse ox 92% at 10 pm. Went to sleep, woke up at 0050 with increasing SOB. Pulse ox 82%. Used albuterol inhaler, wife called emergency services at 0113. EMS arrived around 0130 to patient's home. pulse ox 86%, coughing, sob, hard time breathing. Walked to stretcher. Became unresponsive. Found to have no pulse, stopped breathing. CPR initiated at about 0140. King airway placed in field, I/O in left tibia. Patient from PEA to asystole, to vfib, to asystole. ACLS followed. Unrecoverable asystole and patient time of death 0213.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1017743-1	69 YO M CARDIAC ARREST. PT HAD JUST RECEIVED HIS COVID VACCINATION AND WAS PULLING INTO THE OBSERVATION AREA WHEN HE LOST CONTROL OF HIS TRUCK, BECAME UNCONSCIOUS AND CRASHED INTO A LIGHT POLE. THIS OCCURRED IN FRONT OF THE STANDBY MEDIC UNIT AND OTHER FIRE DEPT STAFF. PT WAS IMMEDIATELY REMOVED FROM THE VEHICLE AND THE PATIENT WAS DETERMINED TO BE IN CARDIAC ARREST. CPR WAS INITIATED WITHIN SECONDS OF BEING REMOVED FROM THE VEHICLE. EMS WAS IMMEDIATELY AVAILABLE AND THE PATIENT WAS DEFIBRILLATED FOR WHAT APPEARED TO BE A SINE WAVE VT/COURSE VF WITHIN ONE MINUTE OF HIS ARREST. PT WAS PLACED ONTO A BACK BOARD AND MOVED TO AMBULANCE IN A PULSED VT AND WAS AWAKE AND RESPONSIVE. ONCE IN THE BACK THE PT WAS WIRED INTO THE FOUR LEAD AND WAS SYNCHRONIZED CARDIOVERTED AT 100 J WITH A CONVERSION TO A PULSED JUNCTIONAL RHYTHM WITH A RATE OF ABOUT 58. THIS RHYTHM CHANGED INTO A SINUS TACH AT ABOUT 100 BPM. IV ACCESS WAS OBTAINED AND 100 MG LIDO BOLUS WAS ADMINISTERED WITH A 2:1 LIDO DRIP HUNG. AMBULANCE BEGAN TRANSPORT TO ER. OVER NEXT SEVERAL MINUTES PT BEGAN HAVING VENTRICULAR ECTOPY IN THE FORM OF PVCs COUPLETS AND EVENTUALLY 4-5 BEAT RUNS OF VTACH WHILE ON PHONE WITH ER MD. DISCUSSED GIVING ANOTHER BOLUS OF LIDO AND INCREASING DRIP TO 3:1 DUE TO INCREASING VENTRICULAR ECTOPY. THE ER PHYSICIAN CONCURRED AND ANOTHER 75 MG LIDO BOLUS WAS GIVEN FOLLOWED BY INCREASING THE DRIP RATE TO 3MG/MINUTE FOLLOWING THE SECOND LIDO DOSE AND DRIP ADJUSTMENT THE PATIENT'S VENTRICULAR ECTOPY RESOLVED AND THE PATIENT REMAINED IN A SINUS RHYTHM / SLOW SINUS TACH THROUGHOUT TRANSPORT AND TRANSFER OF CARE TO THE ER. A 12 LEAD WAS OBTAINED JUST PRIOR TO ARRIVAL IN ED THAT SHOWED SINUS TACH WITHOUT VENTRICULAR ECTOPY BUT WHAT APPEARS TO BE PACs, FLIPPED T WAVES IN aVL, AND ST DEPRESSION IN V4, V5, V6. PT WAS MOVED FROM AMBULANCE TO ER AND CARE TRANSFERRED TO ER MD AND STAFF. HEENT - WHEN PT WAS FIRST PULLED FROM VEHICLE HE WAS UNCONSCIOUS, NOT BREATHING, AND PULSELESS, PT WAS BRIGHT RED BUT DID NOT APPEAR TO HAVE HIVES ON FACE/NECK OR ANGIOEDEMA. CX - PT WAS BRIGHT RED FROM THE NIPPLE LINE UP, NO OBVIOUS HIVES, EKG QUICK COMBO PADS ATTACHED AND PT'S INITIAL RHYTHM WAS WHAT APPEARED TO BE A TORSADES LOOKING VT OR VF WITH THE CHARACTERISTIC SINE WAVE PATTERN. EXTREM - PT WAS PWD, WITH PULSED VT HAD RADIAL PULSES, NO PURPOSEFUL MOVEMENT AT THAT TIME. DUE TO THE PATIENT RECEIVING THE COVID VACCINE MINUTES BEFORE THE PT'S ARREST AND THE BRIGHT RED/FLUSHED APPEARANCE FROM THE NIPPLE LINE UP AN ALLERGIC REATION/ANAPHYLAXIS (ALTHOUGH UNLIKELY) WAS CONSIDERED BUT AS THE PATIENT DID NOT HAVE ADDITIONAL SIGNS OR SYMPTOMS IT WAS DECIDED OBSERVE PT FOR ADDITIONAL OR WORSENING SIGNS AND WITHOLD ANY TREATMENT FOR SAME UNTIL/UNLESS ADDITIONAL S/S PRESENTED. THIS WAS LATER DISCUSSED WITH ER MD AND HE CONCURRED. R/O SUDDEN CARDIAC ARREST WITH ROSC EXAM, CPR, DEFIB, MOVED TO MEDIC UNIT, OXYGEN 15 LPM NRB, SYNCH CARDIOVERSION, VS, IV X3, LIDO BOLUS AND 2:1 DRIP, TX SPH ER, BASE CONTACT WITH ER PHYSICIAN, 2ND LIDO BOLUS AND DRIP INCREASED TO 3:1, 12 LEAD, TRANS CARE TO ER MD AND STAFF
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1018228-1	"At 3pm resident was taken by EMS to local hospital. She had complained of respiratory distress (hx of COPD). Property manager reported that paramedic said she was ""in cardiac arrest"". We do not have more information at this time."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1019669-1	the following morning the patient became unresponsive while taking a shower, became asystolic and died despite about an hour of ACLS and 8 rounds of epi
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1021221-1	cardiac arrest. Heart stopped, I fell to the ground, and was administered CPR by Police. I was admitted to hospital unresponsive and induced in a coma for two days. MRI results indicated I had a virus in my heart which caused Myocarditis. On 1/25/2021 i Had a cadiac catharization that indicated no blockages, or scar tissue. A defibrillator was surgically implanted in my chest on 1/27/21. Admitted to hospital 1/20/2021. Released 1/28/2021.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1022552-1	Patient died of cardiac arrest on 01/21/2021

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1024420-1	Patient had the first Moderna Covid vaccine on Thursday 1/21/2021. She had a bit of sore arm on that day and the day after. On Saturday 1/23/2021, she had a fever of 100.5 F (11AM), nausea, light headache and chills. The temperature went down after she took ibuprofen. Patient's husband enrolled her to V-Safe to report all the adverse effects she experienced. On Sunday 1/24/2021, her temperature was 98.3F. She still had nausea and no appetite. She and her husband watched a football game in their bedroom upstairs. Husband noticed that his wife was pacing around the room many times. At 7Pm, Husband went downstairs for dinner but she refused to come down to eat. He went upstairs around 8pm, TV was still on. He turned off TV and went down stairs again thinking his wife felt as sleep while watching TV. He went back upstairs for bed around 10:30 PM. Husband said his wife had a deviated septum so she would snore very loudly when asleep. He didn?t hear her snoring so he went to check on her and found her not responsive. Husband called emergency services. Paramedic came at 10:45 and said patient was passed. Husband sent many texts to V-safe after that to report the incident. No response was received from V-safe. Patient?s doctor told her husband that she died due to cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1026443-1	Received first 1/15/2021 with no adverse reaction. Received 2nd dose 2/9 @ 0846 with no adverse reaction or report of feeling ill. Traveled to store and arrived approx. 2 hours after receiving vaccine. Daughter stated patient felt well and had to go to the restroom to have BM. Collapsed in bathroom. Transported by ambulance to Hospital @ 1439 in cardiac arrest. Was in PEA and went in v fib back to PEA. Resuscitation efforts initiated and patient expired with time noted at hospital records at 15:11.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1026752-1	Developed vomiting, seizure and cardiac arrest, V Fib
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1030787-1	Pt admitted from home with intermittent nausea, dry heaving, and central chest pressure which self resolve in 2 minutes since 2/6/21. Called 911 on 2/12/21 due to sustained episode that did not resolve. EMS treated with aspirin and nitroglycerin prior to arrival to ED. In ED patient became unresponsive and went into full cardiac arrest -CPR and ACLS care initiated. STEMI with AV conduction block. 2nd degree a-v block type II - significant bradycardia - temoprary pacemaker placed - Vfib -PEA. Time of death 0955 on 2/12/21 Patient recieved first dose of Moderna Covid vaccine on 2/4/21
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1033155-1	Vaccine given in clinic per protocol - patient monitored for 15 minutes, no adverse reactions noted at the time. Patient stated he felt fine following 15 minute monitoring time. Patient left facility- it was later reported that pt had a fall at home. Upon review of pt's medical record - Pt's wife had to initiate CPR and call EMS for transportation and life saving measures enroute to the Emergency Room. Pt was intubated as pt was in asystole upon arrival to the ER, ACLS was continued, pt was noted to have a traumatic brain injury from his fall at home, and pt was pronounced dead at 1620.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1033466-1	70 yo man with multiple severe medical comorbidities received his first dose of Moderna COVID-19 vaccination without incident. 8.5 hours later, he was noted by his family to be in his usual state of health. 9.5 hours after the vaccination, he was found down by his family in cardiac arrest. Resuscitation attempts were not successful, and the patient died.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1036047-1	Short version The patient has long-standing health issues. The patient received the first dose of Moderna COVID-19 vaccine on 1/16/2021 (unknown location). The patient suffered an event in his home on 1/24/2021. CPR and treatment was begun and he was transported to the ED. He was pronounced dead in the ED at 0846. Long version 70-year-old male with past medical history of CAD with pacemaker, A. fib, COPD, hypertension/hyperlipidemia presenting in cardiac arrest. 911 call at 0724. Per EMS, patient was witnessed by family to have seizure-like activity and then collapsed and became unresponsive. Patient was noted by family to be pulseless and CPR was started right away. Patient received two doses of epi by police were on scene first (AED defibrillation x2) and six doses of epi (plus 6 more AED shocks) by EMS when they arrived. Patient had CPR performed for 45 minutes prior to arriving at the hospital. On route, patient had episodes of paced rhythm and V. fib. Patient received one amp of bicarb and one amp of calcium en route. Patient also received 300 mg of amiodarone en route. Arrived in ED at 0810 Patient received ongoing compressions, shocks and additional medications (epinephrine x6, lidocaine IV, sodium bicarbonate) until time of death called at 0846 in the ED.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1036418-1	ER visit 1/25/21 patient walked into a prompt care and collapsed, witnessed and pulseless CPR with ROSC after 6-7mins, no shock no meds. Awake and speaking upon arrival to ER. 2 plus pitting edema ble ER diagnosis Anasarca, cardiac arrest, hypotension, elevated troponin I levels, Acute kidney injury and syncope. ER notes reveal a syncopal episode in the shower prior to collapse at prompt care. Central line placed and plan to ship to another facility, patient continued to decline despite dopamine and dobutamine expired in ER prior to transfer.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1036585-1	"Patient called EMS approximately 1pm on 2/15 with complaints of generalized weakness. Upon arrival EMS found her to be diaphoretic and she had a witnessed syncopal episode with question of v-fib and seizures. She became unresponsive and had no pulse. CPR was begun and she was transported to ED. She remained asystole throughout. CPR was initially continued in the ED for approximately 30 minutes and then stopped with Time of Death noted at 13:27. ED notes noted ""suspect given history that patient experienced massive MI, PE or ruptured AAA"". Death certificate notes indicate ""signficant conditions contributing to death after cardiac arrest; ASCVD""."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1038489-1	The patient experienced a cardiac arrest 2 days after receiving the second dose of the Covid-19 vaccine. He later died on 2-17-2021 with complications including respiratory arrest and acute kidney failure.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1038527-1	Per EMS/Hospital report patient had difficulty breathing and cardiac arrest with prolonged CPR (greater than 45 mins in the ER) who was resuscitated. Family subsequently arrived including son and daughter and all family members were in the ER room are in agreement that patient would not want further aggressive cares given her extremely poor prognosis in light of chronic debilitation with numerous medical issues and now a very long period of CPR. Hospital Course After updating family they stated patient would not want further aggressive cares given her grim prognosis and chronic severe and debilitating medical issues. She continued to have myoclonic jerking. She was extubated to comfort cares in the ER and did not pass immediately therefore brought to a room. She received comfort cares and passed away at 0450 with family present.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1038635-1	The patient fell the day after receiving the Moderna COVID-19 vaccine. She broke her hip in this fall. During surgery to correct the broken hip, she went in to sudden and unexpected cardiac arrest. The anesthetist did not notice any ST changes or A fib; dysrhythmia was very unexpected. The patient had a DNR. She died at 13:00 on 02/07/2021. Causes of death are listed as 1. Cardiac Arrest 2. Recent hip fracture with hip placement 3. History of Breast Cancer 4. Hypothyroid and 5. Dementia
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1039090-1	"The patient came to the Emergency Room at approx 3:30 am on 02/03/2021 with pain in right arm (same arm the COVID vaccine had been administered in approx 12 hours earlier) and feeling generally unwell. Patient was concerned about possibility of gout flare or that something was wrong with her arm. Elevated blood pressure was noted; this was attributed to anxiety. She was evaluated, given 500 mg Tylenol, and discharged since the pain was decreasing and blood pressure was stabilized. Patient instructed to follow-up with physician. The next day, on 02/04/2021, the patient arrived at the Emergency Room by ambulance; cardiac arrest was the chief complaint. The patient's daughter stated the patient had been ""feeling generally poor and then suddenly collapsed."" Daughter described ""gurgling respirations"" and being unresponsive. 911 was called, police arrived within 5 minutes and initiated CPR. Epinephrine, atropine, lidocaine and bicarb administered after arrival to Emergency Room. Shockable rhythm never demonstrated. Patient never recovered spontaneous respiration or movement. The death was called at 23:04. Coronary artery disease with cardiac arrest is the cause from the ER records; the coroner is putting COVID-19 vaccination in Part 1 of the death certificate."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1040170-1	Received vaccine on 2/6/2021. was a bit off all week per caregivers - low grade temp and reporting pain which they treated with Tylenol. She was pretty much herself on morning of 2/13/2021 - got up, had shower. caregivers noted her extremities were cool and face was red. temp was 97.4. She was placed in wheelchair with book in the living room. caregivers noted she was not turning pages of the book as she usually would. She was tracking, so they don't think she had a seizure. Caregiver moved her back to bed with blanket and noted that her lips were blue and at that point called 911. She was found with agonal breathing, CPR started, intubated by EMS, taken to the ER and diagnosed with cardiac arrest upon arrival. CPR was continued until family could be reached and decision was made to stop resuscitation.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1040574-1	Patient collapsed and could not be revived. There was no prior warning. She was otherwise in good condition for her age. The death was listed as probable cardiac arrest but no autopsy was performed. Since it occurred so close to the vaccine shot I thought someone may want to know.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1040877-1	unknown if related to vaccine. patient received 2nd vaccine at 0830, observed 15 minutes, discharged, arrested at 0915 upon entering her home. vaccine was administered by DOH at their community location. patient was pronounced lifeless in the ED.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1041832-1	Patient was found unconscious without a pulse. Patient remained in asystole without pulse or respirations despite CPR.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1047278-1	Initially, sore arm and some upper trunk muscle soreness on the day after vaccine. 3 days later, admitted to the hospital after witnessed fall by husband - cardiac arrest. Seizures seen today. Unsure if directly related to the vaccine, as there are several days between vaccination and the arrest, but no new medications or issues since vaccination.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1048786-1	"Was given vaccine around 1:30Pm on 2-11-2021. He and his wife waited in the building for 15 minutes and then left. he denied complaint. (He was waiting to have both Covid shots before he went to cardiologist Re: CAD.) He had an alarm going off in his house, was going to basement to check it out. Police officer heard alarm, came into house, & heard a thud when Doc fell. He was in PEA (Pulseless Electrical Activity) when brought into ER. Given 5 ""rounds of Epinephrine with no response."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1049045-1	I got the vaccine on the 8th and then about at 8 at night on the tenth, and my throat started to close, and I couldn't breathe. I was sent to the hospital where I was intubated. I went into anaphylactic shock and cardiac arrest and then respitory failure.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1049389-1	Patient passed away Saturday at 14:04pm. Patient's wife reports his death was sudden, he passed away sitting in his chair his heart just stopped she said. They tried to perform CPR, 911 was called and paramedics arrived at the scene and he was given medication but never had any return of vital signs and so his death was called at the scene. Wife reports he was not ill, did not have any symptoms prior to the event. They are not going to be doing a autopsy. She wanted us to know based on timing that there may be some possible correlation with his COVID19 vaccine. He obtained the vaccine on 02/09/2021 - wife reports he had no symptoms, not even arm soreness after the vaccine. Had no fever, shortness of breath. Did not complain of chest pain. We can update chart to reflect the patient is deceased and lets make a card for the family.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1050281-1	Per family, patient has been feeling sick since he was vaccinated, patient went to ER on 02/15/2021, and after few hours at ER patient passed away.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1052106-1	While at counseling appointment on February 17 patient had witnessed sudden cardiac arrest and was not able to be resuscitated. She was pronounced dead at 12:09. At the time of death her glucose was about 500.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1054080-1	cardiac arrest, death: 2/21/21
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1054457-1	Pt had normal afternoon after vaccine without complications, went to bed. The patient passed away in the middle of the night. ER report indicates cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1055153-1	Pt received COVID injection at doctors office. Approximately 1 hour later while sitting in recliner, wife noticed patient pale and unarousable. Paramedics were called and found patient with agonal respirations in asystole. Pt was intubated, received epinephrine, amiodarone and atropine per ALS care. Pt wife stated patient complained of dizziness and headache, but no chest pain or shortness of breath. Pt transported to ER. Following testing and treatment in ER, pt transferred to ICU.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1055536-1	The staff member was given a Covid-19 vaccination as part of the LTCF Covid-19 clinic scheduled on 2/25/2021. During the 20 minute observation period the patient lost consciousness and begin to have seizure-like shaking. An 0.3mg epi-pen was administered in the lateral thigh. The patient then experienced cardiac arrest at which point nurses from the LTCF began and completed 2 cycles of CPR before the staff member was resuscitated. EMS arrived and assessed the patient. Patient was taken to the hospital for further evaluation.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1055819-1	On January 1, 2021, patient was admitted to Medical Center with COVID. Tested positive on January 2, 2021. Spent 10 days in hospital. Once recovered from pneumonia and fever gone, on January 10, 2021, she was transferred to Rehabilitation Center for continued treatment. She spent 16 days there. She developed UTI and CDIF infections and was on/off oxygen. She started physical therapy. She was scheduled to be released to go home on January 27, 2021. On January 26, 2021, the day before going home, Rehabilitation Center gave her the Moderna vaccine. On January 27, the day she went home, she started feeling very weak and couldn't walk. My dad tried lifting her and they both fell to the ground. My dad called 911 and she was taken to Medical Center, with high fever and possible stroke symptoms (which later was negative). Two days later, she had difficulty breathing and was put on a ventilator. She was on a ventilator for about three days. They took it off and she slowly started recovering. The doctors did all kinds of tests (blood clot in lung, heart, etc.) and all was negative. The only thing they could trace it to was an adverse reaction to the vaccine. After spending 11 days at hospital and treating her for various infections, her heart stopped and she passed away suddenly.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1057844-1	Stroke in left occipital lobe Feb 1 & Feb 2 Right peripheral vision effected in both eyes 2 heart stops on Feb 10, 2021 Pacemaker implanted after heart stops
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1057997-1	"""Feeling Hot"" without fever and nausea 10 hours post vaccine and resolved within 1 hour. Seizure, Hypotension, Unresponsive followed shortly by cardiac arrest and pulseless electrical activity 21 hours post vaccine. Pronounced dead 22 hours post vaccine"
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1060901-1	Cardiac arrest just stopped breathing fortunately at home wife called 911 within five minutes of noticing not breathing responders there in 3-5 minutes worked on him for 15 minutes at home before transporting to ER hospital. No heart beat pulse etc... used CPR machines and paddles Patient had walked 6 1/2 miles that morning no problems did about 50-60 miles weekly outside. This was sudden and me, his wife, say it was a reaction to something in shot that contributed to this event- there is absolutely nothing you could say to make believe differently. This happened 1 1/2 hours after getting shot.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1062666-1	2-24-21 patient with development of cough, fatigue, increasing on chronic disability worsening debility and falls. scheduled for office visit 2-25.21 0900 call from spouse 0210 am patient was not breathing and lvad alarming low flow alarm on arrival of ems confirm asystolic not breathing and dead
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1064433-1	Cardiac Arrest

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1065719-1	My grandpa got his second covid vaccine on Thursday. Saturday he complained of stiff neck. Sunday he had low grade fever, nausea and vomiting, chills, and mild headache. He was feeling bad enough to call squad at 3 pm. The paramedics did evaluation and thought he was just experiencing normal side effects from vaccine and felt no need to transport to hospital so my grandpa decided to stay home and just rest. At 2 am that same night he went into cardiac arrest and was not able to be brought back
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1068357-1	No pulse and no heart beat; couldn't wake him up; passed away; A spontaneous report was received from a daughter concerning a 84-year old, male patient who received Moderna's COVID-19 Vaccine (mRNA-1273) experienced no pulse or heartbeat, couldn't wake him up and passed away. The patient's medical history, as provided by the reporter, included high blood pressure and prostate cancer. No relevant concomitant medications were reported. On 19 Jan 2021, the patient had a blood pressure reading of 133/84 at a cardiology visit. On 13 Feb 2021, approximately 3 hours prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (batch number 031M20A) intramuscularly for prophylaxis of COVID-19 infection. On 13 Feb 2021 at 3:30 pm, the patient could not be woken up and was found with no pulse or heartbeat. Action taken with the drug in response to the events was not applicable. The outcome of the events, no pulse or heartbeat and couldn't wake him up, were not provided. The patient died on 13 Feb 2021. The cause of death was unknown.; Reporter's Comments: Very limited information regarding this event/s has been provided at this time. The patient's medical history of high blood pressure and prostate cancer remains the risk factors. The cause of death was unknown. Further information has been requested.; Reported Cause(s) of Death: Unknown cause of death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1068662-1	"Anaphylaxis Patient ""went into cardiac arrest"", was taken to ER. Physician stated this was a reaction from the vaccine."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1070937-1	Unwitnessed Cardiac arrest. ACLS protocols were performed. Cessation of resuscitation was called in the field by Dr.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1073431-1	"According to NJIIS registry, patient received Moderna dose 1 at ""Rite Aid 00994"" on 3/3/2021. Patient arrived in ED on 3/4/21 at approx 9AM via ambulance. ED physician note: ""56-year-old male brought in by EMS intubated with CPR in progress. It was reported that he arrived to work and then passed out. CPR was initiated almost immediately. BLS determined that he was pulseless and AED was applied. He was defibrillated twice. He was then intubated by ALS and administered epinephrine twice with return of spontaneous circulation. He maintained a pulse for approximately 20 minutes when he again developed cardiac arrest. ACLS guidelines were again initiated and there was no return of pulse for approximately 20-25 minutes until he arrived in the emergency department. Emergency department CPR was continued and he was administered an additional epinephrine with return of a pulse. Is reported that he had no complaints prior to the event."" Patient was intubated and ventilated, started on norepinephrine drip in ED. Twelve-lead EKG demonstrated right bundle branch block with left posterior fascicular block and diffuse QRS widening and diffuse repolarization abnormalities. Family consented to Cath Lab. Per Interventional Cardiologist note: ""1. Angiography demonstrated proximal to mid LAD hazy 90-95% lesion likely culprit for cardiac arrest. 1 stent placed. 2. Diffuse distal right coronary disease that is likely nonculprit for cardiac arrest. 3. Left ventriculography demonstrated severe anterior wall hypokinesis with overall left ventricular ejection fraction of 40%. 4. Patient electrically and hemodynamically stable. Levophed has been stopped. Amiodarone bolus given in the Cath Lab for frequent ventricular ectopy. No drip was continued due to resolution of ectopy. 5. Dyslipidemia he will be on high-dose statin therapy. 6. Diabetic management as per primary team. 7. Quad-Lumen placed by me. Hypothermia protocol to be initiated in the ICU given GCS score less than 8 with no purposeful movements. Head CT scan completed before cardiac catheterization that demonstrated diffuse cerebral edema. 8. Prognosis guarded and likely poor. The next 24 to 40 hours will be critical. Family was updated in detail."" Patient transferred to ICU post Cath Lab. Remains intubated, ventilated in ICU."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1074753-1	Pt. had a cardiac arrest and expired on 2/20/21.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1075639-1	Patient is a 53 year old man with a past medical history of follicular lymphoma diagnosed in 2008, more recently with DLBCL with CNS involvement (involving hypothalamus; dx 8/2018; s/p HD MTX, s/p BMT-followed by Dr.), autoimmune hepatitis, obesity, adipic DI, central hypothyroidism and type 2 DM who presented to Hospital via EMS after a fall at home with multisystem organ failure leading to intubation in the ED and subsequent transfer to Oncology ICU for further management. He was in his usual state if health until Sunday. On Saturday he got COVID vaccine at 4pm, that evening he had no issues. Sunday night around 10pm he didn't make complete sense and his wife was concerned because of his history of DM and treated CNS lymphoma. BG was 320-340 at that time. Monday he was good and Monday night he started to have shaking of his left hand. Tuesday he had one episode of diarrhea. Later he was more shaky in the shower and he started to fall and his wife was unable to grab him and he slid down the wall and could not get up. Family was called to help and he was not making sense so they called EMS. Wife reports that he was down approximately 3 hours before EMS was able to get him up. In EMS he was noted to have a large area of skin desquamation from the right posterior knee to the ankle. His GCS was 15. He had stable blood pressure and heart rate. He was hypoxia to the 50s and oxygen was applied. In the ED he was found to be in multisystem organ failure and was intubated and had rapid progression of shock requiring Epinephrine, Levophed and Vasopressin. Crash lines were placed and he was sent to hospital. Upon arrival he was noted to have a cold pulseless right lower extremity and surgery was called. He was evaluated by Trauma Surgery, Orthopedic surgery and Vascular surgery and eventually underwent above the knee amputation. Unfortunately they were not able to remove all nonviable tissue and he continued to deteriorate. He was taken level 1 back to the OR and an additional 10 cm of nonviable tissue was removed. Unfortunately upon arrive he suffered cardiac arrest in the setting of severe lactic acidosis and hyperkalemia.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1077236-1	Family states patient had been coughing and was weak after the vaccine. Patient walked to the bathroom and then fell striking her head found in PEA with agonal breathing. Despite aggressive CPR medications patient remained in asystole. Unknow if Moderna or Phifzer
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1082086-1	Patient was vaccinated at pharmacy on 2/9/2021, first dose of Moderna COVID-19 vaccine. Per medical records from hospital: patient developed fever, diarrhea, nausea and abdominal pain on 2/25/2021 and presented to the hospital E.R. on 3/1/2021. Patient was diagnosed with Sepsis and Pneumonia. Cardiac arrest on 3/6/21, renal failure, seizures. Patient tested negative for COVID-19 on 3/1/2021 and 3/8/2021. Patient has declined, was placed intubated and placed on a ventilator. Patient admitted to hospice services on 3/8/2021 and plan is for compassionate removal of life support at hospice. Prognosis is poor.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1082161-1	Cardiac Arrest/Death Date of death 03/03/2021 time 01:54 pm
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1084419-1	EMS reported sudden onset of shortness of breath, patient grabbed his chest and collapsed. He stopped breathing. Wife began CPR with chest compressions at 5:00. Fire dept. arrived resumed CPR and attached AED but there was no shock advise. They placed an OPA as well (inserted an airway) and started ventilation. Asystole was confirmed, they continued CPR. After 5:25 they gave 3 rounds Epineferin and ended CPR at 5:46. They also checked his blood sugar and it was 136. Possible reaction to covid vaccine. Possible death due to history of cardiac issues. His PCP is requesting an autopsy
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1084800-1	Death. EMS called to residence 9 hours later for cardiac arrest. Pt pronounced at Emergency Room. Pt sent to ME office for autopsy.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1088837-1	Patient received first vaccine dose on 3/10/21, waited for approximately 1 hour in Pharmacy after. Was walking to her vehicle and became short of breath. Patient got to her vehicle and called 911 due to severe shortness of breath. Rescue arrived on scene at approximately 11:00am, found patient in distress and administered epinephrine, methylprednisolone, and diphenhydramine. Patient placed on CPAP in rescue en route to ER, became unresponsive, frothing pink sputum. Intubated by paramedics en route with iGel device. Patient arrived to ER at 11:22am, went into cardiac arrest at 11:24am. Patient continued to be unstable, had multiple rounds of cardiac arrest and ROSC. Patient ultimately did not survive arrests, and pronounced dead at 2:37pm. Medications received during course in the ER - epinephrine 1mg x18 doses, sodium bicarbonate 50mEq x4 doses, calcium chloride 1g, insulin regular 10 units x1, furosemide 80mg x1, epinephrine titrated infusion, sodium bicarbonate infusion.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1090369-1	Patient showed reaction to vaccine almost immediately, began having chills and nausea. Patient ultimately succumbed to cardiac arrest.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1091138-1	pt returned to his skilled nursing facility after his 2nd covid vaccine and at approx 10:45 pm he was in cardiac arrest. CPR was started and transported to Hospital. Pt was pronounced dead at 1:06 am on 3/11/21

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1093418-1	After pt received first dose of Moderna on January 27, 2021, he experieced continuous increased decline in his health , with symptoms of increased difficulty swallowing, increased coughing, at least one episode of choking with expulsion of food; increased difficulty walking with walker, increased shortness of breath. On Wednesday, Feb. 24, at 7:50 a.m. , Pt was in wheelchair exiting home, on way to detached garage, being pushed by his daughter, when he slumped over, stated that he couldn't breathe, and went unconscious. Pt. did not have a detectable pulse . EMT was called and upon arrival performed CPR and obtained a pulse. Pt was transported to local hospital, where, again he lost pulse and was resuscitated again with mechanical CPR. Pt was supported with blood pressure medicine and ventilator until 7:53 p.m. when his heart stopped again. Pt. passed at that time.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1095393-1	Cardiac Arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1095456-1	date of injection 01/30/2021 CARDIAC ARREST 1/30/2021 Death 1/30/2021
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1095596-1	cardiac arrest death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1097244-1	Death within 7 days of vaccine. COD Cardiac Arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1104841-1	My husband received the first injection on Feb 3, 2021 he developed a cough afterwards, cough would come and go. He was scheduled to receive 2nd dose on March 11 and I was concerned about having a cough at the time of 2nd vaccine. He went to walk-in clinic and got a covid test was negative, he said his exam was normal, they gave him prescription of Benzonatate 100mg he took one and it did not help so he never took any more. On March 5 while working in the yard he collapsed, paramedics arrived and he was in cardiac arrest, they started CPR, they used AED was in vfib, he was taken to Hospital then transferred to second hospital. I was told he had blood clots in both lungs, one in his leg, and possible clots in the mesenteric area of abdomen. His heart stopped due to the blood clots in his lungs. He remains in the hospital in the Intermediate Coronary Care Unit. He has not yet gained full consciousness.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1105820-1	"Patient seen and evaluated by PA-C. with myself. We agreed on the clinical findings and implemented our plan together. Please see PA's note for details. All relevant procedures supervised. Patient arrived to the emergency department due to respiratory symptoms, hypoxic, reported that Wednesday he received his 2nd dose of COVID vaccine. His initial workup was concern for NSTEMI with elevated troponin and peaked T-waves, his chest x-ray concerning for COVID/pneumonia. Patient initially tolerated oxygen by nasal cannula and sepsis protocol was started including IV fluid resuscitation that was done cautiously due to the concern of COVID with respiratory failure. The biotics were given. PA-C readdressed code status with patient who confirmed that his DNR DNI, she so contacted his daughter. Patient had multiorgan failure including acute kidney injury, and pneumonia with respiratory failure +/- respiratory failure. Due to the concern of NSTEMI patient was initially going to be transfer to was hospital and transfer was started. Patient respiratory status started deteriorating and his blood pressure dropped slightly but improved after 500 cubic centimeters of IV fluid and he was also placed on a NIPPV. Around 6:00 p.m. patient has significantly desaturation and he discontinued himself NIPPV. Due to inability to intubate patient, he was ventilated with BVM, patient is slowly improved saturation levels and was opening his eyes, he was placed on a non-rebreather. At this point there is high concern of ARDS and due to inability to intubate or give for the respiratory support His daughter was at bedside and updated of current medical status and poor prognosis. Patient continued deteriorating and at this point he had agonal breathing. His daughter was at bedside and she was made aware of the futile prognosis of patient due to his respiratory failure. Patient rapidly became bradycardic and went into cardiac arrest. No CPR was done due to the DNI DNR status of the patient. Critical Care Procedure Note Authorized and Performed by: MD Total critical care time: Approximately 30 minutes Due to a high probability of clinically significant, life threatening deterioration, the patient required my highest level of preparedness to intervene emergently and I personally spent this critical care time directly and personally managing the patient. This critical care time included obtaining a history; examining the patient; pulse oximetry; ordering and review of studies; arranging urgent treatment with development of a management plan; evaluation of patient's response to treatment; frequent reassessment; and, discussions with other providers. This critical care time was performed to assess and manage the high probability of imminent, life-threatening deterioration that could result in multi-organ failure. It was exclusive of separately billable procedures and treating other patients and teaching time. Please see MDM section and the rest of the note for further information on patient assessment and treatment. PE: VITAL SIGNS: BP: 126/75 Pulse: (!) 122 Resp: (!) 40 SpO2: (!) 82 % Temp: 98.1 ¦F (36.7 ¦C) Height: 5' 8"" (172.7 cm) Weight: 152 lb (68.9 kg) General: Alert, nontoxic, in no acute distress. Lungs: Clear to auscultation bilaterally. CLINICAL IMPRESSION: 1. Sepsis with acute hypoxic respiratory failure and septic shock, due to unspecified organism (HCC) 2. Suspected COVID-19 virus infection 3. NSTEMI (non-ST elevated myocardial infarction) (HCC) 4. Multifocal pneumonia 5. ARDS (adult respiratory distress syndrome) (HCC) 6. Acute kidney injury (HCC) Further care and disposition otherwise as outlined by PA. ED on 2/14/2021 Revision & Routing History Detailed Report Note filed date Mon Feb 15, 2021 8:46 AM"
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1107501-1	Patient presented initially to the ED with complaint of body aches, myalgias, 24 hours following second dose of the Moderna COVID-19 vaccination. Initial ED workup was unremarkable, including CBC, CMP, Troponin, CK, Magnesium, CXR and EKG. Her vitals were normal and she was subsequently discharged home with family. She then returned several hours later following a witnessed cardiac arrest. She was resuscitated and admitted to the ICU intubated and on multiple vasopressors in critical condition.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1108265-1	Death Narrative: 83 y.o. male with pmh of heart failure admitted on 3/9 for shortness of breath and weight gain. Had Vfib arrest on 3/12 and was intubated/xfer to ICU. Continued to require increasing levels of pressors. He suffered VF arrest in the setting of metabolic, septic and cardiogenic shock. He had end stage heart failure and required 4 pressors. Was made CMO and passed away. Noted to have not received 2nd does of Moderna likely due to hospitalization at the time that the second dose would have been due. Patients history of adverse drug reactions included: lisinopril, dabigatran, and penicillin.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1108472-1	cardiac arrest Narrative: Per medics, Patient was gardening when he stated he felt dizzy and collapsed. Wife started CPR until medics arrived. Patient arrived at the hospital after 20min of pulseless V tach and 10 min of PEA.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1108588-1	After vaccine (2nd dose) on 3/04, patient resumed normal activities, running errands, etc. In the evening of 3/05, patient complained of extremely sore arms (not alleviated by painkillers) and nausea. Additionally, patient felt extremely cold. She went to bed early, at 7:00 pm, and was found dead the next morning 3/06 at 7:30 am. She had vomited. The coroner (not a medical examiner) declared cause of death as 1) cardiac arrest 2) hypertension and 3)hypercholesterolemia, based solely on medical records. There was no autopsy. Due to or despite medications, patient's blood pressure readings were typically low (last one 118/70), pulse normal (89), BMI 25.29, cholesterol levels normal (166/LDL 82), blood sugar 95.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1114731-1	Cardiac Arrest

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1116099-1	Cardiac Arrest Narrative: Patient received vaccine at 1209 on 3/13/2021, observed for 15min no reaction noted. Later that evening patient was not feeling well presented to ER where he was admitted. Had cardiac arrest during hospitalization on 3/16/2021 where patient passed away. Had a Hx of CHF, A-Fib, had a cardiac stent placement in 2020..
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1116594-1	Patient called EMS from for respiratory distress. EMS arrived, noted severe distress and hypoxia. Patient transported to Hospital Emergency Dept. Patient deteriorated to respiratory arrest and cardiac arrest. Per ED note, after 30 minutes of aggressive resuscitation (including approximately 19 minutes in the ED), no ROSC was achieved. Patient expired
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1118223-1	UNKNOWN MEDICAL IN THE PARKING LOT AT THE MASS VACCINATION CLINIC. PATIENT WAS FOUND BY A BYSTANDER ON THE GROUND AFTER HE RECEIVED HIS SHOT. MEDICAL ON SCENE RESPONDED AND FOUND PATIENT IN CARDIAC ARREST. CPR AND ACTIVATION OF 911 EMERGENCY MEDICAL SERVICES AT 11:59. ON SCENE PATIENT RECEIVED CPR, THEN PLACED ON A LUCAS DEVICE, DEFIBRILLATION X2(VFIB) AND PLACED A KINGS TUBE TO SECURE THE AIRWAY. ROSC ON SCENE, CODE 3 TO CARDIAC CENTER. PATIENT CURRENTLY IN THE ICU AT HOSPITAL.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1118905-1	Patient's daughter called to inform us that the patient went into cardiac arrest today 03/20/2021
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1120493-1	Cardiac arrest five days after administration of the 2nd dose at 9pm, ambulance was called and EMTs attempted resuscitation, but no pulse was detected after 1 hour of compressions and CPR; time of death was recorded at 10:06pm
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1122080-1	Patient's received 2nd dose of Moderna vaccine Friday 3/12. Her husband reported she had not unexpected fatigue, malaise, and fever for 1 day but better after that. On Monday she began complaining of shortness of breath. This progressively worsened and she started having presyncopal episodes. On Saturday she was unable to come down the stairs in the house so husband planned to take her to the hospital but she stood up and passed out and woke up quickly. He decided to call EMS. By the time she presented to our hospital she was cyanotic and agonal breathing. On moving her from EMS stretcher to ED bed she had PEA cardiac arrest. She underwent mechanical device CPR with only brief (<1 min) ROSC x1. She at some point did have a shockable rhythm. Cath lab was notified and she was taken emergently to the cath lab with ongoing mechanical device CPR. Peripheral VA ECMO was placed after about 1.5 hours. Pulmonary angiogram was done which showed massive saddle PE with near complete obliteration of the right pulmonary tree and some filling defects in the left tree as well. At that time she had severe mixed respiratory and metabolic acidosis with a lactate of 24. She also had no gag or corneal reflex, minimally responsive pupils, and no response to noxious stimuli. Mechanical thrombectomy was attempted with some result. She was transferred to the SICU with increasing pressor requirement, and DIC. Ultimately, the venous catheter of the ECMO circuit malfunctioned thought to be secondary propagating IVC thrombosis. Family decided to withdraw care and she passed away.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1123294-1	Shortness of breath, chest tightening, nausea, lightheadedness. Chest pain while in the ER. Intubated after cardiac arrest. Transferred to ICU. Life support removed 3/22/21. Pt expected to expire today.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1127080-1	He developed very labored breathing on Tuesday night. By Wednesday morning , upon waking it was severly worse. I would have taken him to the ER had I been home. When I returned home around 11am, he was having a very hard time breathing. I got him a rescue inhaler to use. He had a dailysis treatment that day, during the treatment they kept him on oxygen. I called Dr office to inform them, they ordered a new inhaler and told me if the symptoms did not decrease by 72 hours to inform them. His breathing did get somewhat better but he did not have his enegry levels that he had previously or his appeatite. 12 days after his 2nd dose of the Moderna vaccine he went into cardiac arrest in the home with myself and husband present.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1127444-1	Sudden onset of shortness of breath early morning 3/15/2021. EMS called, transported patient to Adventist to ER code blue in asystole. Asystole on arrival, no response to resuscitative efforts, pronounced dead in ER.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1130340-1	2/25/2021 She was taken to the hospital for aspiration. 03/09/2021 was discharged, but relatives were informed that she was unwell. 3/13/2021 When they went to take the rounds she was without signs, she was sleeping. He refers that the patient died of Aspiration Pneumonia and was tested at the Hospital with negative results. They certify death due to cardiovascular arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1130786-1	2 days following vaccine patient had a cardiac arrest at home. Very likely this arrest was due to his underlying medical conditions and not the vaccine, but it is technically possible the vaccine put additional stress on his system.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1135458-1	Severe pancreatitis with no specific cause identified followed by complications of peritonitis, fluid in lungs of 80%, deep leg vein thrombosis, and multiple episodes of coronary arrest and systemic inflammation.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1137579-1	? Maderna vaccine #1 on 3/16 at clinic ? Provider visit 3/22 dx bronchitis due to COVID-19, z pak and steroids ? ED 3/25 syncopy, full arrest and patient expired patient states she had COVID in February

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1139653-1	Patient reported to hospital ER department the day following second vaccination. Patients issues at ER was: breathing difficulty, Respiratory arrest, Cardiac arrest, aspiration vomit. The patient died while in ER. It should be noted patient had been on hospice prior to vaccination.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1142806-1	altered mental status cardiac arrest hyperglycemia death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1144499-1	pts arm was bothering her after taking the covid vax. On 3/10/2021 pt went to Hospital to have a Echocardiogram procedure. Pt was sent home. The next day pt was vomiting and heaving. Her blood pressure was high and she was having symptoms of a heart attack. 911 was called. First Responder was first to arrive so pt was put on gurney and put on a flight to Hospital. Pt was loaded for the heart flight but perished in flight to the hospital due to cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1151163-1	afib, tachycardia, heart stopped (pacemaker activated). Lasted two and one-half weeks.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1151915-1	presents to the ED via EMS in cardiac arrest. EMS report patient was in agonal respiration upon arrival and has had no pulse since 2109. Patient had a syncopal episode on the toilet prior to EMS call. EMS notes they gave patient 4 epinephrine, 1 bicarbonate, and 1 Narcan. Patient arrived with a lucas machine in place and intubated. Patient's intubation was verified to be a 7.0 ETT and 23 cm at the lip. Cardiac Activity noted in ED at 2150. See nurses notes for times medications were administered. Further history limited due to unstable vital signs. Pt hypotensive, started and maxed on levophed, epinephrine infusions and additional push dose epi given. Right femoral central line placed. Pt began to brady down, was given atropine, ultimately again became pulseless and CPR resumed. After 2 further rounds of ACLS, total down time approached 1 hour without return of pulse. On echo, there were occasional agonal beats, but no organized cardiac activity. EKG and case had been discussed with Dr. Friday and decision was to attempt therapeutic hypothermia prior to second cardiac arrest as EKG showed inferolateral STEMI
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1154142-1	cardia arrest Narrative: 76 yo with CAD, carotid artery stenosis, abdominal aortic aneurism, history of MI, DM. Patient was given both COVID vaccinations with the 2nd and most recent on 2/27. On 3/20, patient was admitted to an outside local emergency room with cardiac arrest and passed away at the facility. They were unsure if this had anything to do with his covid vaccinations but thought we should at least report it.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1154153-1	Cardiac Arrest Narrative: Pt went into cardiac arrest 2/13 when he was being taking off dialysis machine. Per wife, he was unresponsive, but they were able to revive him with CPR and then called 911 who took pt to Hospital. Pt ultimately died at Hospital 2/26/21. Pt received second dose COVID-19 vaccine 2/12/21 (day prior to cardiac arrest)
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1155633-1	cardiac arrest/vfib arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1156535-1	Experienced a heart attack on the evening of March 23, 2021 quickly followed by cardiac arrest. Was resuscitated during transport to the hospital. The hospital discovered a coronary artery embolism with myocardial infarction. I was taking a blood thinner at the time so the blood clout should not have formed to begin with. No heart disease was found and once clout was removed by heart function returned. I had had my first COVID-19 shot the Thursday before the event so I thought I should report the event in case there's a connection.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1161011-1	Immediately following vaccination no adverse reaction noted. April 1, 2021 patient went into cardiac arrest and passed
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1163428-1	Began with weakness of March 24th and stroke- like symptoms despite a clear CT Scan and EKG. Trouble walking or staying awake. Heart stopped on March 28th. Deceased.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1164842-1	Please see patient information page
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1165014-1	My dad had the first shot of the covid vaccine and less then 24 hours later he went into cardiac arrest. He spent 10 days in ICU and we had to remove him from life support and he survived another 6 days suffering until he past in April 3rd
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1167706-1	COVID positive 4/4/21. Received 2nd dose Moderna 3/9/21.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1169928-1	Cardiac arrest 2 days later after walking into the gym, before beginning exercise
CARDIAC ARREST	COVID19 (COVID19 (MODERNA))	MODERNA	1172648-1	Cardiopulmonary arrest, D-Dimer 55,000, TNKase administered, ACLS, needle thoracostomy, persistent PEA arrest, decompensated into asystole , pronounced

Symptoms	(1201) Vaccine	Vaccine Manufacturer	VAERS ID	pronounced Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1173362-1	"patient received the vaccine on March 20th, instantly felt sick, developed a fever. Never fully felt "" Well"". On March 27th her boyfriend discovered her unresponsive from Cardiac arrest, she has been on life support since. They are pulling the plug today."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1173610-1	cardiac arrest; This spontaneous case was reported by a consumer and describes the occurrence of CARDIAC ARREST (cardiac arrest) in a 65-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 011A21A and 011A21A) for COVID-19 vaccination. The patient's past medical history included Heart attack in September 2020. Concomitant products included LEVOTHYROXINE, ATORVASTATIN, CLOPIDOGREL BISULFATE (PLAVIX), CARVEDILOL, ACETYLSALICYLIC ACID (ASPIRIN 81), VITAMIN D3, ALENDRONATE SODIUM (ALENDRONATE), LISINOPRIL and FAMOTIDINE for an unknown indication. On 25-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 25-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 27-Mar-2021, the patient experienced CARDIAC ARREST (cardiac arrest) (seriousness criterion hospitalization). The patient was hospitalized on 27-Mar-2021 due to CARDIAC ARREST. At the time of the report, CARDIAC ARREST (cardiac arrest) outcome was unknown. Cardiac catheterization to be performed on the patient on 31-MAR-2021. Based on the current available information and temporal association between the use of the product and the onset date of the reported event of cardiac arrest, a causal relationship cannot be excluded. However, patient's recent myocardial infarction may have been contributory.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the onset date of the reported event of cardiac arrest, a causal relationship cannot be excluded. However, patient's recent myocardial infarction may have been contributory.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1176374-1	sore arm, lethargy, chronic fatigue, fever, fluid on lungs, lack of oxygen, death Husband received first dose of MODERNA vaccine on 1/30/21. Mild side effects. Received second dose on 2/24/21. For the first week after the second dose, the side effects seemed normal. By the second week he was gasping for air. Rused to ER via ambulance on 3/9/21. High heart rate, poor oxygen. Received numerous blood transfusions over 3-days (typical treatment for his blood disorder), yet body would not retain the transfused products. Died on 3/12/21 at 4:35 am from cardia arrest caused by respiratory failure.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1176896-1	Patient died of an apparent Cardiac Arrest.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1182018-1	Death from cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1184813-1	3 days sustained fever over 102, cardiac arrest Thursday night, back & chest pain, vomiting, difficulty breathing. Went to ER, admitted to ICU, currently in ICU at hospital.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1186348-1	Copied from MD discharge note - Patient is a 38 y.o. female with PMH significant for asthma and lupus not on any treatment admitted on 3/27/2021 with progressive shortness of breath and cough for months, found to have hypoxia, bilateral multifocal infiltrate without pulmonary embolism on CTA, leukocytosis, elevated troponin, elevated BNP, normal EF on echocardiogram. COVID- 19 tests were negative 4 times in the last 1 week. Blood cultures were negative. Urine and strep antigens are negative. HIV-1 also negative. Rheum consulted for hx of lupus. They did not feel this was lupus pneumonitis. Negative anti-dsDNA/SSA/SSB and RF. Pts resp status continued to decline. She was intubated on 4/3 and transferred to the ICU. Bronch washings were also neg for COVID. Despite neg cultures pt was given multiple rounds of abx including vanc, merrem, azithromycin, cefepime, without benefit. IV steroids added for possible reactive pneumonitis. Pt with shock, likely multifactorial including septic and cardiogenic. Multiple pressors maximized and BP remained low. Nephro following for worsening renal function. CRRT initiated to attempt to correct electrolyte and acidosis. Pt did not tolerate CRRT after several adjustments by neprho, pts electrolytes continued to drift from normal. Hgb dropped and CRRT held. Pt went into cardiac arrest at 1329 on 4/8/21. After several rounds of epinephrine and optimized ACLS, no pulse was recovered and ROSC was not achieved. Family notified of death at 1344 on 4/8/21
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1187918-1	I do not know the exact date of the first or second Moderna Vaccine. I am the PICU attending who cared for the patient after her cardiac arrest which we believe was about 3-4 days after her second Moderna Vaccine
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1193256-1	62 yo male Vfib arrest followed by PEA 2 days after vaccine, intubated, +MI

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1197556-1	cardiac arrest Narrative: Patient received dose 2 series of Moderna COVID-19 vaccine. First dose was received on 1/17/21 and second dose received 2/14/21. After both doses patient was observed for 15 minutes and did not have any adverse reaction per administering RN. No data in database or database as to any other adverse events occurring 15 minutes post-vaccination. On 3/20/21, EMS was called to patient's home who was discovered on the floor with an unknown breathing status and pulse. AED was attached to the patient. A very weak pulse was found and patient had agonal respirations. Cardiac monitor was attached to patient with a HR of 32. 1mg of atropine was administered and patient's rhythm changed to PEA with no respirations or pulse. Per patient's wife and son, he was a DNR, therefore all resuscitation attempts were stopped (patient was never admitted to the hospital). Patient was never known to be previously positive to COVID. PMH that may have predisposed patient to this adverse event leading to death include h/o DVT on chronic anticoagulation, COPD, and abdominal aortic aneurysm. There is insufficient information to determine the exact cause of death or what led to the cardiac arrest given that the time from last vaccination to the adverse event was almost a month apart.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1198102-1	Nausea ,shortness of breath during the day . Heart stopped 7:45 pm. Death declared at 12:45 am March 09 2021.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1198211-1	The patient received his 2nd dose of Moderna (LOT#, site, time unavailable) at an outside clinic the morning of 2/10/21 and presented to the ED with coughing and hypoxia (sp02 occasionally dropping into 70's) at 8 PM that day. He had quadriplegic spinal paralysis as a result of a remote MVA and has been hospitalized and critically ill in the past due to recurrent UTI's and pneumonia with associated sepsis. CT negative for pulmonary embolism and showed bilateral infiltrates. Clinical presentation consistent with bilateral pneumonia and started on Rocephin/azithromycin. He was initially stable in the hospital on 1-2 LPM 02. The following evening he became febrile and acutely developed asystole without any pre-existing arrhythmia. Resuscitation was attempted for 45 minutes but unsuccessful. Overall, I suspect his death was related to bacterial pneumonia and resulting acute respiratory failure, complicated by his quadriplegia and autonomic dysreflexia but reported this event as it did occur within 2 days of receiving his 2nd Moderna vaccination.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1198967-1	Cardiac arrest, death
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1202450-1	"UNRESPONSIVE, CARDIAC ARREST Narrative: Death following Covid Vaccine dose # 1 According to nursing note 3/4/21: ""pt was found unresponsive in bathroom this AM, no foul play suspected"" No evidence of ADR immediately following vaccine or up until date of death. No recent hospitalizations before, at time of or following vaccination up to time of death. No illnesses recently around vaccination or time of death. No pre-disposing factors to death. Unlikely that vaccine contributed to patient's death, but was likely a result of advanced age (74 y/o) in combination with comorbidities."
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1202478-1	This is a 61 year old female, with history of hypertension, who presents to the ED via EMS for evaluation of cardiac arrest prior to arrival. Patient's husband came from anouther [sic] room and found patient take a big gasp then suddenly became unresponsive. EMS gave patient a total of 4 rounds of Epi, 1 Narcan, and 2 shocks en route. EMS reports with glucose level of 92. Unknown if patient is on any anticoagulation. Patient presents in asystole. Epi and bicarb given. Compressions performed. Lungs equal with bagging. Bedside US performed which did not reveal any meaningful cardiac activity. Code called. Discussed with family, they state she had been having some cardiac issues and her daughter died of cardiac problems in her 30s.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1207097-1	According to hospital records, patient presented to the ER in full cardiac arrest with ongoing CPR in progress.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1207773-1	2nd maderna vaccine was given to my dad on 02/26/2021 and on 03/15/2021 my dad was visiting me all day and he acted fine and normal. At the end of our visit between 8 & 9 pm we went to the store where he started to gasp for breath. He had to keep stopping and said he couldn't breath. I had him sit several times because I didn't know how bad it was. By the time we reached the doors to leave after a short trip he almost fell over and he became confused and said he couldn't breath. I had another customer get my dad a wheel chair close by while I called 911. The ambulance came quickly but at the hospital my dad went into cardiac arrest and his heart stopped 2 or 3 times and it had to be restarted. When I was able to get to the hospital my dad was on a ventilator and sedated. They had put him on medicine to blast the blood clots they had found. They said he had 2 very large blood clots with one on each lung. Later his kidneys started failing him and they said he would need to go on dialysis as soon as the next day. Later that night they told me my dads heart was shutting down and he had developed pneumonia. My dad died that night and I had to watch him take his last breath. If you want further information please contact Medical center would be the ones to contact for all information and my dad was in the critical care unit.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1207869-1	Presented to the ER on 3/19 at 23:57 with 2 days of worsening shortness of breath. HR 60, Pulse Ox: 85% on Room air. Placed on BiPAP. could not maintain oxygen, intubated. The patient rapidly decompensated and went into cardiac arrest with PEA. ACLS performed for 35 minutes without the ability to reverse. Patient expired at 0222 on 3/20/21.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1208786-1	Patient developed diarrhea within hour of receiving injection. She developed shortness of breath requiring trip to ED approximately 12 hours later. She had cardiac arrest in ED.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1209906-1	On March 4 patient experienced vomiting. Early morning March 5 he fell and landed on his hip after being disoriented and experienced aches, weakness, and nausea without vomiting throughout the day. On March 6 he experienced excruciating pain in his left hip and went to the local emergency room following guidance from his primary care physician. He was diagnosed with fluid near his hip joint at the hospital and was discharged the same day. The next day, March 7 he was still in pain but able to walk with assistance. On March 8 he got an x-ray from an orthopedic physician and severe arthritis was found. March 10 the severe pain persisted, but he was able to walk with a walker. On March 12 he received a cortisone shot and required emergency medical assistance to get into a personal vehicle with a family member who drove to the appointment. The next few days, the pain persisted, became worse, and spread throughout his body. On March 16 he was transported by emergency medical services to the local emergency room for treatment and was diagnosed with sepsis and pneumonia. On March 18 he was still being treated when he experienced cardiac arrest while being intubated. He was resuscitated and was on a ventilator being treated for a few more days but ultimately succumbed to sepsis on March 30.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1210317-1	We both got our shot at the same time on March 17, 2021. Then on March 22, 2021 at 9:20 PM my husband suffered cardiac arrest and a seizure. His heart was revived however, due to lack of oxygen to his brain he suffered brain damage and never regained consciousness and passed on 4/3/21 with acute respiratory failure.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1211110-1	Death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1211262-1	Patient had her 2nd dose of Moderna COVID vaccine on 3/29. Starting 4/8, she was having shortness of breath on exertion with a mild cough. On 4/11, her husband states that he saw her sitting down watching TV, then he heard a thud in the next room and went in to see her on the floor and she started crying for help which led to him calling the paramedics. The paramedics noticed the patient was in PEA and resuscitated her and brought her to the ER. The patient appeared to have an NSTEMI and she was diagnosed with a pulmonary embolism that led to the cardiac arrest event. Patient was taking to cath lab and was found to have normal coronary arteries with no evidence of coronary artery disease. Patient was also in sepsis and had an extensive bilateral pneumonia. Patient is currently inpatient and intubated.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1213115-1	cardiac arrest at approximately 4:35pm, patient expired.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1213304-1	"death Narrative: Patient received Moderna Covid #1 on 3/11/21 in his home by nurse. On 3/25/21, a note was entered to indicate that is wife had called EMS the day before as ""his heart stopped"" and he passed en route to the hospital. No further details available. No autopsy results available. 13 days between date of vaccination and date of death."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1214231-1	Two days following first dose Moderna Vaccine at Pharmacy, she suffered a cardiac arrest. Below Discharge Summary From 3/26 hospital. Patient PCP Information Provider PCP Type DO General Discharge Summary by DO at 3/26/2021 12:42 PM Author: DO Service: Cardiology Author Type: Resident Filed: 3/26/2021 12:57 PM Date of Service: 3/26/2021 12:42 PM Status: Attested Editor: DO (Resident) Cosigner: MD at 3/26/2021 1:17 PM Resident Attestation: I personally saw and examined the patient on rounds with my cariology resident team on the day of the resident's note. Management was discussed with the cardiology resident and I supervised the plan of care. I have reviewed and agree with the key parts of the resident evaluation including: Subjective information Objective findings on physical exam Impression and plan Gen: appears comfortable, sitting in bed Resp: clear. no wheezes, rhonchi, rales CV: normal rate, regular, no m/r/g Abd: soft, nt/nd Ext: warm, no edema. Pressure ulcer boots on. Pleasant 70-year-old woman who had a history of PVCs, left bundle branch block, and a mild nonischemic cardiomyopathy, came into the hospital following a VT/VF cardiac arrest. Her echocardiogram done while in the hospital showed a preserved ejection fraction. Her cardiac catheterization showed normal coronary arteries. She had implantation of an ICD. Hospital course has been complicated by watershed cerebral infarcts. In addition, she had an episode of C. difficile colitis. She has gradually improved over the course of the past 3 weeks. From a cardiovascular perspective, she is being discharged on carvedilol 25 mg twice a day, lisinopril 10 mg daily, and her home atorvastatin. With regards to her etiology of cardiac arrest, I would be suspicious about the possibility of sarcoidosis. However, we were not able to get a cardiac MR while she was inpatient due to her strokes and inability to consistently follow commands and hold her breath. Would recommend consideration of an outpatient. She is ready to discharge to subacute rehab today. I have spent greater than 30 minutes in discharge planning. Preferred Name: PATIENT PCP: DO Primary Cardiologist: MD Discharging Cardiologist: MD Admission Date: 3/5/2021 Admission Diagnosis: Cardiac arrest Discharge Date:

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				03/26/21 Discharge Summary Author: DO Primary Discharge Diagnosis VT/VF cardiac arrest, s/p therapeutic hypothermia S/p AICD placement 3/16/2021 Secondary Discharge Diagnoses Anoxic brain injury, recovering, with persistent aphasia and dysphagia C. difficile colitis Non-sustained ventricular tachycardia, resolved DETAILS OF HOSPITAL STAY Presenting Problem/History of Present Illness Patient is a 70 y.o. female, with history of nonischemic cardiomyopathy, admitted on 3/5/2021 after out of hospital VT/VF cardiac arrest. She completed therapeutic hypothermia protocol. Cardiac catheterization did not show any significant obstructive coronary disease. TTE showed LVEF 55%. Patient underwent AICD placement on 3/16/2021. Had some recurrent nonsustained ventricular tachycardia afterward, which resolved after increasing her carvedilol doses. Her course was complicated by a C. difficile infection, treated with PO Vancomycin, with significant improvement in diarrhea. She has had gradual neurologic recovery. Neurology felt she had had several watershed infarcts, but felt that she would continue to have a prolonged recovery over the next few months. Had some recovery of language/cognition prior to discharge. Due to her waxing/waning encephalopathy, she did not qualify for inpatient rehab, but will be discharged to subacute rehab. Discharged with tube feeding continued, though she can begin sips with speech therapy supervision. Patient seen and examined at bedside on the day of discharge. She stated that she had no pain, though HPI/ROS still limited due to aphasia. Discussed above information with patient's husband, who understood and was in agreement with the plan. Problem-Based Hospital Course NEURO Acute metabolic encephalopathy, with gradual recovery -Due to neurologic injury from cardiac arrest. -Neurology consult: concern for anoxic brain injury with watershed infarcts, anticipate very gradual recovery over the coming months. No acute process on imaging. -Patient extubated on 3/11, following some commands. Continuing to regain conversational ability and motor function gradually each day. Has some waxing and waning of mental status, but overall her encephalopathy continues to improve. -Limit centrally acting/sedating medications -Speech following for language/cognition as well as dysphagia requiring tube feeding. Can begin some sips in addition to tube feeds. -Continue tube feeds via tube per instructions provided on after visit summary INFECTIOUS DISEASE C. Difficile Colitis: -C.Diff Positive 3/18. Continue 125 mg PO Vancomycin Q6H for 10 days (3/18 - 3/27), confirmed with infectious disease -Frequency of diarrhea has decreased significantly, was stable after rectal tube removed 2-3 days prior to discharge Pneumonia, likely due to aspiration, resolved -s/p 5 day course ceftriaxone (3/5 - 3/9) -CTA on admission showed significant RUL and RLL consolidation with air bronchograms, as well as some patchy airspace disease in LUL -Had copious tan sputum on suctioning 3/7 - respiratory culture negative CARDIOLOGY Out of hospital cardiac arrest, likely VT/VF -Pt's husband initiated chest compressions x 10 minutes, until police/fire dept arrival, when AED showed a shockable rhythm. Likely VT/VF arrest. -S/p therapeutic hypothermia protocol. -Troponin peaked at 1.09 -3/16 Successful single chamber ICD implantation Nonsustained ventricular tachycardia (NSVT), resolved Chronic left bundle branch block -Has had multiple episodes of NSVT noted on telemetry 3/19 - 3/20 -s/p ICD as above -Increased dose of Carvedilol to 25 mg BID with resolution of NSVT History of nonischemic cardiomyopathy, LVEF 55% -Echo in 11/2019 demonstrated EF 42% (nadir). -TTE on admission showed recovered EF to 55%, mild concentric LVH, normal RV systolic function, no valvular abnormalities -Was initially started on aspirin/statin due to high suspicion for CAD, but as cardiac cath 3/15 was unremarkable, these medications were discontinued. -3/16 Successful single chamber ICD implantation Hypertension -Blood pressure now improved after restarting home lisinopril and initiating carvedilol -HCTZ discontinued as BP now well controlled on above regimen RENAL Oliguria, resolved -Pt initially had low urine output since admission, improved to 0.5 cc/kg/hr on 3/9. Continue fluids with free water flushes through tube feeds -Has had normal electrolytes, renal function, and urine output since initial renal recovery. RESPIRATORY Acute hypoxic respiratory failure secondary to cardiac arrest, s/p mechanical ventilation, extubated 3/11 -Patient successfully extubated 3/11, stable respiratory status. Protecting airway well. -Encourage incentive spirometry HEMATOLOGY Acute normocytic anemia, improving -Pt had Hgb drop from baseline around 13-14 at admission to 10.9, now around 10-11. -Has iron saturation of 11%. Normal LDH/bilirubin, ruling out hemolysis. -Started oral iron supplements -Consider outpatient screening for colon cancer ENDOCRINE Osteoporosis - on alendronate at home Discharge Disposition Discharge to skilled nursing facility Active Issues Requiring Follow-up Cardiology -follow-up for AICD placement PCP -post hospital follow-up Test Results Pending at Discharge -none
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	**1214373-1**	Patient suffered cardiac arrest two days (on 3/5) following first dose Moderna Vaccine at Rite Aid Pharmacy (3/3). The following is the Discharge Summary From 3/26. Resident Attestation: I personally saw and examined the patient on rounds with my cariology resident team on the day of the resident's note. Management was discussed with the cardiology resident and I supervised the plan of care. I have reviewed and agree with the key parts of the resident evaluation including: Subjective information Objective findings on physical exam Impression and plan Gen: appears comfortable, sitting in bed Resp: clear. no wheezes, rhonchi, rales CV: normal rate, regular, no m/r/g Abd: soft, nt/nd Ext: warm, no edema. Pressure ulcer boots on. Pleasant 70-year-old woman who had a history of PVCs, left bundle branch block, and a mild nonischemic cardiomyopathy, came into the hospital following a VT/VF cardiac arrest. Her echocardiogram done while in the hospital showed a preserved ejection fraction. Her cardiac catheterization showed normal coronary arteries. She had implantation of an ICD. Hospital course has been complicated by watershed cerebral infarcts. In addition, she had an episode of C. difficile colitis. She has gradually improved over the

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	course of the past 3 weeks. From a cardiovascular perspective, she is being **Adverse Event Description**
				discharged on carvedilol 25 mg twice a day, lisinopril 10 mg daily, and her home atorvastatin. With regards to her etiology of cardiac arrest, I would be suspicious about the possibility of sarcoidosis. However, we were not able to get a cardiac MR while she was inpatient due to her strokes and inability to consistently follow commands and hold her breath. Would recommend consideration of an outpatient PET. She is ready to discharge to subacute rehab today. I have spent greater than 30 minutes in discharge planning. Primary Discharge Diagnosis VT/VF cardiac arrest, s/p therapeutic hypothermia S/p AICD placement 3/16/2021 Secondary Discharge Diagnoses Anoxic brain injury, recovering, with persistent aphasia and dysphagia C. difficile colitis Nonsustained ventricular tachycardia, resolved DETAILS OF HOSPITAL STAY Presenting Problem/History of Present Illness 70 y.o. female, with history of nonischemic cardiomyopathy, admitted on 3/5/2021 after out of hospital VT/VF cardiac arrest. She completed therapeutic hypothermia protocol. Cardiac catheterization did not show any significant obstructive coronary disease. TTE showed LVEF 55%. Patient underwent AICD placement on 3/16/2021. Had some recurrent nonsustained ventricular tachycardia afterward, which resolved after increasing her carvedilol doses. Her course was complicated by a C. difficile infection, treated with PO Vancomycin, with significant improvement in diarrhea. She has had gradual neurologic recovery. Neurology felt she had had several watershed infarcts, but felt that she would continue to have a prolonged recovery over the next few months. Had some recovery of language/cognition prior to discharge. Due to her waxing/waning encephalopathy, she did not qualify for inpatient rehab, but will be discharged to subacute rehab. Discharged with tube feeding continued, though she can begin sips with speech therapy supervision. Patient seen and examined at bedside on the day of discharge. She stated that she had no pain, though HPI/ROS still limited due to aphasia. Discussed above information with patient's husband, who understood and was in agreement with the plan. Problem-Based Hospital Course NEURO Acute metabolic encephalopathy, with gradual recovery -Due to neurologic injury from cardiac arrest. -Neurology consult: concern for anoxic brain injury with watershed infarcts, anticipate very gradual recovery over the coming months. No acute process on imaging. -Patient extubated on 3/11, following some commands. Continuing to regain conversational ability and motor function gradually each day. Has some waxing and waning of mental status, but overall her encephalopathy continues to improve. -Limit centrally acting/sedating medications -Speech following for language/cognition as well as dysphagia requiring tube feeding. Can begin some sips in addition to tube feeds. -Continue tube feeds via Dobbhoff tube per instructions provided on after visit summary INFECTIOUS DISEASE C. Difficile Colitis: -C.Diff Positive 3/18. Continue 125 mg PO Vancomycin Q6H for 10 days (3/18 - 3/27), confirmed with infectious disease -Frequency of diarrhea has decreased significantly, was stable after rectal tube removed 2-3 days prior to discharge Pneumonia, likely due to aspiration, resolved -s/p 5 day course ceftriaxone (3/5 - 3/9) -CTA on admission showed significant RUL and RLL consolidation with air bronchograms, as well as some patchy airspace disease in LUL -Had copious tan sputum on suctioning 3/7 - respiratory culture negative CARDIOLOGY Out of hospital cardiac arrest, likely VT/VF -Pt's husband initiated chest compressions x 10 minutes, until police/fire dept arrival, when AED showed a shockable rhythm. Likely VT/VF arrest. -S/p therapeutic hypothermia protocol. -Troponin peaked at 1.09 -3/16 Successful single chamber ICD implantation Nonsustained ventricular tachycardia (NSVT), resolved Chronic left bundle branch block -Has had multiple episodes of NSVT noted on telemetry 3/19 - 3/20 -s/p ICD as above -Increased dose of Carvedilol to 25 mg BID with resolution of NSVT History of nonischemic cardiomyopathy, LVEF 55% -Echo in 11/2019 demonstrated EF 42% (nadir). -TTE on admission showed recovered EF to 55%, mild concentric LVH, normal RV systolic function, no valvular abnormalities -Was initially started on aspirin/statin due to high suspicion for CAD, but as cardiac cath 3/15 was unremarkable, these medications were discontinued. -3/16 Successful single chamber ICD implantation Hypertension -Blood pressure now improved after restarting home lisinopril and initiating carvedilol -HCTZ discontinued as BP now well controlled on above regimen RENAL Oliguria, resolved -Pt initially had low urine output since admission, improved to 0.5 cc/kg/hr on 3/9. Continue fluids with free water flushes through tube feeds -Has had normal electrolytes, renal function, and urine output since initial renal recovery. RESPIRATORY Acute hypoxic respiratory failure secondary to cardiac arrest, s/p mechanical ventilation, extubated 3/11 -Patient successfully extubated 3/11, stable respiratory status. Protecting airway well. -Encourage incentive spirometry HEMATOLOGY Acute normocytic anemia, improving -Pt had Hgb drop from baseline around 13-14 at admission to 10.9, now around 10-11. -Has iron saturation of 11%. Normal LDH/bilirubin, ruling out hemolysis. -Started oral iron supplements -Consider outpatient screening for colon cancer ENDOCRINE Osteoporosis - on alendronate at home Discharge Disposition Discharge to skilled nursing facility Active Issues Requiring Follow-up Cardiology -follow-up for AICD placement PCP -post hospital follow-up Test Results Pending at Discharge -none
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1214800-1	Patient per tracking received 2nd COVID vaccine on 4/5/2021 from Health Department. Patient to Hospital Emergency department via EMS 4/6/2021 with cardiac arrest and death
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1218454-1	Patient's sister, spoke to Public Health staff to say that he passed away suddenly on 4/3/21 from a cardiac arrest, he had no underlying health conditions she states but did take some medications, she believes for blood pressure.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1218965-1	Per provider notes, 26-year old male was brought to the emergency room after he had an out of the hospital cardiac arrest/seizure. Mother of patient provided initial history. Patient received his first COVID vaccine 2 days ago and the next day he started complaining of some chest pain. Patient woke up on the 15th, mother made breakfast and acting normal. Mother went up to room and found him unresponsive foaming at the mouth and may have been shaking. Paramedics arrived and started CPR and noted he was in V fib and shocked once into an organized rhythm. Patient experienced another seizure in the ED. Patient's family was positive for COVID in January. Patient was tested then and tested positive at hospital. Cycle threshold was 39.9. Patient was intubated initially yet extubated on 4/16/2021
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1219100-1	This patient was at work two days after her vaccine and went to the bathroom. When she did not come back to work after around 20 minutes, she was found unresponsive and an ambulance was called. The patient was declared deceased at the ER with the cause of death initially as cardiac arrest however a full autopsy was performed and Coroner's office is awaiting that report at this time. We did not know of the death until we went back this week to complete the second round of vaccinations. Since the death happened in such close proximity to the vaccination date we felt it prudent to report.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1220870-1	Cardiac arrest; pulmonary embolism; This spontaneous case was reported by a consumer and describes the occurrence of CARDIAC ARREST (Cardiac arrest) and PULMONARY EMBOLISM (pulmonary embolism) in a 72-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Resuscitation. On 04-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Mar-2021, the patient experienced CARDIAC ARREST (Cardiac arrest) (seriousness criteria hospitalization, medically significant and life threatening) and PULMONARY EMBOLISM (pulmonary embolism) (seriousness criteria hospitalization and life threatening). At the time of the report, CARDIAC ARREST (Cardiac arrest) and PULMONARY EMBOLISM (pulmonary embolism) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1223867-1	Approximately 1800, nursing staff reported patient had facial drooping and slurred speech. Patient vitals were stable. Symptoms resolved. 2/1/2021 Resident observed in the bedroom, unresponsive. No heartbeat or lung sounds upon auscultation. Pupils mid-dilated and fixated, no reaction to light. Carotid pulses were not palpable. Pronounced dead at 1422 by nurse practitioner.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1223971-1	4/4/21 at 11:30 pm the patient started to make snoring-like sounds in her sleep and could not be woken up. 911 was called and in the hospital a CT scan identified extensive large right-sided intraparenchymal hemorrhage within the frontal, parietal and temporal regions, extending into the ventricular system. The patient was put on the ventilator and administered blood pressure medication. A-line was inserted to read blood pressure. 4/11/21 at 8:11 pm the patient passed away due to cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1228009-1	respiratory and cardiac arrest Narrative: Patient with PMH of esophageal cancer, larynx cancer, liver cancer, PTSD, A. fib, and alcohol abuse. He received his COVID-19 vaccines on 2/14/21 and 3/14/21. Both vaccines were administered without complications and patient was observed for 15 minutes post-vaccination without adverse effects. No other adverse events noted between time of last COVID-19 vaccinations and death. On 4/11/21, patient's wife called 911 in which EMS found patient unresponsive with abnormal breathing. Wife reported that patient was breathing up until 5 minutes prior to EMA arrival, but had been unresponsive. Wife reports that patient suffered from multiple forms of cancer, PTSD, and alcohol abuse. Wife believed that patient quit smoking and drinking but the morning of death found vodka and cigarettes in his coat. Wife reports that patient asked for help getting up from the stairs and then laid down in the bed, and went unresponsive afterwards. EMS attempted to revive the patient with CPR but were unsuccessful. Per EMS note patient suffered from respiratory arrest, cardiac arrest, then cardiac death. Patient was not brought to the hospital prior to death. It is very unlikely that the COVID-19 vaccinations contributed to this patient's death due to his extensive PMH with substance use disorder and cancer.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1228448-1	Received vaccine 04/08/2021. Was admitted to the hospital later in the day with cardiac arrest. Deceased 4/9/2021
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1229152-1	101.5 fever Friday night, followed by a seizure at 3am. She was found unresponsive late Saturday afternoon, and was pronounced dead at the hospital. Sudden cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1229390-1	Pt found unresponsive in hospital room with large amount of vomit. Patient pronounced dead shortly after with cause of death noted to be aspiration pneumonia with hypoxemia leading to cardiac arrest. Pt received vaccine 1 month prior so I wanted to report this.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1229917-1	4/3/21 at 0052 during Q15 rounds the patient was found laying awake on the floor next to his bed. He denied falling. Vitals showed BP 95/57, Temp 96, O2 sat 77%. He was evaluated and transferred to an acute care hospital with cardiac specialty. He was found to have elevated triponin and chest x-ray showed lung infiltrates; COVID test was negative. Diagnosis was MI and pnuemonia. He received a right coronary artery stent. The patient was intubated on full ventilation support. On 4/4/21 the patient went into cardiac arrest 3 times and was resuscitated. On 4/5/21 his condition declined and he went into cardiac arrest again and was resuscitated around noon. The patient died in acute care on 4/7/21 at 0608.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1232551-1	Patient was administered dose 2 of Moderna vaccine on 2/22/2021 and on evening of 2/23/2021 patient experienced a witnessed cardiac arrest, was transported to the ED and expired
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1233617-1	5:30 pm 3/29/21 received phone call from aunt that ems had taken dad to hospital because he was feeling unwell. he vomited prior before and just didn't feel right. ems showed up and observed him, glucose was 139..not out of range...vitals stable..2nd moderna vaccine 5 days prior...ems said that is was probably side effects...asked if he really wanted to go in...said yes, took him to hospital...5:45 daughter called hospital to get status check....she is poa for medical...er doc said he was intubated and on vent.....er doc said he was very sick...6:50 pm daughter got to er and room he was on vent and knocked out...he had antibiotics, sleeping meds..meds to rise bp in iv.....er doc came in daughter asked why he was on vent...asked about o2 doc said he was fine just unresponsive...labs were being done at time...had him on dextrose, propofol, dexmedtominine,..asked to have him transferred to own hospital..8:10 dr. comes in with lab results...kidneys and livers were showing multi organ failure...triponin was high as well..red flags were: creatine 9.93, gsr-5, hemoglobin-7, liver lft-500, triponin 14, covid test was negative, white count was in range, daughter mentioned vaccine again and doc said nothing nor did she mention heart being in trouble, no answers regarding what the cause of this was...for the record he only had kidney issues due to type 2 diabetes, was not at dialysis level...9:30 ems shows up to take dad to another hospital were not ready from him yet...9:41 dad heart started to drop on monitor withing 15 secodes iit flatlined in front of daughter.....med staff did cpr...brought in epi pens and manual cpr for heart...a little after 10 heart was started it ran for 4 minutes then crashed again..10:05 continued cpr until 10:28, dr showed that walls i heart not squeezing very damaged, brought in echo during process, 10:28 time of death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1237053-1	Day 2 : fever chills and flu like symptoms Day 5 : full cardiac arrest: with no previous heart issue
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1237511-1	Patient brought in by ambulance after cardiac arrest witnessed by patient's wife at 4/19/21 1:37AM. Per ED, the wife reports he had complained of feeling weak over the last few days without clear reason, then this morning patient had episode of emesis after which he told wife to call 911 and then suddenly became unresponsive. In ED was intubated, started on hypothermia protocol, Patient sedated on Propofol and started on a heparin drip, clopidogrel, aspirin and empiric antibiotics for aspiration Pneumonia
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1243832-1	"4.21.2021- I spoke with (patient's husband) related to spouse. Husband stated the patient has a history of 2nd Degree Type 2 heart block, pacemaker placed at the age of 14, and she currently has issues with an eating disorder dx with anorexia. Patient is reported to be approximately 68-70 pounds at the time of vaccination. March 8.2021- Husband states he and his wife came to receive the vaccine around 1630. After, receiving the vaccine the patient stated to her Husband ""my arm really hurts."" She begin experiencing s/s at approximately 1900 including: fever, chills, runny nose, fatigued and tired - reportedly temperature was 100.0 and the patient began to drink Gatorade and take Tylenol. Monday, 3.15.2021 patient continued to have symptoms therefore, (husband) contacted Moderna Representatives from the safety team, to determine if it would be safe for the patient to get the 2nd vaccine dose - advised everyone that does not have contraindications should be vaccinated-advised to reach out to PCP. Husband stated that the patient did not want to go to her PCP because of her eating disorder. The patient worked from bed during the week per the husband and spent 90-95% of her time in the bed after receiving the vaccine. Husband states on Saturday 3.20.2021 the patients fever had subsided however, she continued to feel poorly and remained bedbound most of the time. Husband is an Pilot 3.23.2021 stated once, he had landed he began trying to contact wife but she was not answering the phone, after several attempts to contact wife - Husband called a neighbor to check on wife. Upon, entering the residence the neighbor found wife lying on the floor unconscious and not breathing. The neighbor notified Husband and called 911. EMS arrived at the scene and pronounced the patient as a DOA. Husband states that the death certification list cardiac arrest, electrolyte imbalance, and heart block, as causes for death. Husband is concerned that the vaccine may have contributed in some way demise of his wife as he stated ""she was never the same after the vaccination.""""
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1246486-1	Patient reported to onsite health clinic to see nurse at 1930. Complaints of not feeling well. Vomited then dyspnea. Went into cardiac arrest, AED used x1. EMS called at 1945. CPR, intubation until 2055. Time of death 2055.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1247301-1	On 3/15 had a cardia arrest and is currently comatose

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1248086-1	Moderna COVID-19 Vaccine EUA: patient underwent L1-2 corpectomy, pedicle subtraction osteotomy, and extension of fusion from T4 to the pelvis two months after vaccination. During surgery patient became thrombocytopenic and required massive transfusion. Thirteen days after surgery found to have bilateral pulmonary embolisms and deep vein thromboses and placed on anticoagulation. Patient subsequently suffered cardiac arrest and was unable to be resuscitated.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1249559-1	respiratory distress; cardiac arrest; pulmonary embolism; This spontaneous case was reported by a consumer and describes the occurrence of RESPIRATORY DISTRESS (respiratory distress), CARDIAC ARREST (cardiac arrest) and PULMONARY EMBOLISM (pulmonary embolism) in a 76-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. Concurrent medical conditions included Lipid metabolism disorder NOS. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 08-Apr-2021, the patient experienced RESPIRATORY DISTRESS (respiratory distress) (seriousness criterion death), CARDIAC ARREST (cardiac arrest) (seriousness criterion death) and PULMONARY EMBOLISM (pulmonary emboliasm) (seriousness criterion death). The patient died on 11-Apr-2021. It is unknown if an autopsy was performed. Not Provided For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. NO treatment or Concomitant medication were provided. Company Comment This is a case of sudden death in a 76-year-old female patient with a history of Lipid metabolism disorder, who died (date unknown) of respiratory distress, cardiac arrest and PULMONARY EMBOLISM after receiving first dose of vaccine. Very limited information has been provided at this time.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1255831-1	77 y.o., male come to ED on 12/24/20, with complaint of SOB and neck swelling. Per ED notes, PE: Large left side neck mass (Erythematous, warm and tender). Possible abscess vs gland infx vs lymphadenitis , which started 4 hours PTA. Pt stated he woke up with the symptoms after having his COVID vaccination yesterday (12/23/20). Patient was given clindamycin in ED, had an anaphylactic reaction (neck, tongue and epiglottis swelling), developed progressive respiratory distress requiring intubation. Noted to develop complete heart block, had 2 cardiac arrests with preceding bradycardia, had transvenous pacer and and tolerated procedure well. He was discharged back to SNF on 1/02/21. Patient noted to have a subclavian DVT on DC, and will start Eliquis.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1257204-1	Patient began experiencing pain and difficulty walking on Tuesday, March 23. Later that afternoon she was taken to an Urgent care, who sent her to the ER for evaluation. She was diagnosed with a very large blood clot in her leg, spanning from just above the knee to her groin area. They admitted her and began treating her with blood thinners. While undergoing that treatment, her heart stopped 3 times and she had to be resuscitated. They discovered a pulmonary embolism. While removing a large clot from her lungs, the doctor found that her lungs were riddled with hundreds of tiny blood clots. They also said that she was bleeding internally, very heavily, from an unknown location. In all, they gave her 20 units of blood, and none of it stayed in her veins. The doctor said it seemed to just disintegrate. At that point, her brain and organs had begun shutting down and family made the decision to remove her from life support. She passed away Thursday evening, March 25, 2021.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1259173-1	cardiac arrest, ventricular fibrillation, new large brain aneurysm. anoxic brain injury. She was found in her car down with cardiac arrest in ventricular fibrillation. She was intubated and found to have brain aneurysm that is new. She suffered anoxic brain injury and was in vegetative state. aneurysm is left alone due to poor neurologic function per neurosurgery. Pt is placed on comfort care and waiting for expiration
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1261517-1	could not breath; in induced coma; went into cardiac arrest; This spontaneous case was reported by a patient family member or friend and describes the occurrence of COMA (in induced coma), CARDIAC ARREST (went into cardiac arrest) and DYSPNOEA (could not breath) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 043021A and 037A21B) for COVID-19 vaccination. The patient's past medical history included No adverse event (No reported medical history). On 18-Apr-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 19-Apr-2021, the patient experienced COMA (in induced coma) (seriousness criterion hospitalization) and CARDIAC ARREST (went into cardiac arrest) (seriousness criterion hospitalization). On 19-Apr-2021 at 1:00 AM, the patient experienced DYSPNOEA (could not breath) (seriousness criterion hospitalization). The patient was hospitalized on 19-Apr-2020 due to COMA, then on 19-Apr-2021 due to CARDIAC ARREST and DYSPNOEA. The patient was treated with Manual therapy (CPR) for Cardiac arrest and Manual therapy (CPR) for Dyspnoea. At the time of the report, COMA (in induced coma), CARDIAC ARREST (went into cardiac arrest) and DYSPNOEA (could not breath) outcome was unknown. No concomitant medications were reported. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1263989-1	Nausea, vomiting, burning in stomach, high blood sugars- symptoms started the day after the vaccine. Found obtunded 3 days after vaccine given. 911 called in route to the hospital had a cardiac arrest, resuscitated, arrested again and resuscitated. Upon admission to the hospital diagnosed with diabetic ketoacidosis and died the next day- 4 days after the vaccine was administered
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1264003-1	Patient received 1st COVID vaccine 4/12/2021 at medical center. Per ER report: 4/14/2021 patient was in bed with significant other and was noted to not be responding. EMS was called. Patient was found without a pulse and apneic. CPR began, PEA converted to Vtach, received 8 total epi and 1.5gm lidocaine by EMS. Down 50-55 minutes prior to ER. In ER given 2 additional epi, 2 sodium bicarb, intubated and was PEA then asystole. Pronounced deceased in ER.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1268440-1	Death due to cardiac arrest on 4/26/2021
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1270366-1	cardiac arrest 5 days post vaccination.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1272225-1	Confusion 6 days after shot. Within a week lost ability to walk, became urinary incontinent. Major chest congestion, slept all the time. Rushed by ambulance at day 12.. Diagnosed with pneumonia amd uti. Cardiac arrest at day 14, never woke up. Taken off life support 3/20/21.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1274675-1	Vaccine was administered at 1215, patient was monitored for 15minutes per CDC guidelines with not adverse reactions noted. Approximately one hour after administration of vaccine patient noted to be moaning, fingerstick BS at 59mg/dL, Dextrose administered, pt proceeded in to cardiac arrest, CPR was initiated and EMS activated. Pt expired approximately 4 hours after incident at ER.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				had the cardiac arrest & was hospitalized for 12 days we still cannot find any reason for the cardiac arrest; was in extreme acidosis; somewhere along the line, I got sepsis; CT scan showed a hematoma in stomach; distended stomach; Still have terrible diarrhea; haven't gotten my second shot yet; following day, I started with extreme chills; Fever; was just miserable for several days; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CARDIAC ARREST (had the cardiac arrest & was hospitalized for 12 days we still cannot find any reason for the cardiac arrest), ACIDOSIS (was in extreme acidosis), SEPSIS (somewhere along the line, I got sepsis), HAEMATOMA (CT scan showed a hematoma in stomach), GASTRIC DILATATION (distended stomach) and DIARRHOEA (Still have terrible diarrhea) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 046A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history reported. Concomitant products included OMEPRAZOLE (PROTONIX [OMEPRAZOLE]), ESTROGENS CONJUGATED (PREMARIN), VITAMIN D3, PROBIOTICS NOS and ALPRAZOLAM (XANAX) for an unknown indication. On 18-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 18-Mar-2021, the patient experienced DIARRHOEA (Still have terrible diarrhea) (seriousness criterion hospitalization prolonged), FEELING ABNORMAL (was just miserable for several days), CHILLS (following day, I started with extreme chills) and PYREXIA (Fever). On 24-Mar-2021, the patient experienced CARDIAC ARREST (had the cardiac arrest & was hospitalized for 12 days we still cannot find any reason for the cardiac arrest) (seriousness criteria hospitalization prolonged, medically significant and life threatening), ACIDOSIS (was in extreme acidosis) (seriousness criteria hospitalization prolonged and life threatening), SEPSIS (somewhere along the line, I got sepsis) (seriousness criteria hospitalization prolonged and life threatening), HAEMATOMA (CT scan showed a hematoma in stomach) (seriousness criteria hospitalization prolonged and life threatening) and GASTRIC DILATATION (distended stomach) (seriousness criterion hospitalization prolonged). On an unknown date, the patient experienced PRODUCT DOSE OMISSION ISSUE (haven't gotten my second shot yet). The patient was hospitalized on 24-Mar-2021 due to ACIDOSIS, CARDIAC ARREST, DIARRHOEA, GASTRIC DILATATION, HAEMATOMA and SEPSIS. At the time of the report, CARDIAC ARREST (had the cardiac arrest & was hospitalized for 12 days we still cannot find any reason for the cardiac arrest), ACIDOSIS (was in extreme acidosis), SEPSIS (somewhere along the line, I got sepsis), HAEMATOMA (CT scan showed a hematoma in stomach), GASTRIC DILATATION (distended stomach), DIARRHOEA (Still have terrible diarrhea), FEELING ABNORMAL (was just miserable for several days), PRODUCT DOSE OMISSION ISSUE (haven't gotten my second shot yet), CHILLS (following day, I started with extreme chills) and PYREXIA (Fever) outcome was unknown. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 24-Mar-2021, Computerised tomogram: hematoma in stomach (abnormal) Four CT scans. Showed hematoma in stomach. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. On 24th March 21, Patient had multiple x-rays done. The result was not provided. Treatment for the events was not provided. CPR for 10 minutes which lead to have 4 broken ribs and one lung collapsed.; Sender's Comments: This case of 72 y/o who missed 2nd dose and experienced additional events. Based on the information provided, the events of sepsis, broken ribs and collapse lungs are assessed as unlikely as they occurred was secondary to the other events and intervention. Sepsis is of an infectious origin. Causality between product use and the remaining events cannot be excluded based on temporal association. Missed dose is not applicable and chills and pyrexia are consistent with product safety profile.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1276785-1	
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1281552-1	I cannot confirm the type of vaccine the pt received as it didn't occur in our health system. Pt experienced out of hospital cardiac arrest a few days after vaccination. Pt resuscitated; however never regained consciousness. Coronary angiogram revealed normal coronary arteries.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1286202-1	patient went into cardiac arrest three times
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1289723-1	Death. Approximately 12 hours after administering the vaccination shot, patient experienced a medical emergency and lost her pulse. Paramedics attempted to resuscitate her for about 80 minutes. Her heart was unable to be restarted. She was declared deceased at 3:00 AM locally.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1290096-1	4/20/21: patient arrived to ER per EMS status post PEA arrest. Per ER records, patient became unresponsive while sitting in bed witnessed by husband at home. According to husband, they had come home, she sat on the bed and complained she was not feeling good. She then fell back on the bed and began to seize. Subsequently she had intermittent episodes of alertness and was able to speak to the husband followed by unresponsiveness. At time of EMS arrival pt. was unresponsive. EMS noted BS 120s, SBP 50s. En route to hospital, pt. had a CP arrest for which epinephrine was given, CPR initiated with ROSC. Pt. arrived to the ER on a NRB mask attempting to speak. Subsequently, pt. had several CP arrests with asystole, and

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1290195-1	Covid19 vaccine: The patient received her second dosage of Moderna on 3/23.Patient called family medicine triage on 4/1 regarding arm/shoulder pain from her vaccine site that was not improving. Pain started out near injection site but last couple days has been spreading to shoulder, some possible swelling, per patient. Finding it hard to sleep. Denies redness, warmth. Feels warm but no chills, doesn't have thermometer at home. The patient refused to call the COVID hotline. She was calling for an in-person appointment and was triaged for her symptoms. The next in-person appointment was not until Saturday 4/3, and it was given to the patient. She did not want to go to the ED. She suffered a witnessed massive heart attack the same day in her home and her partner called 911. Per parnter's report, walked around a little that day, in discomfort. Then came home and laid down with more arm pain. She had acute L arm pain and then agonal breathing - passed in order of 2-3 minutes. Likely cardiac arrest after MI for few days. She was BIBA the EMTs continued CPR for ~20 minutes but was unable to revive patient. She was pronounced dead on 2023.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1290197-1	Cardiac arrest, seizures death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1293944-1	Patient suffered cardiac arrest today
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1295691-1	5/4/21 presenting to the emergency department for evaluation of cardiac arrest. Prior to arrival, the patient received his second COVID shot. While there, he went into v-fib arrest. Acute inferior posterior myocardial infarction with out-of-hospital cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1296012-1	"Arrived to emergency department via ambulance from nursing home with complaints of ""looking like he was about to have a seizure"". Patient became unresponsive and a code was called. ACLS performed but the patient did not recover from cardiac arrest."
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1296384-1	Client admitted to the hospital on 4/26/2021 with Covid symptoms, body aches, SOB and chest pain. Diagnosed with Covid -19 pneumonia. Antigen test positive for Covid-19 on 4/26/2021. Subsequent admission on 5/4/2021 with cardiac arrest secondary to hypovolemic shock from UGI bleed, likely variceal. Client died 5/5/2021.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1303655-1	Fever, chills, nausea the morning After vaccine. Took out the trash and had a cardiac arrest and fell. 911 called went to hospital 3 1/2 days no change. 2 Dr.s said no improvement brain dead. Had a living will disconnected after 48 hrs. Disconnected at 7:00 pm died 8:17 pm. 2/7/21
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1308207-1	#2 Moderna Vaccine given on 4/20/21 On 5/7/21 patient became SOB before syncope to cardiac arrest, event was witnessed and CPR started immediately. Patient expired 45 min later at Medical Center.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1310681-1	Cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1310861-1	Cardiac Arrest, Death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1311684-1	Patient woke up on March 11 with vomiting and diarrhea, continued feeling ill through to the morning of March 15, when he was found to be lethargic and unable to communicate. I took him to urgent care where he was immediately rushed to the hospital emergency room at local hospital. He went into cardiac arrest for 20 minutes while in the ER. Besides the cardiac arrest patient presented with the following: Acidosis, acute renal failure, acute respiratory failure, shock, severe sepsis, septic shock, sepsis, right ventricular enlargement, pleural effusion bilateral, pericardial effusion, etc... Patient was in ICU and on a ventilator for 1 week, then 5 days in telemetry. He was released when stable as a diagnosis could could not determined. Discharge instructions were to follow up with primary care Dr for additional tests. Patient was discharged on March 26, 2021. He went to hospital March 30 for blood work for a primary care appt on April 2. Patient's blood pressure was again very low and his sodium level was dangerously low, he was again admitted to the hospital. After exhaustive tests it was determine he has Addison's autoimmune and Hashimoto's autoimmune diseases. He was discharged from hospital on March 5, 2021. Patient was put on hydrocortisone, fludocortisone, and levoxothorine. He is now doing fine on the medication.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1314395-1	Fever, body aches, respiratory difficulties, had a cardiac arrest.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1319844-1	Heart had stopped for 4 minutes; Some coronary incident; went to emergency room because wasn't feeling well; Fractured ribs; This spontaneous case was reported by a pharmacist (subsequently medically confirmed) and describes the occurrence of CARDIAC ARREST (Heart had stopped for 4 minutes), CORONARY ARTERY DISEASE (Some coronary incident), MALAISE (went to emergency room because wasn't feeling well) and RIB FRACTURE (Fractured ribs) in a 90-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 036B21A) for COVID-19 vaccination. The patient's past medical history included Multiple myeloma (Had multiple myeloma treatments in past 13 years and I'm in remission. Had multiple chemotherapies for them throughout since the year 2008.) in 2008. On 09-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 10-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 24-Apr-2021, the patient experienced CARDIAC ARREST (Heart had stopped for 4 minutes) (seriousness criteria hospitalization, medically significant and life threatening), CORONARY ARTERY DISEASE (Some coronary incident) (seriousness criteria hospitalization, medically significant and life threatening), MALAISE (went to emergency room because wasn't feeling well) (seriousness criteria hospitalization, medically significant and life threatening) and RIB FRACTURE (Fractured ribs) (seriousness criteria hospitalization, medically significant and life threatening). The patient was hospitalized on 24-Apr-2021 due to CARDIAC ARREST, CORONARY ARTERY DISEASE, MALAISE and RIB FRACTURE. The patient was treated with Manual therapy (CPR) for Cardiac arrest and Rehabilitation therapy for Rib fracture. At the time of the report, CARDIAC ARREST (Heart had stopped for 4 minutes), CORONARY ARTERY DISEASE (Some coronary incident), MALAISE (went to emergency room because wasn't feeling well) and RIB FRACTURE (Fractured ribs) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No relevant concomitant medications were provided. The patient went to emergency room because he wasn't feeling well. The patient was treated (details not provided) for 6-7 hours and assigned him the room. According to the patient, he did not remember anything after that. He woke up next day with all the tubes in him. Reportedly, his heart had stopped for 4 minutes and he had some coronary incident. The patient was given CPR to bring him back and due to that, he had fractured ribs. He was discharged after 5 days to a rehabilitation facility. No other information provided. Action taken with mRNA-1273 in response to the events was not Applicable. Concomitant information 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.; 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.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1323550-1	Patient received Moderna COVID vaccine on 2/1/2021 and 2/22/2021. Pt. presented to Medical center within Health system with weakness and arm and leg swelling on 3/4/2021. Admitted for observation, tested negative for COVID and discharged on 3/5. Pt. presented to Medical Center, also within Health system on 5/2/2021 complaining of SOB. Stated that she has had non-productive cough for months, but felt it had worsened lately. Pt. found to be COVID positive with bilateral infiltrates. Pt. required 6L O2. Pt. was DNRCCA. Pt. not intubated but expired from cardiac arrest/COVID on 5/16/2021.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1323599-1	Sudden death due to heart failure (patient without any underlying heart conditions or experiencing any symptoms prior to death). Called 911 when family noticing patient being unconscious; 911 arrived detecting weak heart beats and took the patients to the nearest emergency room. Heart stopped beating when arriving at emergency room.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1323719-1	Patient is a 41 y.o. female, reported history of asthma, obesity, polysubstance use, is transferred to the hospital via EMS in cardiac arrest. Per EMS report, the patient was found in an apartment complex by a neighbor unconscious. The initial report was that she was breathing however EMS was called back and then told that she was not breathing and not responsive. Estimated downtime was between 5 and 8 minutes before paramedics arrived and initiated CPR. Due to the patient's body habitus, it did take approximately 15 minutes to get the patient transported to the hospital. 3 rounds of epinephrine were given in the field. Her rhythm has been asystole prior to getting to the emergency department. Intraosseous access is obtained. There is an OPA in place.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1324523-1	Witnessed Cardiac arrest at home. No bystander CPR; +30 min transport time, unsuccessful resuscitation. Code called upon arrival to hospital
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1326498-1	5 minutes after vaccination, patient suffered cardiac arrest in clinic. CPR started immediately, shocked, EPI given. EMS transported to hospital patient expired in ED.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1327132-1	Cardiac Arrest
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1330155-1	Difficulty to breath, pain in the lungs, patient was rushed to the hospital and after addition, patient goes to cardiac arrest.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1336767-1	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.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1341680-1	Patient developed fever and 3 episodes of syncope on the day following the vaccine. The third episode of syncope occurred while being driven to the hospital. She arrived at the hospital in cardiac arrest with asystole. She was resuscitated and is currently in the ICU intubated.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1342014-1	Cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1347808-1	"started with c/o ""feels weird in my chest like a pulled muscle"", few days later slight short of breath with fatigue, May 2 11:45 cardiac arrest when paramedics placed O2, rounds of CPR and med's, pronounced dead at hospital after attempts of CPR. Out come on death certificate Bilateral Pulmonary Thromboemboli. Coroner stated there were multiple PE's in bilateral lungs. Positive for Covid 19 (Had in Feb, vaccine in April 20)"
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1351314-1	FEVER, PASSED OUT, CARDIACT ARREST
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1354616-1	Difficulty breathing, coughing, congestion, dies of cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1357679-1	3 days after 2nd dose of moderna patient presented to our er in cardiac arrest; lacking extensive cardiac history other than a-fib; he had reported anginal like symptoms to his wofe during the day and then collapsed in v-fub and was unrecusitatble; no autopsy or further information; unclear if vaccine is contributory but within 3 days i agreed with patient's wife in that the temporal relation should be reported
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1358475-1	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.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1364018-1	"Cardiac Arrest (38 days after second vaccine); This spontaneous case was reported by a consumer and describes the occurrence of CARDIAC ARREST (Cardiac Arrest (38 days after second vaccine)) in a 61-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 03-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 31-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 08-May-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced CARDIAC ARREST (Cardiac Arrest (38 days after second vaccine)) (seriousness criteria death, medically significant and life threatening). The patient died on 08-May-2021. The reported cause of death was cardiac arrest (38 days after second vaccine). It is unknown if an autopsy was performed. It was reported that Lot number 023M20A was the only lot on the vaccination card. Caller was not sure if this lot is from first or second vaccine."" Treatment information was not reported but it was reported ""Paramedics were there at home and they could not resuscitate him."" Concomitant medication 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.; 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.; Reported Cause(s) of Death: Cardiac Arrest (38 days after second vaccine)"
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1365007-1	I do not know the individuals medical hx or illness/complications. Due to new information circulating related to mRNA vaccines and myocarditis/pericarditis and being made aware that this person had suffered cardiac arrest after being admit to the hospital following complications with their health it warrants being reported regardless of prior health conditions.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1365410-1	ON 3/15/21 patient was found unresponsive by spouse. EMS was called. Patient was found to have cardiac arrest Was given Epinephrine, Amiodarone and External Ventricular defibrillation Patient passed away on 3/15/21
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1369287-1	Sudden cardiac death. After vaccine patient experienced headache, chills, fatigue, chest pain and did not seek medical care. He had a witnessed cardiac arrest less than 3 days after vaccine #2.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1369968-1	Fatigue on 6/2/21 followed by cardiac arrest & death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1371594-1	cardiac arrest (V fib) treated: with amiodarone, magnesium, 6 doses of epi, calcium, bicarb. Achieved ROSC. outcome: withdrawal of care
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1371720-1	Death, cardiac arrest. Patient was found deceased in home, no hospitalization, no autopsy
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1372112-1	Pt died of massive pontine hemorrhage and then cardiac arrest two weeks after vaccination.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1374084-1	I received my COVID vaccine on may 25 the next day i went for dialysis and had what they told me a seizure. So we stopped the treatment and continued it on Friday and literally 6 minutes into my treatment i went in to cardiac arrest. Was rushed to the hospital and they said my heart was not the problem and they don?t know what happened. So i am assuming its the vaccine because I?ve been downing dialysis now for 3 month and never had a problem.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1376494-1	STEMI treatment: went into V fib arrest and did CPR and went to cardiac cath and received PCI discharged home
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1377674-1	Sudden Cardiac Arrest . Resuscitated and transferred to the hospital. Never regained consciousness and died on 5/11/21.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1385437-1	Patient presented 2 days after second COVID-19 Moderna vaccination (pharmacy noted administration on 6/4, admitted to hospital on 6/7, unclear if symptoms developed on 6/6). Patient developed cardiac arrest in the field with witnessed arrest and bystander CPR, received defibrillation for VF in the field via medics. After presenting to hospital, underwent angiogram with normal coronaries, severely reduced ejection fraction with biventricular failure. Transferred to a different hospital to limit risk of ventricular arrhythmia recurrence and currently on ECMO.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1386075-1	approximately 1 hour post injection, patient felt diaphoretic, syncopated and experienced Ventricular fibrillation/ cardiac arrest requiring CPR and defibrillation. he has no known history of similar
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1386097-1	patient died of cardiac arrest that night in hospital

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1388528-1	Only reporting to VAERS as patient received covid-19 vaccination under EUA and was hospitalized and is now deceased from illness deemed UNRELATED to prior covid-19 vaccination. She was a 69 yr old female who was transferred to hospital on 6/8 at 0141 from outside hospital with severe shock, acute hypoxemic respiratory failure, who had a cardiac arrest on arrival here for 5 mins, during arrest CPR was done and 2 doses of epinephrine were administered prior to ROSC and targeted temperature management was initiated. She was found to have a massive PE, alteplase was given and a heparin continuous infusion was started on 6/8 at 0154 and 0345, respectively. She later underwent a thrombectomy on 6/8 at 1640. She showed signs of poor neurological status. Went into MSOF despite aggressive supportive care. Family requested to make her comfortable and the patient expired on 6/10 at 0449.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1388977-1	Ventricular tachycardia and presumed myocarditis. Was feeling well until 4 days after vaccine developed palpitations found to have monomorphic VT followed by cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1391483-1	Outcome: Patient Death CHIEF COMPLAINT in ER: chest pain, SOB History of Present Illness: Patient is a 66 yo with PMH of chronic afib on chronic anticoagulation who presented to the ER with a chief complaint of shortness of breath and increased fatigue over the past several weeks that has progressively become worse. Patient denies orthopnea or PND but does have some palpitations and occasional chest pain associated with increased fatigue with exertion. On evaluation emergency room patient was noted to be tachycardic consistent with chronic atrial fib, also acute renal insufficiency likely secondary to dehydration. Patient is admitted to the medical service for further treatment and evaluation. DEATH SUMMARY Date of Admission: 04/07/2021 Time of Death: 04/10/2021 at 0737 Final Diagnoses: 1. Sudden Cardiac Death 2. Acute Renal Impairment Secondary to Hypovolemia, A TN 3. Chronic Atrial Fibrillation w/ RVR, Resolved 4. Atypical Chest Pain, Resolved 5. Hypokalemia, Resolved 6. Obstructive Sleep Apnea 7. Chronic Diastolic Heart Failure Hospital Course: Patient is a pleasant 66yo admitted for acute renal impairment secondary to significant o hypovolemia resulting in ATN as well as atrial fibrillation w/ RVR after presenting to ER with complaints of chest pain, dyspnea, malaise, and anorexia that began after receiving his second COVID vaccine on 4/01/2021. Please see H&P for full details. Patient reported that on the day after his COVID #2 vaccine, he lost his appetite and was not able to eat or drink. He continued to take his home medications as prescribed including losartan, chlorthalidone, and meloxicam. After experiencing progressive worsening of symptoms for 5 days, patient presented to ER for further evaluation. Upon arrival to ER, patient was noted to be hypotensive and tachycardic. EKG showed atrial fibrillation w/ RVR. Routine labs were obtained and were remarkable for elevated creatinine and mild hypokalemia w/ normal BNP and negative cardiac enzymes. CXR showed enlarged cardiac silhouette, but no evidence of pulmonary edema or other acute abnormalities. Patient was subsequently admitted for further evaluation and medical management. He was staited on aggressive IV hydration for his hypotension and hypovolemia w/ PRN IV metoprolol as needed for HR> l lObpm. He was continued on anticoagulation. Serial cardiac enzymes were obtained and were negative. TIE report from Dr's office that was performed recently was obtained and showed EF of 55-60% with Grade 1 diastolic dysfunction. Patient's wife brought his CPAP from home and patient wore his CPAP while sleeping during his hospital stay. During the course of hospitalization, patient's blood pressure & HR improved, though he remained in atrial fibrillation. His creatinine continued to trend up consistent with ATN, but patient continued to produce adequate urine and he had no signficant electrolyte derangements. IVF were adjusted based on urine output and volume status. Patient had no recurrence in his presenting complaint of chest pain and he overall reported feeling better throughout his course of hospitalization despite reporting that he continued to have little appetite. Patient was monitored closely on telemetry throughout his hospital stay. On the morning of 4/10/2021, lab tech and nurse walked into the patient's room to obtain specimen for AM labs. Patient reportedly tried to get out of the bed independently, grabbed at his chest & pulled off his telemetry, and fell to his knees. Staff called Code 99 and patient was placed back in the bed. He was noted to be in asystole. ACLS was performed and despite maximal efforts, patient subsequently expired at 0737. I personally called the patient's cardiologist & personal friend, to discuss the events leading up to the patient's death. Upon review of the patient's course of hospitalization, it was felt that patient most likely experienced sudden cardiac death. Of note, Dr reports that the patient frequently contacts him via text message with concerns or complaints. He states that the patient did not message him during the hospitalization to report any chest pain or other concerns. Disposition: Patient Expired
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392632-1	Patient received his second dose of Moderna on 4/9/21. The evening following the second Moderna vaccine, he developed fever, chills and sweats. He started to develop chest pain in May 2021 that lead to an Emergency Department visit, in which he was treated and released. On May 25, 2021, he was hospitalized at Hospital due a Myocardial Infarction that lead to Cardiac Arrest. He was successfully resuscitated spent 5 days in the Intensive Care Unit. He was informed that he developed Kidney Damage as a result of this event.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1394845-1	Patient received 2nd Moderna shot on 6/11/21 at 10:32am. Went home after the shot and didn't feel well, so he laid down to rest. His wife checked on him and he was unconscious, so she called 911. Patient was taken to local hospital and died of Cardiac Arrest sometime between his vaccine and 7pm on 6/11/21.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1395042-1	Cardiac arrest leading to death
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1395442-1	stroke and MI came in with symptoms of stroke but symptoms for 24 hours so did not receive tPa. MRI showed brainstem infarct. Statin was increased and started on plavix 75 mg daily for 3 weeks due to small stroke with low NIH. Patient came back in 3 days later due to STEMI and went into cardiac arrest. patient died after 1 hour of resuscitation
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1398807-1	Cardiac Arrest with noted cardiomyopathy on cardiac echo.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1399325-1	Per physician H&P notes; Patient states that she received her second Moderna vaccine in March and about 4 days later when she came out of the bathroom she felt her legs felt like Jell-O, she fell down, her patents were calling her but she was unable to respond, she heard them talking to her but she was unable to speak. She remembers EMS coming over to her home and the next thing she recalls that she woke up ICU 4 weeks later and her mother is telling her that she has paraplegia. According to notes for employee; Patient was admitted on March 20, 2021, discharged on April 16, 2021. She was admitted with seizures, DKA, aspiration pneumonia, septic shock, severe hypertriglyceridemia. She got intubated and during her MRI of the brain she had a brief cardiac arrest from 2 minutes. She developed pancreatitis also due to high triglyceride level. She received plasmapheresis for triglycerides above 5000. According to notes patients quadriparesis was worked up at Hospital. No definitive dx was found. She has been on chronic steroids. Continued physician notes; Patient comes with 24 hr hx of N/V, Chills. She has an indwelling Foley. She was discharged from this hospital on May 28, 21, see d/c summary. Patient is an unfortunate patient with paraplegia due to axonal neuropathy since March 2021. Patient does have indwelling Foley catheter and yesterday she started having severe nausea and she has been vomiting at least 5 times since then. She reports chills last night. She was brought to the emergency room where she was found to have abnormal urine suggesting UTI, then later she spiked temperature, 101.6 F. She does have the history of sinus tachycardia, currently her heart rate is 140/min. According to notes from employee; Quadriplegia due to axonal neuropathy. Started on plasmapheresis, 7/7 treatments completed. Received high-dose solu-medrol which transitioned to a taper of steroids 5mg qd; on 05/29 take 5mg qod for 3 doses, last dose on 06/02. On gabapentin 900 mg TID, nortriptyline 50 mg qhs. Has tried Topamax in the past and did note do well with it.
CARDIAC ARREST	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1399375-1	Coroner stated that 3 weeks after patient received 2nd dose of COVID-19 Moderna vaccine, patient collapsed from cardiac arrest, which lead to death.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				Seizures; Bood clots; Stuggling to breathe; Struggling to walk; ARDS; Acute hypoxic respiratory failure; Acute exacerbation of heart failure and sepsis; Acute exacerbation of heart failure and sepsis; Cardiac arrest; Blood infection; Fever; This spontaneous case was reported by a patient family member or friend (subsequently medically confirmed) and describes the occurrence of ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS), ACUTE RESPIRATORY FAILURE (Acute hypoxic respiratory failure), SEPSIS (Acute exacerbation of heart failure and sepsis), CARDIAC FAILURE ACUTE (Acute exacerbation of heart failure and sepsis), CARDIAC ARREST (Cardiac arrest), SEIZURE (Seizures), THROMBOSIS (Bood clots), DYSPNOEA (Stuggling to breathe) and GAIT DISTURBANCE (Struggling to walk) in a 53-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. Concurrent medical conditions included Obesity. On 16-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 15-May-2021 at 2:00 PM, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 15-May-2021, the patient experienced ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) (seriousness criteria death and medically significant), ACUTE RESPIRATORY FAILURE (Acute hypoxic respiratory failure) (seriousness criteria death and medically significant), DYSPNOEA (Stuggling to breathe) (seriousness criterion hospitalization prolonged) and GAIT DISTURBANCE (Struggling to walk) (seriousness criterion hospitalization prolonged). In May 2021, the patient experienced SEPSIS (Acute exacerbation of heart failure and sepsis) (seriousness criteria death and medically significant), CARDIAC FAILURE ACUTE (Acute exacerbation of heart failure and sepsis) (seriousness criteria death and medically significant), CARDIAC ARREST (Cardiac arrest) (seriousness criteria death and medically significant), INFECTION (Blood infection) and PYREXIA (Fever). On 17-May-2021, the patient experienced SEIZURE (Seizures) (seriousness criteria hospitalization prolonged and medically significant) and THROMBOSIS (Bood clots) (seriousness criteria hospitalization prolonged and medically significant). The patient was hospitalized from 15-May-2021 to 25-May-2021 due to DYSPNOEA, GAIT DISTURBANCE, SEIZURE and THROMBOSIS. The patient died on 25-May-2021. The reported cause of death was Cardiac arrest, Acute hypoxic respiratory failure, ards and acute exacerbation of heart failure and sepsis. It is unknown if an autopsy was performed. At the time of death, SEIZURE (Seizures), THROMBOSIS (Bood clots), DYSPNOEA (Stuggling to breathe), GAIT DISTURBANCE (Struggling to walk), INFECTION (Blood infection) and PYREXIA (Fever) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 15-May-2021, Blood pressure measurement: elevated (High) Twice normal. On 15-May-2021, Glycosylated haemoglobin: elevated (High) High. On 15-May-2021, Oxygen saturation: low (Low) Required intubation and was placed on ventilator.. On 15-May-2021, SARS-CoV-2 antibody test: negative (Negative) 1 negative COVID antibody test. On 15-May-2021, SARS-CoV-2 test: negatie (Negative) 3 negative COVID antigen tests. No concomitant medications were provided. It was reported that within few hours after second dose of vaccine patient was struggling to walk and to breathe. The reporter and her husband went to see the patient and took him to an emergency room (ER). In the ER his blood pressure was markedly elevated (twice normal) and his oxygen level was low and by midnight he required intubation and was placed on a ventilator. His HbgA1c was noted to be elevated. Two days after admission (17-May-2021), he developed seizures which the medical team believed to be due to blood clots and he was anti-coagulated. It was determined that he did not have blood clots on his heart valves as the source of the clots. The source of the blood clots was never identified. He later developed fever and was diagnosed with a blood infection and treated with antibiotics. At one point his oxygen requirement on the ventilator went down to 65% but later returned and remained at 100%. He ultimately died on 25-May-2021 and as per copy of his death certificate he had 4 causes of death as cardiac arrest, acute hypoxic respiratory failure, acute respiratory distress syndrome (ARDS) and acute exacerbation of heart failure and sepsis. Treatment included, anticoagulants, antibiotics, intubation and ventilator. Very limited information regarding these events has been provided at this time. Further information has been requested. This case was linked to MOD-2021-219410 (Patient Link).; Sender's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested.; Reported Cause(s) of Death: Cardiac arrest; Acute hypoxic respiratory failure; ARDS; Acute exacerbation of heart failure and sepsis
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1401732-1	
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1402840-1	Received shot on a Sunday 4-25-2021 . Started having pain on the following Monday 4-26-21. Went to emergency room on Tuesday 4-27-21. Went into a coma on Wednesday 4-28-21. Patient has been in a coma since. Patient went into cardiac arrest. Lost Oxygen to the brain for 25 minutes.
CARDIAC ARREST	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1408027-1	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.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0912574-1	Rushed to ER. Has now been tubed and put into the ICU and has had full-cardiac arrest less than 24 hours after receiving the vaccine.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0915682-1	Resident received vaccine per pharmacy at the facility at 5 pm. Approximately 6:45 resident found unresponsive and EMS contacted. Upon EMS arrival at facility, resident went into cardiac arrest, code initiated by EMS and transported to hospital. Resident expired at hospital at approximately 8 pm
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0921768-1	Vaccine received at about 0900 on 01/04/2021 at her place of work, Medical Center, where she was employed as a housekeeper. About one hour after receiving the vaccine she experienced a hot flash, nausea, and feeling like she was going to pass out after she had bent down. Later at about 1500 hours she appeared tired and lethargic, then a short time later, at about 1600 hours, upon arrival to a friends home she complained of feeling hot and having difficulty breathing. She then collapsed, then when medics arrived, she was still breathing slowly then went into cardiac arrest and was unable to be revived.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0924464-1	coughing up blood, significant hemoptysis -- > cardiac arrest. started day after vaccine but likely related to ongoing progression of lung cancer
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0925078-1	12/29/2020 2 hr after vaccination patient became hypotensive, decreased oxygen levels was transferred to Hospital currently inpatient at hospital - admitted for cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0928062-1	vomiting later on 01/05/21. Lethargy and hypoxia in pm of 01/06/21. Hypotension am of 01/07/21. Hospitalized, intubated, cardiac arrest, died 01/07/21.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0932898-1	The patient had an apparent cardiac arrest on 12/23/20 and was admitted to the ICU. He was taken off of life support on 12/30/20. He had known cardiac disease.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0939845-1	Three hours after receiving COVID 19 vaccination, Patient oxygen level decreased to a critical level and went into cardiac arrest. Staff performed full code but was unable to bring back patient from cardiac arrest.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0940955-1	"Cardiac Arrest; Patient was found pulseless and breathless 20 minutes following the vaccine administration.; Patient was found pulseless and breathless 20 minutes following the vaccine administration.; This is a spontaneous report from a contactable other healthcare professional (HCP). A 66-year-old female patient (pregnant at the time of vaccination: no) received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1284) via intramuscular at left arm on 11Jan2021 12:15 PM at single dose for COVID-19 immunization. Medical history included diastolic CHF, spinal stenosis, morbid obesity, epilepsy, pulmonary hypertension and COVID-19 (Prior to vaccination, the patient was diagnosed with COVID-19). The patient received medication within 2 weeks of vaccination included amiodarone, melatonin, venlafaxine hydrochloride (EFFEXOR), ibuprofen, aripiprazole (ABILIFY), lisinopril, cranberry capsules, diltiazem, paracetamol (TYLENOL), famotidine, furosemide (LASIX [FUROSEMIDE]), ipratropium bromide, salbutamol sulfate (IPRATROPIUM/ALBUTEROL), buspirone, senna alexandrina leaf (SENNA [SENNA ALEXANDRINA LEAF]), polyethylene glycol 3350 and morphine. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient used took Penicillin, propranolol, quetiapine, topiramate, Lamictal and had allergy to them. Patient used took the first dose of BNT162B2 (lot number: EJ1685) via intramuscular at right arm on 21Dec2020 12:00 PM at single dose for COVID-19 immunization. Since the vaccination, the patient been tested for COVID-19 (Sars-cov-2 PCR) via nasal swab on 06Jan2021, covid test result was negative. Patient was found pulseless and breathless 20 minutes following the vaccine administration (11Jan2021 12:30 AM). MD found no signs of anaphylaxis. Patient died on 11Jan2021 12:30 AM because of cardiac arrest. No treatment received for the events. Outcome of pulseless and breathless was unknown. the autopsy was performed, and autopsy remarks was unknown. Autopsy-determined cause of death was unknown. It was reported as non-serious, not results in death, Life threatening, caused/prolonged hospitalization, disabling/Incapacitating nor congenital anomaly/birth defect.; Sender's Comments: Based on the available information this patient had multiple underlying medical conditions including morbid obesity, diastolic CHF, epilepsy, pulmonary hypertension and COVID-19 diagnosed prior to vaccination. All these conditions more likely contributed to patients cardiac arrest resulting in death. However, based on a close temporal association (""Patient was found pulseless and breathless 20 minutes following the second dose of BNT162B2 vaccine administration, contributory role of BNT162B2 vaccine to the onset of reported events cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.; Reported Cause(s) of Death: Cardiac arrest; Autopsy-determined Cause(s) of Death: autopsy remarks was unknown. Autopsy-determined cause of death was unknown"
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0942106-1	54 y/o M with PMH of HTN, HLD, Alcoholic Cirrhosis, Aortic Valve Stenosis, and angina BIBA as a Medical Alert for cardiac arrest noted PTA. Per EMS, the patient called because he was having constant, diffuse abdominal pain x 1 day that radiated to his chest. On scene, the patient had a witnessed arrest with EMS starting CPR. He was given 3 rounds of epi without ROSC. Pt had no associated shockable rhythm. Of note, pt's wife, had noted pt had received covid vaccine the prior day.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0943397-1	On day due for 2nd dose, Patient was found unresponsive at work in the hospital. Patient pupils were fixed and dilated. Full ACLS was initiated for 55 minutes with multiple rounds of bicarb, calcium chloride, magnesium, and epinephrine. Patient was intubated. Patient continued into V. Fib arrest and was shocked multiple times.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0944365-1	Resident expired on 12/30/20, dx cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0944595-1	Cardiac arrest within 1 hour Patient had the second vaccine approximately 2 pm on Tuesday Jan 12th He works at the extended care community and was in good health that morning with no complaints. He waited 10-15 minutes at the vaccine admin site and then told them he felt fine and was ready to get back to work. He then was found unresponsive at 3 pm within an hour of the 2nd vaccine. EMS called immediately worked on him 30 minutes in field then 30 minutes at ER was able to put him on life support yet deemed Brain dead 1-14-21 and pronounced dead an hour or so later
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0945294-1	Approximately 12 hours after receiving the booster dose, she awoke feeling extremely ill and nauseous, roused me to say so, and then immediately became unresponsive and pulseless. She was admitted to hospital for cardiac work up, and all diagnostic tests have found her heart to be normal in structure and function. Cardiology believes she experienced a vasovagal syncope with asystole. She remains hospitalized at this time for initiation of sotalol therapy; she was diagnosed with frequent PVCs approximately 1 year ago.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0950441-1	Pt had witnessed arrest by wife. Pt wife started CPR and called EMS. CPR started at 15:12. Continued by EMS. Pt arrived to medical center asystole with CRP in progress and ventilated via igel device. He was in refractory ventricular fibrillation and continued CPR for a total of 1 hour. At that point, we checked a bedside ultrasound which showed his heart at a standstill. He was unresponsive to verbal and tactile stimulus and had fixed unreactive

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				pupils. He was pronounced at 16:13.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0954812-1	She had the first dose of Pfizer vaccine at the Campus on Friday 1/15 at 4:30 pm. After the vaccine, she had no new symptoms or signs of vaccine reaction and MD friend reports that he checked her pulse which was not elevated from baseline. On 1/16, she awakened and continued to feel at her recent baseline. However, in the early afternoon, she complained of headache, nausea/epigastric pain, and chest heaviness. These apparently were not unusual symptoms for her to feel intermittently. Per her niece, who has a home O2 sat device, her 02 sat that morning was 97 with a HR of 87 irregularly irregular. She was afebrile. (continue on page 2)
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0959179-1	Patient received COVID-19 vaccination on 1/14/2021. On 1/17/2021, patient was transferred to Hospital s/p multiple cardiac arrests. Patient was hyperkalemic and in acute renal failure at time of transfer. Hyperkalemia was treated, but the patient suffered PEA vs VFib. At the time of transfer, patient was on vasopressin, norepinephrine, and epinephrine. The patient had an EF of 40-45% and elevated troponins. Patient was made DNR and placed on comfort care. Patient passed away on 1/18/2021. Ultimately we suspect that the patients condition was a direct result of his underlying disease states, but wanted to make sure reporting was made available.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0960438-1	Patient suffered cardiac arrest, though most likely result of illicit substance use; patient had been feeling unwell with nausea and GI discomfort after receiving the vaccine 36 hours prior to; patient had been feeling unwell with nausea and GI discomfort after receiving the vaccine 36 hours prior to; patient had been feeling unwell with nausea and GI discomfort after receiving the vaccine 36 hours prior to; Patient suffered cardiac arrest, though most likely result of illicit substance use; This is a spontaneous report from a contactable physician. A 33-years-old male patient received bnt162b2 (BNT162B2, lot unknown), intramuscular on 14Jan2021 at SINGLE DOSE for covid-19 immunisation. The patient medical history was not reported. The patient's concomitant medications were not reported. The patient suffered cardiac arrest 17Jan2021 11:15, though most likely result of illicit substance use since Jan2021, though patient had been feeling unwell with nausea and GI discomfort on 15Jan2021 23:15 after receiving the vaccine 36 hours prior to his arrest. The events were serious due to Life threatening illness (immediate risk of death from the event) and Disability or permanent damage. The patient had no COVID prior vaccination. COVID test type post vaccination=Nasal Swab on16Jan2021, test result was Negative. COVID test name post vaccination=Roche Cobas. The event outcome was not recovered. No treatment was received to events. No follow-up attempts are possible; information on lot/batch number cannot be obtained.; Sender's Comments: Based on temporal association, the causal relationship between bnt162b2 and the events cardiac arrest, substance abuse, abdominal discomfort, malaise and nausea cannot be excluded. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0960841-1	Patient developed 104.4 temp approximately 48 hours after being given the vaccine. I treated him with antibiotics, IV fluids, cooling methods. CXR does show a new right perihilar infiltrate. However, his fever came down within the next 24-48 hours. Unfortunately, he suffered a cardiac arrest on 1/21/21 in the early morning and expired.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0961434-1	This is a 94-year-old male who is brought in by ambulance after being found on the floor with unknown downtime. He was in asystole upon EMS arrival. He remains in asystole. No advanced airway is in place. The patient is getting compressions from Lucas device upon arrival. It was reported that he was last talked to by family at 2 PM. The patient got his SARS-CoV-2 vaccination this morning. The patient is evaluated emergently. CPR was ongoing with 3 rounds of epinephrine given. The patient remains in asystole. He has rigor mortis. The patient's pupils are fixed and dilated. The patient has compressions paused and ultrasound is used to evaluate for cardiac activity. None is detected. The patient has no electrical activity on monitor. The patient's time of death is 2113.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0961741-1	The patient received his vaccine in the. morning of 1/20/2021, while getting into car to go see his pulmonologist, about 2 hours after, collapsed, unresponsive with asystolic cardiac arrest. No symptoms prior other than chronic dyspnea. No allergic type symptoms reported by family. Asystole with EMS, no response to ACLS, presented to ED, DOA.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0967749-1	Cardiac Arrest Narrative:
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0968648-1	Cardiac Arrest Acute pulmonary edema

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0971537-1	Vasovagal syncope with asystole; Vasovagal syncope with asystole; This is a spontaneous report from a contactable pharmacist (patient). A 36-year-old female patient received the second dose of the bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; Lot Number: EJ1686), via an unspecified route of administration in the right arm on 11Jan2021 at 14:45 at 36-years-old at a single dose for COVID-19 immunization in a hospital. Medical history included Wilms tumor from an unknown date and unknown if ongoing, Kidney resection and chemo from 1986 to an unknown date, sulfonamide allergy from an unknown date and unknown if ongoing, premature ventricular contractions (PVCs) from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient previously received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; Lot Number: EH9899) for COVID-19 immunization on 21Dec2020. On 12Jan2021 at 04:00, the patient experienced vasovagal syncope with asystole (hospitalization, medically significant). The patient was hospitalized for vasovagal syncope with asystole on unknown dates for 4 days (at the time of the report). It was reported that the patient did not receive any treatment due to the events. The clinical course was reported as follows: The patient experienced what was believed to be a vasovagal syncope with asystole; approximately 12 hours after receiving the second dose. The patient had been admitted to the hospital since all cardiac diagnosis tests were negative for structural or functional abnormalities. The patient remained in-patient at this time for initiation of therapy for frequent PVCs, which were diagnosis about one year ago; but chose not to treat at that time, as the symptoms were not affecting her lifestyle. The patient underwent lab tests and procedures which included cardiac diagnosis tests: negative for structural or functional abnormalities on an unknown date. The clinical outcome of the events was recovering. The patient did not have COVID prior to vaccination; and was not tested for COVID post vaccination.; Sender's Comments: Based on the information currently available, a possible contributory role of the suspect BNT162B2 in the development of the vasovagal syncope with asystole cannot be excluded. The event is confounded by the patient's underlying premature ventricular contractions. 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.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0974855-1	decedent had shortness of breath and hypoxia, cardiac arrested in front of the EMS crew, ACLS initiated, arrived in the Hospital ED asystole and pronounced dead
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0976111-1	"CC:full arrest HPI:HPI and ROS limited due to patient's condition. History is via EMS, medical record, and son. Per Son patient had Covid vaccine on Saturday morning. Slept all day Sunday. Woke up Sunday night a bit ""like coming out of a deep sleep per son, around 10 pm. Shortly after that patient was having a hard time breathing. Emergency called. Arrested around the time EMS arrived. King airway, I/O and CPR initiated. Patient has been in v fib. Was shocked multiple times, given 4 rounds of epi, bicarb and amiodarone. ACLS continued on arrival. Multiple rounds of epi, and attempted defib. Patient given epi, bicarb. Rhythms included fine v fib, asystole, and PEA. Unrecoverable with no cardiac motion. Time of death 11:50 pm."
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0979101-1	cardiac arrest - no warning signs
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0979818-1	Patient arrived at ER with complaints of CPR in progress. Per EMS, patient became short of breath while performing yard work on 1/26/2021. At arrival, patient was in fine v fib with a total of 6 shocks delivered along with 300 mg amiodarone followed by 150 mg amiodarone, 1 amp epinephrine and 2 epinephrine drips adminstered en route to ED. CPR initiated at 1755 and EMS reports asystole at 1829. TOD 1909 pronounced by ED DO Dx: Cardiac arrest
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0979837-1	Per EMS, the patient was last seen walking and talking to wife 10 minutes prior to EMS arrival. EMS reports via patients wife, that patient was upstairs to change for his doctor appointment then patient's wife found him down. The patient received his COVID-19 vaccine on 1/25/21. EMS states they gave 5 rounds of EPI then patient moved into vfib then was shocked once but returned to asystole. In ED, the patient initially in asystole CPR was started immediately. The patient was given 3 rounds EPI, 1 round bicarb. The patient stayed in PEA throughout. Patient was given tPA. Patient continued to be in asystole and time of death was called at 11:35 am.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0982929-1	Client was being treated with antibiotics by her PCP for diverticulitis flare up. It had not been resolved on the date of her death which occurred 01/27/21, She was found unresponsive by staff, 911 contacted, and paramedics pronounced her deceased at 7:48 AM. After consultation with PCP manner of death was noted as cardiac arrest. PCP was to sign off on death certificate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0983883-1	Got booster shot on Wednesday the 20th, came home and was fatigued. Thursday had horrible headache that would not be relieved with tylenol. I took a plane and arrived at 1130 pm. I went to bed shortly after arriving at my daughters house. Friday morning, I was unable to be woken up and my daughter called 911. I was in a coma. I suffered cardiac arrest during a CT to check for clots. I was resuscitated and put on life support. CT scan for clots, strokes, heart attacks were all clear. I was admitted to the C-ICU and on life support, on the ventilator, and was on 3 different medications at max dosage to keep my blood pressure barely surviving. The doctors told my daughter not to expect me to survive because they had no idea why I was suddenly so ill. A doctor then told my daughter that my kidneys were failing, and my liver was damaged. I also developed a high fever and had a high white blood cell count. They gave me Vancomycin and another antibiotic, and then the next the day a kidney doctor gave me lasix to flush out all of the excess fluid. I woke up on Saturday not knowing what had happened and was completely terrified and confused. My daughter was allowed into the ICU to see me and keep me calm, thankfully. She explained to me what happened. I am still in the hospital, as they are keeping me for observation and trying to determine if my kidneys will start working properly again. Prior to this, I have only ever had a kidney infection, and I thought before I might have had the start of a UTI. I do have chronic high blood pressure as well, a long term side effect from open heart surgery 10 years prior for an aneurysm, but aside from that I am relatively healthy 50 year old.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0985449-1	Patient was an 87 y/o female admitted for septic shock. She was started on and eventually maxed on 3 pressors. CT abd showed colonic obstruction with dilatation of large and small bowel. Patient was made DNR in the ED. Palliative care consulted on case. Family opted for comfort care. Patient was asystole on monitor. No spontaneous breath/cardiac sounds ausculted. Patient did not withdraw to pain. Pupils fixed and dilated. She was pronounced and 1230 on 1/28/21
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0986948-1	Cardiac arrest on 1/24/21 in the early morning hours then passed away on 1/25/21 around 1:51am in the hospital
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0989006-1	After being observed for approximately 20 minutes and patient walked to her car without assistance I was called to assess the patient in the parking lot for troubles breathing. EMS was called as I made my way outside. Upon my arrival patient was leaning out of the car and stating that she could not breath. She was able to tell me that she was allergic to penicillin. Oxygen was immediately placed on the patient with minimal relief. Lung sounds were coarse throughout. She then began to vomit about every 20-30 seconds. Epipen was administered in the right leg with no relief. Patient continued to complain of troubles breathing and vomiting. A second epipen was administered in the patients right arm again with no relief. A few minutes later patient was given racemic epinephrine through the oxygen mask. There appeared to be mild improvement in her breathing as she appeared more comfortable, but still complaining of shortness of breath and vomiting. When EMS arrived patient was unable to transport herself to the stretcher. When EMS and clinical staff transferred patient to the stretcher she became unresponsive. She appeared to still be breathing. She did not respond to verbal stimuli. Per ED report large amount of fluid was suctioned from the patients lungs following intubation in the ambulance. When patient arrived to the ED she was extubated and re-intubated without difficulty and further fluid was suctioned. At that time patient was found to be in PEA, shock was delivered. Shortly thereafter no cardiac activity was found and patient pronounced dead.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0992237-1	1/28/2021- Seen by FNP for indigestion, chest pressure and palpitations. EKG reviewed and referral made to Cardiology. 1/29/2021-1800 Presented to ED in cardiac arrest-onset PTA. Patient was found unresponsive by his wife at their home. The last known well was at 1530 when she called him on the phone. The patient was pronounced at ~1850.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0993112-1	she was injected, sh stopped eating and talking, the doctor watched her for 2 days. had her transported to the hospital. i was told she had tested positive for COVID 2 times once at the home and once at the hospital. with in 2 DAYS at the hospital she wa on a ventilator 2 days later she died. i talked with the rehab center and confirmed she tested negative for COVID on Dec 27th 2020 and was given the Vaccine on the 29th Dec 202 was in the hospital 4 day later, was on a ventilator 4 days after that then died a few day later as her heart stopped beating. all the while i had POA and was not contacted by Hospital staff until after they had made the next step.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				"Heart stopped; Could not swallow; This is a spontaneous report from a contactable nurse (patient's wife). An 85-year-old male patient received the first dose of the bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on 21Jan2021 at a single dose for COVID-19 immunization. Medical history included blood pressure abnormal (verbatim: blood pressure) from an unknown date and unknown if ongoing, neuropathy from an unknown date and unknown if ongoing, weight issue from an unknown date and unknown if ongoing, diabetes from an unknown date and unknown if ongoing, walker user from an unknown date and unknown if ongoing. Concomitant medications included insulin aspart (NOVOLOG) taken for diabetes from an unspecified date to an unspecified date; and he was taking a long acting one as well. The patient previously received the influenza vaccine (MANUFACTURER UNKNOWN) for immunization on unknown dates (""had flu shots before with no reactions and everything, nothing before""). On 24Jan2021, the patient's heart stopped (death, medically significant), and could not swallow (medically significant). The clinical course was reported as follows: The patient's wife stated the patient was taking insulin aspart (NOVOLOG) and he was taking a long acting one as well. The reporter, the patient's wife and a retired registered nurse (RN) stated, her husband (patient) just died and she thought he died from the COVID vaccine (later clarified the reason of death was-heart stopped). The patient had the vaccine on 21Jan2021, which was on a Thursday, and he was fine. On the following Sunday around 1:30 (on 24Jan2021), the patient was feeling a little weak, however, the patient's wife thought maybe his blood sugar was low. The patient's wife checked, and the patient's blood sugar was 91. The patient's wife went to get some yogurt to feed him in order to get his blood sugar up a little; ""which was a normal thing for him, it was not that low for him."" Then, suddenly, the patient fell, and the patient's wife could not get a pulse or anything. The patient's wife called an unspecified number and she started compressions; however, he was dead. The patient's wife stated the patient just had his heart test, a three hour long one, and it was ""perfect three weeks ago."" The patient had just gone to the doctor the other day and his blood pressure was ""fine and everything."" The patient's wife stated that other than his diabetes, ""which he had for (sentence incomplete)."" Regarding lab tests, the patient's wife stated, ""No, he had it before but not in the last two weeks. He was going for one because we just went to the doctor last week and he was going to call yesterday to make the appointment request to get his blood work done. Blood work has been good except his A1C was always high, but other than that everything was good"" (as reported). Regarding causality, the patient's wife stated, ""I do, because he was fine until about half an hour before he died. He said to me, I feel a little weak today and then I was talking to him that your upper body strength is really good and then I said, we just have to work on your weight a little more because he did have neuropathy. And then, I went out of the room and all of a sudden I just heard him fall and that is when I just went in to check his blood sugar and it was 91 and I got him yogurt and he started eating that and then that was it, he started spitting it out and he said, I could not swallow and that was it, he just died."" The patient's wife further added, ""I just wanted other people to know that things like this happen and I am sure it was from that because he was healthy as could be. He was walking with his walker, the day before outside and he felt fine."" The clinical outcome of the event, heart stopped, was fatal. The clinical outcome of the event, could not swallow, was unknown. The patient died on 24Jan2021 due to ""heart stopped."" An autopsy was not performed. The batch/lot numbers for the vaccine, PFIZER-BIONTECH COVID-19 MRNA VACCINE, were not provided and will be requested during follow up.; Reported Cause(s) of Death: Heart stopped"
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0993828-1	cardiac arrest; This is a spontaneous report from a contactable consumer. An elderly (older that 65-years-old) male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot number unknown), via an unspecified route of administration on 20Jan2021 as the second single dose for covid-19 immunization. The patient's medical history and concomitant medications were not reported. He was reported as with unspecified health issues, and no known allergies. The patient previously received BNT162B2 for immunization, on an unspecified date. The patient experienced cardiac arrest on 23Jan2021, at 20:30, which was serious as it was life-threatening and involved hospitalization (in the intensive care unit (ICU)). Details were as follows: after the patient received the 2nd dose of the vaccine on 20Jan2021. The reporter indicated that he was released to go on 23Jan2021. The patient went into cardiac arrest. Therapeutic measures were taken as a result of cardiac arrest. The patient was reported as in the ICU, and critical on life support. There was no note of COVID prior to vaccination. It was unknown if the patient has had a COVID tested post vaccination. The outcome of cardiac arrest was not recovered. The batch/lot number for the vaccine, BNT162B2, was not provided and will be requested during follow-up.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0994455-1	Cardiac arrest; Patient transported by EMS to hospital 11:00pm on 01/29/2021. Patient received vaccine on 01/25/2021. Patient expired 01/30/2021 within the hour into the new day after midnight on 01/30/2021. Patient was feeling well prior to and any chronic health conditions were well controlled. Sudden cardiac arrest 4 days after receiving the vaccine. Details given by patients husband/POA.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0995649-1	Patient noted to have irregular breathing in bed and unable to arouse. Provided life saving measures in the field x 30 minutes and transferred to hospital. Noted to have heart arrhythmia which suspected to cause cardiac arrest.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	0998637-1	

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0998863-1	Cardiac Arrest with in an hour of receiving Covid vaccine; Brought into ED by EMS doing CPR; resuscitation continued in ED for 20 minutes before ROSC was achieved. Pt admitted to Critical Care.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1000661-1	Cardiac Arrest; Ventricular Fibrillation; This is a spontaneous report from a contactable physician reporting for a patient. A 68-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 28Jan2021 at single dose for COVID-19 immunisation. The patient medical history was not reported. Concomitant medication included acetylsalicylic acid (ASPIRIN), hydrochlorothiazide, lisinopril (LISINOPRIL HCTZ) in two weeks. It was unknown if the patient received Other vaccine in four weeks, if patient had Covid prior vaccination, if Covid was tested post vaccination. Patient went for Running after returning home suffered Cardiac Arrest, Ventricular Fibrillation on 28Jan2021, CPR (Cardiopulmonary resuscitation) by Wife, Intubated by EMS (Emergency Medical Service) brought to the Hospital. The adverse events resulted in visiting Emergency room/department or urgent care and Life threatening illness (immediate risk of death from the event). Therapeutic measures were taken as a result of cardiac arrest and ventricular fibrillation which included CPR and Intubated. The outcome of the events was not recovered. Information on the lot/batch number has been requested.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the events cardiac arrest and ventricular fibrillation cannot be excluded. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1004864-1	"Patient expired. Per Emergency MD note: ""This is a 72-year-old male with what sounds like diabetes, atrial fibrillation, and hypertension who presents via EMS in cardiac arrest. It sounds like he received his Covid vaccine last week. Initially he had some mild effects from it. However over the last day or so he has felt very unwell. He apparently called his wife today and told her that he was not feeling well and so she returned home. Shortly thereafter he attempted to get up from his chair. He then collapsed and fell forward onto his face. Sounds like his wife had some difficulty rolling him over to perform CPR. When EMS arrived they found him in PEA. He received a total of 5 rounds of epinephrine. At some point they did have return of spontaneous circulation. However just prior to arriving in the emergency department they lost pulses again. The patient was intubated with an 8 oh endotracheal tube prior to arrival."""
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1006640-1	"In discussion with Dr., medical director at Detox, she arrived night of 2/3/21 was quite intoxicated so was not going through any withdrawal. She was getting vitals and CIW checked regularly. First dose of chlordiazepoxide 25mg was 2/4 at 1:25pm for CIWA 9. She had repeat vitals at 5:50pm, CIWA 1, vitals: P 67, 118/79, 94% on RA, T 98.3. she had complained of some ""pressure in her head"" and feeling anxious, but otherwise denied other complaints. she was talking with others in the group, then other patients report she suddenly started having seizure like activity around 6:45pm, med techs came to help and found her stiff, gurgling. they tried to get vitals on her, called 911, noticed that at 6:54pm she had lost a pulse and they started CPR. paramedics arrived at 7:08pm and she was brought to ED. Pt BIBA in cardiac arrest. Pt was at Detox Center when she was reported to have seizure-like activity followed by collapse. She was found to be pulseless and CPR initiated by staff members. EMS arrived and performed approx 15 min of CPR and gave pt epi x 3 and bicarb. No shocks administered but they did not report a rhythm. In the emergency room the patient arrived and was found to be pulseless with PEA arrest, CPR was initiated, patient was intubated. ROSC ultimately achieved, patient remained very acidotic despite ventilator adjustment, head CT revealed cerebral edema. Pt also found to be profoundly anemic with a hemoglobin of 5 and platelets of 37, she was thought to be GI bleeding so medications for this were initiated. Patient then became more hypoxemic with bradycardia, consultation with neurosurgery and critical care medicine at tertiary care center deemed ongoing CPR futile. Patient arrested at 2:30AM on 2/5, pronounced dead at 2:48AM."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1011595-1	On 2/5/2021 resident noted to be azotemic. Creatinine up to 3.8 and BUN in 80's. He was started on NS hydration. On 2/7/2021 he was noted without VS, per MD notes, possible VF arrest, renal failure; death unclear exact cause.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1017212-1	The patient suffered a cardiac arrest and remains in the hospital at this time.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1019670-1	2/2/2021- seen in Ed with c/o intermittent fever following 2nd dose. Redness to bilateral upper extremities, c/o some pain with urination, weak. V/S stable, afebrile in ED. Assess for infection. No significant abnormal labs (see below), hydrated and discharged. 2/4/2021- arrived in ED with c/o vomiting, seen earlier by PCP that day labs drawn. Shortly after arriving in the ED copious amouts of emesis noted, the patient went into full cardiac arrest and CPR was started. -Please see HPI above, in addition after intubation the patient coded again. More epinephrine and lidocaine were given. CPR was resumed. We did obtain ROSC and targeted temperature management was pursued. He is placed on a lidocaine drip and a right femoral central line was placed by myself. At this time, norepinephrine drip was initiated given his continued hypotension. Post intubation chest x-ray suggests possible abdominal pathology and once the patient was stabilized further, he was sent to the CT scanner where CT head without IV contrast and CT chest, abdomen and pelvis with IV contrast was obtained. He did lose pulses once in the radiology suite. This was brief. IV fluids were initiated and he received over 2 L of crystalloid therapy. He continued to be hypotensive in the emergency department and vasopressin was added. He also had a single dose of Neo-Synephrine and IV push fashion to help bring his blood pressure up. CT scan reveals probable bilateral aspiration pneumonia/pneumonitis and dilated loops of small bowel without a transition point and pneumatosis involving loops in the left upper quadrant. I did try to initiate consult with critical care and possible transfer, however he continued to be unstable and coded requiring CPR multiple times. He was given IV bicarbonate given his prolonged CPR state and pH. Ultimately, the family decided to make the patient comfort measures only given his critical illness. Shortly after making this decision he did pass away in the emergency department. RADIOLOGY DIAGNOSTIC - CHEST PORTABLE 02/04 2051 *** Report Impression - Status: SIGNED Entered: 02/04/2021 2059 IMPRESSION: 1. Findings highly suspicious for portal venous gas which can be seen in the setting of bowel ischemia. Consider CT for further evaluation and/or surgical consultation. 2. Endotracheal tube 3.7 cm above the carina. 3. Low lung volumes with mild patchy perihilar opacities. Final Report Signed by: M.D., Sign Date/Time: 02/04/2021 8:55 PM Impression By: MD CT SCAN - CT HEAD WO 02/04 2140 *** Report Impression - Status: SIGNED Entered: 02/04/2021 2200 IMPRESSION: Negative for acute intracranial process. No evidence of mass effect, acute hemorrhage or definite acute cortical infarct. Final Report Signed by: M.D., Sign Date/Time: 02/04/2021 9:57 PM Impression By: - MD CT SCAN - CT CHEST/ABD/PELVIS W 02/04 2140 *** Report Impression - Status: SIGNED Entered: 02/04/2021 2214 IMPRESSION: 1. Ill-defined patchy opacities within the bilateral upper lobes, right middle lobe, in consolidative opacities within bilateral lower lobes which could represent aspiration, and/or multifocal pneumonia. 2. Small right trace left pleural effusions. 3. Diffusely dilated small bowel without a transition point and mucosal hyperenhancement involving the colon with areas of pneumatosis involving loops of small bowel within the left upper quadrant and portal venous air consistent with hypoperfusion complex. There is a small caliber appearance of the aorta and a flattened appearance of the IVC is well. 4. Intravascular air within the IVC and bilateral iliac veins could be secondary to right femoral central lying injection. 5. Somewhat abnormal enhancement pattern of the kidneys with hypoenhancement of the medullary pyramids which may suggest hypoperfusion injury as well. 6. Probable nondisplaced rib fractures on the right at ribs 2 through
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1019850-1	HPI Patient is a 77 y.o. male who presents with in full cardiac arrest. Patient is resident of local nursing home. According to nursing home staff, a tech was in his room talking with him as patient was laying in bed. Tech began walking out of patient's room and turned around to tell him one last thing when the tech noticed patient had gone unresponsive. Patient had no spontaneous respirations or pulse, subsequently CPR was started immediately. 911 was called. This occurred around 5:30 a.m.. á Upon EMS arrival on scene, they found a male unresponsive with CPR being performed. There was no spontaneous respirations or circulation. Thus, ET tube was placed and ACLS guidelines initiated. Patient was found to be in PEA, and according to EMS, patient was given a total of 6, 1 mg epinephrine IV push and 1, 1 Amp sodium bicarb. Patient was worked on at the scene for approximately 40 min before being transferred to ER. á Upon arrival to ER trauma room 1 patient is still in full arrest. ET tube in place with good ventilation. Patient remains in PEA. Chest compressions and ACLS guidelines initiated. á In reviewing patient's chart and nursing home notes, patient is a full code. Patient has a significant cardiac history including known coronary artery disease with 4 vessel CABG. Patient also has history of 3rd degree heart block and pacemaker placement. Patient has history of ischemic cardiomyopathy but last echo performed in 2020 shows ejection fraction of 45%.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1020119-1	My mother died suddenly on February 3rd. She went into shock/cardiac arrest and appeared to have internal bleeding. No autopsy has been performed. Unsure if it was related to the COVID vaccine.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1020134-1	"anxious, restless, weak, dizzy, felt ""horrible"". Continued to C/O symptoms,. At 01:15, patient lost consciousness , then stopped breathing and lost pulse. Narrative: Patient was first vaccinated for COVID 19 on 1/8/21. On 1/24/21: 61 year old presents to E.R. with CC of chest pain/sob, with multiple medical conditions including hypertension, atrial fibrillation on apixaban, cardiomyopathy with poor EF, dyslipidemia, COPD, CVA, lung CA s/p radiotherapy, PTSD, depression, Churg Strauss Syndrome, Sjogren's syndrome presented with chief complaint of chest pain or shortness of breath. He has been having worsening shortness of breath the past few days, also complains of cough productive of yellowish sputum, no hemoptysis. He complains of left upper chest pain with no radiation. There is no diaphoresis, palpitations or lightheadedness. He denies fever or chills. He complains of having fallen a few times recently, thus he passed out. Could not say if there were seizures activity. Admitted to 3D Tele. On 1/27, Pt advises he had episode of substernal CP this am. RN advises pt was in afib w/ RVR at a rate >140 at time of CP. Pt CP improved w/ prn NTG. Pt HR improved after daily medications. Pt sts his CP has resolved. Pt admits to continued dyspnea. Increased trop, transferred. 1/28, struggling with orthopnea and cough. He has no peripheral edema. He does have intermittent chest pain. Patient having periods of A-Fib RVR with non-sustained rates of 140's-150's 1/29 more chest pain at 04:00, relieved with NTG. HR = AF, with RVR 145. At about 08:00, Cardiology sees patient and signs off, ""shortness of breath and cough not due to heart failure as evidenced by orthostatic hypotension and no improvement in symptoms with diuresis. Consider underlying lung disease vs acute pulmonary disease."" No pulmonary consult noted. 1/29 Patient received 2nd dose COVID19 vaccine at about 3:30-4p. No notes from staff on this event. No notes from MD that this was discussed and still part of the plan. 1/29 nurse's note: At around 2240 Pt was able to rest briefly but is now restless and anxious again. Tachypneic, stating he feels so weak and dizzy and overall just feel horrible. Continuing to get up frequently to have small soft bowel movements with assistance. Pt also stated ever since he got ""that shot"" he hasn't felt well. When asked what shot pt replied ""COVID shot."" Pt did receive 2nd dose of COVID vaccine 1/29 at 1530. Around 2250 Spoke w MOD to relay above information and overall concern for pt, asked for MOD to come to bedside to evaluate pt. MOD states he's handing off to oncoming MOD and they will come to bedside to see pt. Around 2300 oncoming MOD called and all above and previous information discussed Around 2310 MOD came to bedside to see pt. Will continue to monitor closely. 01/30/2021 ADDENDUM Around 0115 pt called for help to use bedside commode to urinate and have BM. Assisted x2 to BSC. While sitting on BSC pt's eyes rolled back and pt made postures consistent with a seizure, body became very rigid. Pt was unresponsive still with pulse. Lifted patient back to bed with 3 staff assist. Pt stopped breathing and lost pulse. Chest compressions started immediately and Code Blue called at 0120. 1/30 Hospitalist note: Called for CODE BLUE AGAIN AT 4:53. While on Vent after s/p Code blue for reasons not clear patient went into Asystole and code called second time. Patient had a prolonged CPR and was actually called off at 5:17 but he started having pulse and agonal resp. he was placed on Levophed and D5NS. He got a total of 9 amps of epi, 3 amps od Bicarb and 1amp of D50. Trope bumped from 0.12 to 0.43 prior to this he already was on ASA, Apixiban for afib. Cards are on board for his CHF for his pulmonary edema Lasix ordered. Hid lactic acid is elevated. Blood cultures pending. Started Zosyn and is on Levophed. Continue to monitor. Updated patients Mom and she requested to do everything at this point. Coded again at 5:40, survived, but AOD writes a death note(?) Coded for the 4th time at 08:18. Family at beside, Mother asks for code to be stopped."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1020443-1	For the two days prior to presentation the patient had been complaining of chest pain, his breathing seemed to be labored Monday. He and the family thought the pain was due to shingles as he carried this diagnosis from a month ago. Patient had also received the COVID vaccine 2 days prior to presentation and assumed he was feeling unwell due to the vaccine. Family wanted to take him to the hospital yesterday and earlier today but he refused. She left him in his home earlier this afternoon prior to presentation and returned to check on him finding him unresponsive and apneic at which time EMS was activated. #cardiac arrest -- suspect primary cardiac given collateral from family at home, consider hypoxemia which was corrected with advanced airway and 100% FiO2, patient clinically euvolemic and with soft brown stool in diaper not suggestive of GI hemorrhage, attempt to address acidosis with CPR and bicarbonate, not hypoglycemia, on bedside ultrasound FAST neg and no pericardial effusion suggestive of tamponade and +lung sliding bil not spontaneous pneumothorax Assessment/Diagnosis: -cardiac arrest, cause unspecified
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1022529-1	Pt suffered Cardiac Arrest and respiratory arrest on 2/9/21 and passed away at a local hospital. He had multiple health conditions likely contributing to this. he arrested at home and CPR was attempted and unsuccessful. Pt received his Covid vaccine #1 on 1/27/21. No issues were noted after vaccine and was due for his 2nd dose next week. However, we were notified he passed away on 2/9/21. Very likely death not at all related to vaccine but wanted to document as patient was in the middle of the covid vaccine series.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1024226-1	New onset dizziness with hypotension, tachycardia, and vomiting blood. Sent to ER - told he went into cardiac arrest and died.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1024343-1	PATIENT ARRIVED TO ED ON 2/9 IN FULL CARDIAC ARREST
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1026617-1	*Please note it is not known if event was related to vaccine* On 2/10/2021, at approximately 5:30 AM, patient began to experience dizziness and shortness of breath. Per witnesses, he then began to have seizure activity followed by cardiac arrest. He was treated with CPR and 1 shock from the AED, which resulted in spontaneous return of circulation. He was awake and confused after return of pulse and sent to Hospital Emergency Room. This event occurred 19 days post first vaccine. He was scheduled to get his second dose on 2/12/2021, but did not receive it due to event.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1031492-1	unconscious; no heart rate/heart was not beating; all of the sudden she stopped breathing and her heart stopped beating; COVID 19 test positive; act funny, kind of quiet and not talking which was unusual for her; pressure was 60 over 4; This is a spontaneous report from a contactable consumer (patient husband). A 78-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN5318), via an unspecified route of administration on 28Jan2021 16:00 at single dose at left arm for covid-19 immunization. Medical history included kidney ablation (ablation on the kidney cancer 5 years ago), kidney cancer, blood pressure, neuropathy, pain, had a urinary tract infection 19Dec2020 and they saw the cancer came back, radiologist read the CAT Scan and said the size of the tumor 1.5 to 2.4. Concomitant medications included acebutolol for blood pressure taking for years, diclofenac for neuropathy using for 10 years, oxycodone for pain taking 19 years; all ongoing, and oxycodone hydrochloride (OXYCONTIN) for pain. Patient didn't receive any other vaccines within 4 weeks prior to the COVID vaccine. Family Medical History was none. The caller stated that he was not sure if the Pfizer COVID-19 vaccine could have given patient (his wife) COVID-19 or not. He also stated that when they received their vaccines the facility was very crowded as was the hospital when the wife was getting her blood work done so he was not sure when or where she contracted COVID-19. On 29Jan2021, patient was very busy running several errands including going to the hospital for bloodwork and a nuclear medicine injection as part of a work up for kidney ablation that the patient was supposed to have completed, patient was in the process of getting ready to have an ablation on her kidney and had the nuclear scan for her kidneys and then went to get a COVID test. After they got home, patient sat down at the computer and she started to act funny, kind of quiet and not talking which was unusual for her. So at about 1700PM the husband went in to ask her what kind of music she would like and he found her unconscious in the chair. He took her blood pressure and it was 60 over 4; with no heart rate; she was just barely breathing, he could tell by the way her mouth moved. He tried to breath for her, all of the sudden she stopped breathing and her heart stopped beating. He called (phone number provided) and they rushed her to the hospital, and the paramedics verified her heart was not beating and they started to do resuscitation. Then they finally pulled her out of the chair and put her on the floor and she started to breath. When they took her to the ambulance she was still not quite coherent; she didn't know what was happening. She was taken to the hospital emergency room and stayed there for 12 hours and they monitored her with an EKG and only saw one spike for 6 seconds. They discharged her on 30Jan2021 afternoon and she has been totally normal 100 percent since then. Since she had been home she had been doing well and has had no other events. Added patient had never had a heart problem before. Caller stated that he was not sure if this event was related to her receiving the vaccine or not. Now they had to stay in quarantine 10 days until 08Feb2021 since the COVID test given at the hospital on 29Jan2021 night when she went in was positive. Patient was scheduled to received the second shot 18Feb2021. Outcome of events unconscious, no heart rate, pressure was 60 over 4 was recovered on 29Jan2021, events started to act funny and stopped breathing was recovered on 30Jan2021, outcome of other events was unknown. The adverse events resulted in emergency room/department or urgent care, patient was taken to the ER and monitored for 12 hours but no admission. No history of all previous immunization with the Pfizer vaccine considered as suspect. No additional vaccines administered on same date of the Pfizer suspect.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1033131-1	Patient received initial COVID vaccine on 2/11/2021 at Clinic. Direct observation for 15 minutes and no documentation noting an adverse reaction. On 2/14/2021 was diagnosed with Sepsis secondary to pneumonia, started on antibiotic therapy, cardiac arrested, and expired on 2/14/2021 while at Hospital.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1034032-1	What I know so far is they gave her the shot her heart stopped for about 3-4 minutes they did cpr until the ambulance got there they took her to main. They are going to do a bunch of test . They are going to keep her she has too see the cardiologist they are going to do an eco cartogram and an ultrasound of her heart. They had to my mom on a ventilator because they where putting the defibrillator in and she started throwing up and they had to do compression again cause her heart stopped again and she stopped breathing

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1043302-1	My dad received the Pfizer vaccination on 2/5/21. He was admitted into the hospital the next day for C-Diff bacterial infection. He had been on dialysis treatments for kidney failure treatment since 2017 and had recently been diagnosed with stage 3 colon cancer in June 2020. He had completed his final treatment of chemotherapy on 2/4/21 and several weeks prior had been determined cancer free. On Tuesday 2/9/21 he was released from the hospital and went home. Early Thursday morning 2/11/21 @ approximately 1:30 am CST his eyes rolled back in head and he stopped breathing and was non responsive. My mother called 911 and attempted CPR. Paramedics arrived and were able to successfully get a pulse then transferred him to the hospital. He was put on a ventilator @ the hospital and then transferred to a different hospital a few hours later. He lost pulse/heartbeat several times @ the 2nd hospital he was transferred to. We were not allowed to travel with him or see him b/c of all of the COVID restrictions. We were communicating with the ICU doctor by phone who ultimately communicated to us that there was nothing further that could be done to save his life. He subsequently passed away @ approximately 8:55 am CST on 2/11/21.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1044252-1	"""This message is to inform patient that you have been successfully scheduled for your first dose of the Pfizer COVID-19 vaccine. You are scheduled to receive the vaccine on Saturday February 13, 2021 at 12:45 PM."" Almost immediately after, I was ro take my wife for her 1st dose (Saturday February 13, 2021 at 2:15 PM); however, I was already disoriented and had trouble picking her up. My wife called police to try and find me. When I finally go home, I couldn't remember anything of the events of the day. The following morning (Sun. Feb. 14th) @7:00AM, I collapsed in the kitchen and 911 was called as my heart stopped. 10 minutes passed by and I was turning blue. I still can not remember getting the vaccine or any of the events of 02/13/2021."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1044420-1	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.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1044825-1	Sudden cardiac arrest ~24 hours after first vaccination dose. Patient on ventilator.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1045803-1	Patient was found with no pulse no heart rate by a staff member around 11 pm. Earlier that day seen by myself for fatigue, sorethroat, nausea.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1046722-1	No symptoms or signs on the day 1st dose of vaccine was received (2/11/2021). 3 days later, (2/14/2021) patient experienced chills for approximately 6 hours, followed by severe (visible) chest spasms, and then cardiac arrest. 911 was called upon witnessing chest spasms, but cardiac arrest/death occurred before patient could be transported to the hospital.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1049864-1	1/27/21 Emergency room: HPI Patient is a 77 y.o. male who presents after a syncopal episode with cyanosis and shortness of breath. Patient came from rehab where they stated he was sitting on his bed, his oxygen saturation dropped down to 76% on 4L and he became cyanotic. By the time EMS arrived, patient was back to 95% on 4 L. On arrival to the ER, he is 98-100% on 4L. He has a history of COPD and has a chronic cough due to this.Currently, he has no pain, no shortness of breath, no weakness, no cyanosis. He is afebrile and sitting comfortably in bed. 2/10/21 emergency room HPI Patient is a 77 y.o. male who presents with in full cardiac arrest. Patient is resident of local nursing home. According to nursing home staff, a tech was in his room talking with him as patient was laying in bed. Tech began walking out of patient's room and turned around to tell him one last thing when the tech noticed patient had gone unresponsive. Patient had no spontaneous respirations or pulse, subsequently CPR was started immediately. 911 was called. This occurred around 5:30 a.m.. Upon EMS arrival on scene, they found a male unresponsive with CPR being performed. There was no spontaneous respirations or circulation. Thus, ET tube was placed and life support guidelines initiated. Patient was found to be in PEA, and according to EMS, patient was given a total of 6, 1 mg epinephrine IV push and 1, 1 Amp sodium bicarb. Patient was worked on at the scene for approximately 40 min before being transferred to ER. Upon arrival to ER trauma room 1 patient is still in full arrest. ET tube in place with good ventilation. Patient remains in PEA. Chest compressions and life support guidelines initiated. In reviewing patient's chart and nursing home notes, patient is a full code. Patient has a significant cardiac history including known coronary artery disease with 4 vessel CABG. Patient also has history of 3rd degree heart block and pacemaker placement. Patient has history of ischemic cardiomyopathy but last echo performed in 2020 shows ejection fraction of 45%.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1050128-1	02/07/21 through 2/13/21 slightly fatiqued, took all his prescribed medications, ate breakfast, lunch and dinner was drinking eight 10 oz bottles of water. On 02/14/21 was very tired had a difficult time breathing after taking the normal meds. He took a breathing treatment with his prescribed Ipratropium Bromide and Albuterol Sulfate via home nebulizer. This did not improve his breathing. He was very weak and breathing was labored. 911 was called by wife. 911EMTchecked pulse and breathing. Informed him they would give him a breathing treatment.He started to go limp. EMT's got him to Ambulance and to Medical Center to the ER. Heroics done. He died. Pulmonary and Cardiac Arrest

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1052203-1	the patient had hypoxemia the evening of the shot, and then was found unresponsive the next morning, in cardiac arrest at home. Temperature on arrival to ED was 91 degrees. found to have severe anoxic brain injury after 60+ minutes of CPR. may already be brain dead.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1055226-1	PRESENTED TO HOSPITAL WITH MULTIPLE SYNCOPAL EPISODES THROUGHOUT THE DAY @APPROX 7PM 2/24/21. HAD SEVERAL EPISODES OF ASYSTOLE. CURRENTLY COMPLETE HEART BLOCK. PT HAS DNR AND IS IN HOSPITAL. INFORMATIO PROVIDED BY RN
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1056196-1	"He collapsed due to a cardiac arrest on Friday 15Jan and passed away on 19Jan; He collapsed due to a cardiac arrest on Friday 15Jan and passed away on 19Jan; his cardiac arrest was caused by an arrhythmia; This is a spontaneous report from contactable pharmacist via Pfizer Sales Representative. A 45-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number not reported), via an unspecified route of administration on 11Jan2021 at single dose for covid-19 immunisation. Patient had a long history of congenital heart issues. He had been stable and closely monitored for the past 20 years. He had no history of arrhythmia. The patient's concomitant medications were not reported. Patient collapsed due to a cardiac arrest on Friday 15Jan2021 and passed away on 19Jan2021. The doctors feel that his cardiac arrest was caused by an arrhythmia. Reporter reported this through the v safe app. And received a message stating reporter would be contacted by the cdc. After patient passed away reporter replied stop to v safe. But still had not been contacted by anyone. This may or may not be related. Reporter have no way of knowing. It was not reported if an autopsy was performed. Information on the lot/batch number has been requested.; Sender's Comments: The Company cannot completely exclude the possible causality between the reported ""collapsed due to a cardiac arrest"", ""cardiac arrest was caused by an arrhythmia"" and the administration of COVID-19 vaccine, BNT162B2, based on the reasonable temporal association. The patient's pre-existing long history of congenital heart issues might have provided alternative explanations. 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 RA, IEC, as appropriate.; Reported Cause(s) of Death: He collapsed due to a cardiac arrest on Friday 15Jan and passed away on 19Jan; his cardiac arrest was caused by an arrhythmia; He collapsed due to a cardiac arrest on Friday 15Jan and passed away on 19Jan"
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1057921-1	Pt presented in v-fib arrest. V fib arrest thought to be secondary to hyperkalemia from DKA. Pt w hx of pre-diabetes w hub A1c 6 for years (not on meds) but came in w blood sugar 1386. C-peptide levels checked and undetectable. Anti-GAD-65 Ab came back positive
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1058683-1	Guillian Barre Syndrome with asystole for 20 seconds
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1059258-1	Dyspnea and fatigue with elevated troponin followed by hospital admission and subsequent PEA/Bradycardic arrest. Subdural hematoma found. EF 25%. Likely underlying undiagnosed MM.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1059471-1	Patient experience sudden cardiac arrest approximately 2 minutes after vaccine was administered. Paramedics on scene provided CPR and defibrillation and pulse was restored. Patient was regained consciousness prior to transport to the hospital.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1063077-1	Pt presented to hospital via ambulance with cardiac arrest after a CC of SOB. Pts sister who spoke with her two days ago stated she was in normal state of health and just got her 2nd dose of the covid vaccine. Unknown which manufacturer.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1063485-1	First muscle soreness at site of injection, then severe redness at site, cherry electric red and pink, severe muscle aches, severe joint aches, severe headache, diarreah, dizzyness, the extreme rapid heart rate of 205 BPM. SEVERE SVT, SUPREVENTRICULAR TACHYCARDIA lasting from 9 p.m. Friday evening through the a.m. until I was transported from Urgent Care via Paramedics to Emergency Hospital. I was given an IV of a Medicine to restart my heart twice. I felt like I was dying.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1063980-1	1/26 /2021 - pt went to ER for chest pain 2/9/2021 - pt received Pfizer COVID vaccine 1st dose 2/17/2021 - cardiac arrest with death
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1066118-1	Patient had an unwitnessed cardiac arrest while outside walking his dog. AED in the field initially advised shock and was shocked 3 times without effect. At the time EMS ALS arrived, patient was in PEA arrest. He was transferred to Hospital with CPR in progress. Time of death called at 1857.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1068308-1	cardiac arrest due to pericardial effusion; cardiac arrest due to pericardial effusion; On 21Feb he went to the ER after vomiting and passing out; On 21Feb he went to the ER after vomiting and passing out; On 19Feb, he began to feel ill again with a fever. He felt worse on 20Feb; On 19Feb, he began to feel ill again with a fever. He felt worse on 20Feb; fever; headache; stomach upset; This is a spontaneous report from a contactable consumer reporting for the father: A 75-year-old male patient received the 1st dose of bnt162b2 (BNT162B2, Lot # EL3428) at single dose at left arm on 03Feb2021 for Covid-19 immunisation. Medical history included type 2 diabetes mellitus. No known allergies. The patient had not experienced Covid-19 prior vaccination. Concomitant medication in 2 weeks included amitriptyline hydrochloride (manufacturer unknown) 10 mg, atorvastatin (manufacturer unknown) 20 mg, dutasteride (manufacturer unknown) 0.5 mg, linaclotide (LINZESS) 290 mcg, gabapentin (manufacturer unknown) 300 mg, montelukast (manufacturer unknown) 10 mg, ramipril (manufacturer unknown) 5 mg, insulin degludec (TRESIBA) 100 unit/ml, liraglutide (VICTOZA) 18 mg/3ml solution. No other vaccine in 4 weeks. The patient experienced cardiac arrest due to pericardial effusion on 21Feb2021 14:15, fever on 13Feb2021, headache on 13Feb2021, stomach upset on 13Feb2021, on 19feb, he began to feel ill again with a fever, he felt worse on 20feb on 19Feb2021, on 21feb he went to the ER after vomiting and passing out on 21Feb2021. Events resulted in Emergency room/department or urgent care. Therapeutic measures were taken as a result of cardiac arrest due to pericardial effusion. Course of events: In Feb2021, 10 days after his 1st injection, the patient developed fever, headache, and stomach upset. He went for a rapid Covid-19 test (nasal swab) and it was negative on 11Feb2021. The doctor told him he might be having a delayed reaction to the vaccination. After a couple of days, he improved. On 19Feb2021, he began to feel ill again with a fever. He felt worse on 20Feb2021. On 21Feb2021 he went to the ER after vomiting and passing out and received treatment: IV fluids, diagnostic testing at ER. Rapid Covid test (nasal swab) at ER came back negative again on 21Feb2021. His heart arrested suddenly and he could not be resuscitated. CT scan results, that came back after death, showed Covid like pneumonia and pericardial effusion. The patient died on 21Feb2021 14:15. Cause of death was cardiac arrest due to pericardial effusion. An autopsy was not performed. The outcome of cardiac arrest due to pericardial effusion was fatal, of fever, headache, stomach upset was recovering, of he began to feel ill again with a fever, he felt worse was not recovered, of he went to the ER after vomiting and passing out was unknown.; Reported Cause(s) of Death: cardiac arrest due to pericardial effusion; cardiac arrest due to pericardial effusion
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1069743-1	Cardiac arrest- death
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1075035-1	sudden cardiac arrest and death
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1076188-1	Out of hospital cardiac arrest and refractory shock, acute kidney injury, shock liver, respiratory failure leading to death
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1077297-1	He collapsed and went into cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1079516-1	There were no symptoms experienced on the first vaccination given on 1/14/2021. The second vaccination was given on 2/4/2021, the following day (2/5/2021) patient complained of fatigue and nauseau. In the evening she went into cardiac arrest and died.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1081308-1	Death 3 days afterards, undetermined cause at this time.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1082985-1	Patient had been feeling dyspneic for 1.5 weeks to 1 month prior to his death on 2/28/21. He received vaccine on 2/25/21. On his family found him leaning on the couch with eyes rolled back and foaming at the mouth. He was making noises (like grunting sounds?). EMS was called. He had cardiac arrest while in ambulance enroute to EMS. Resuscitation efforts continued in ED. Family was informed about his status and resuscitation efforts were stopped.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1085254-1	Severe abdominal pain unable to eat or sleep for 36 hours. He went by ambulance to the Hospital emergency room. They tried to pump his stomach but he aspirated and and went into cardiac arrest. He was revived but never regained consciousness. (The ICU Dr said that he had blood clots in his abdomen from a recent stroke. We were unaware of him having a stroke other than in 2026. The same Dr. said that he had necrosis in his lungs from aspirating. The necrosis was from his bowel dying) He was put on a ventilator and given drugs to increase his heart rate. On 3-5-21 the heart drugs were reduced and he died. I was with him when he recieved the vaccination and he was healthy, just old. I think that the shot killed him.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1085413-1	patient was on treadmill at home on 3/4/21 and became shortness of breath, collaspsed, hitting head on floor. Family started CPR, Downtime prior to ED arrival 30 minutes. Arrived at ER at 8:48AM. Intubated by EMS. initially shocked 1x but otherwise was in asystole. Eventually after about 70 minutes of CPR at ER patient had no ROSC, pupils dialted and fixed and at this point pronounced dead.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1088741-1	Patient found unresponsive approx 16 hours after vaccination. Death listed as Cardiac arrest secondary to stenosis. Patient had inoperable cardiac issues and was reportedly in a terminal state.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1090240-1	Cardiac arrest; Pulmonary embolus; Renal failure; Fever; Dehydration; Not eating or drinking; COVID-19 confirmed by positive COVID-19 test / COVID pneumonia; blood clot; blood pressure was low; Respiratory arrest; Respiratory failure; Hypoxemia; ventricular tachycardia; This is a spontaneous report from a contactable nurse reporting on behalf of the husband. A 71-year-old male patient received the first single dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot EL9264) on 10Feb2021 at about 19:00 (at the age of 71 years), in left deltoid, for COVID-19 immunisation. No other vaccines were given on the same day or within 4 weeks. The patient declined flu vaccine and pneumococcal vaccine (PNEUMOVAX), he had never had another vaccine except maybe his childhood vaccines. Medical history included rotator cuff surgery and cataract removed in 2020. The patient exercised regularly, he was healthy, he walked for miles and didn't eat any non-sense, he did not eat out, he did not smoke. The patient's mother was 100 years old and fully competent. The patient had two sisters older than him, the oldest one had hypertension the second sister did not have anything that they were aware of. The patient's father lived until he was 98 years old. The patient concomitant medications were none. The patient was told to take vitamin D 50,000 units but didn't even take them (he still had 9 of them in the bottle and they gave him 13). The patient experienced fever on 11Feb2021, renal failure on 14Feb2021, pulmonary embolus on 28Feb2021, cardiac arrest on 04Mar2021, dehydration and not eating or drinking on an unspecified date in Feb2021. These events required ER visit and were reported as serious as involved hospitalization from 14Feb2021 to 04Mar2021 and as fatal events. The patient died on 04Mar2021. Clinical course of the events included the following information. The patient received the first vaccine on 10Feb2021, the next day he developed a fever. The reporter spoke with the patient's doctor who told to give the patient paracetamol (TYLENOL) thinking the fever was from the vaccine. On 12Feb2021 and 13Feb2021, the patient's temperature was 102. Then the doctor advised to take the patient to the hospital. The patient's temperature was still 102, he was in renal failure, and they had to dialyze him. The patient was otherwise healthy, the patient's last physical was in Dec2020 and the only thing it showed was that his A1C was 5.7. The patient had no cholesterol or hypertension. The doctor advised the patient to decrease sugar and carbs because the holidays were coming up. The patient's follow up was scheduled on Mar2021. The reporter felt that the vaccine has something to do with the patient renal failure. The reporter spoke with the doctors at the hospital who didn't want to commit to anything. The reporter believed this was an adverse event. The caller mentioned that she had her vaccine before and she was fine. The patient was admitted on 14Feb2021 and by Wednesday he was not eating or drinking, he was dehydrated. The patient's admitting diagnoses was elevated temperature and ruling out COVID. The patient tested positive for Covid on 14Feb2021 (COVID-19 PCR test). The patient's temperature was 99.8 and then kept creeping up, on Saturday it was 102. The caller gave the patient Tylenol cold and flu (lot T0CL001021, expiry date Oct2021) took the edge off but in three hours the temperature was back up again. The patient never complained of pain and didn't want to take Tylenol. On 15Feb2021 the patient's numbers were getting better after the fluid challenge and then his numbers kept creeping up after that. The patient had the fever a week until they had it under control. The fever went away, it was gone for like 5 days, then it spiked again. The patient was started on piperacillin/tazobactam (ZOSYN) for like 3 or 5 days and the fever went away but then it kept getting worse. On 28Feb2021, the medical personnel thought the patient had a pulmonary emboli but because of the renal failure, they couldn't do a computerized tomography on the patient. The doctors mentioned that the patient was in renal failure and they thought they heparinized the patient and he had a blood clot who led to pulmonary embolus, cardiac arrest, and death. The patient was diagnosed with a pulmonary emboli on 28Feb2021. The patient started de-saturating and the doctors intubated and sedated him that whole time until this. Dialysis was started on 01Mar2021 and the patient received it every day except 04Mar2021. The patient's blood pressure was normal, it hardly ever went above 120. The patient was on the medical floor from 22Feb2021 to 04Mar2021. When the patient was on the medical surgical floor, he was on high flow 5 liters. After the patient started desaturating, he went to the intensive care unit and was put on a non-rebreather on 45%. The patient's highest heart rate was after intubation was 135, but the patient's blood pressure was low so they started him on some vasopressors. They did the fluid challenge on the patient and his labs were a little better than the labs kept creeping up until the doctor inserted a shiley catheter for dialysis. Respiratory: Respiratory arrest and then cardiac arrest. Respiratory failure, they intubated the patient. The reporter assumed dyspnea because the patient was intubated. Tachypnea was when the patient was in the intensive care unit already intubated. Hypoxemia, they intubated the patient so the caller guessed it was for the oxygen saturation drop. Covid pneumonia: yes. Chest x-ray showed mild pneumonia. The caller requested a follow up x-ray and the doctors said they were going to do another one but

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				the caller is unsure if they did or when. The patient received additional therapies for COVID-19: remdesivir. Other radiological investigations: unable because of the patient's kidney function. They were looking at the D dimer and BMP to come up with the embolus since the patient couldn't have the scan. ARDS: no. Cardiovascular: The patient had a heart attack on 04Mar2021. The reporter thought it was from the pulmonary embolus which led to cardiac arrest. Arrhythmia: the caller guessed so, the patient was being worked on for 10 minutes before the caller got there. The caller saw a rhythm strip which showed a flat line and then she noticed ventricular tachycardia, then a flat line. The patient did not have SARS-CoV2 antibodies at diagnosis. Gastrointestinal/Hepatic, neurological, hematological, dermatological: none. Vascular: pulmonary embolus: yes, deep vein thrombosis, limb ischemia, vasculitis: no. Renal: renal failure: yes, acute kidney injury: no. The patient was scheduled for his second vaccine dose on 03Mar2021 at 04:15 but did not receive it. Time of death was 4:15 in the afternoon on 04Mar2021. The reporter considered renal failure, fever, dehydration, not eating or drinking, cardiac arrest and pulmonary embolus as fatal and related to the suspect vaccine. The outcome of the other events was unknown. Cause of death was unknown. No autopsy was performed.; Sender's Comments: Based on current information available, the company considered there is a possibility that all reported events are consequence of COVID-19 pneumonia on the basis of advanced age. The positive COVID-19 test occurred 4 days after the first injection of suspect vaccine BNT162B2. No complete effect can be achieved for short time interval. The COVID-19 is more likely pre-existing colonization or intercurrent condition, unrelated to suspect vaccine BNT162b2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.; Reported Cause(s) of Death: Renal failure; Fever; Dehydration; Not eating or drinking; Cardiac arrest; Pulmonary embolus
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1094490-1	Patient was vaccinated with her second dose on Wednesday, February 24th. A family member contacted us to let us know she was sitting in a casino exactly one week later and passed out, going into cardiac arrest. The patient did pass away.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1094810-1	Patient had sudden cardiac arrest; currently on a ventilator with very poor prognosis 3/11/21; 1st COVID vaccine given 3/2/21
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1094993-1	2nd vaccine dose given on 02/16/2021, admitted to hospital on 02/24/2021 CARDIAC ARREST RECTAL BLEEDING died on 03/03/2021
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1095025-1	shortness of breath 3 days after 2nd dose injected. admitted on 2/19 shortness of breath admitted on 2/26 shortness of breath admitted on 3/2 cardiac arrest, neck mass, seizure like activity, acute respiratory failure died on 3/06/2021
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1095174-1	Cardiac arrest Acute respiratory failure with hypoxia Death
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1095392-1	Received shot 02/04/2021, sudden Cardiac Arrest 2/8/2021, found 2/10/2021
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1096461-1	Patient received vaccine at 10:35am, was observed for 15 minutes then returned home with family. Patient began to not feel well, experienced cardiac arrest as witnessed by son, was taken to hospital Emergency Department where she expired at 12:50pm.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1097807-1	2/27/21 Sudden cardiac arrest due to thrombosis in the LAD
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1104031-1	Patient died of cardiac arrest at hospital 3/12/2021

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1104431-1	Cardiac arrest Narrative: An 82 year old, male, resident of a facility, received his first dose of the Pfizer COVID vaccine on 12/30/20 (time of dose not known). On 12/31/20, patient was reported to be febrile with increased lethargy and UTI was suspected so patient received a dose of ceftriaxone and levofloxacin. Within 30 minutes he became wheezy and short of breath, developed hives and tongue swelling. He required intubation and admission for treatment of acute respiratory failure, acute kidney injury and significant lactic acidosis. Treatment included epinephrine, H1 and H2 blockers, and steroids. He recovered and was extubated on 1/3/21 and discharged back to the facility on 1/6/21. Attending physician noted that antibiotics were most likely contributor to event, but recommended that patient not receive the 2nd COVID vaccine dose. Patient was referred to an allergist to assess this event, with an outpatient visit on 1/14/21. Patient expressed interest in receiving the 2nd dose. Allergist determined that the antibiotics were the cause of anaphylaxis, and recommended skin testing to take place 6 weeks after his reaction. Allergist determined the reaction was not due to the COVID vaccine and advised patient that he could receive the 2nd dose. Patient received the 2nd dose of the Pfizer COVID vaccine on 1/9/21 (time not known). Notes from the facility indicate patient was lethargic and running a fever the morning of 1/20/21. At 1500 on 1/20/21 patient was noted to be lying supine in bed, visiting with aides. At 1508 nurse entered room and noted patient to be lying on floor supine and nurse was unable to get patient to respond to shaking or calling his name. Breathing was noted to be labored, and nurse was unable to detect a pulse. At 1509, 911 was called and CPR initiated. Spontaneous pulse and breathes resumed just before ambulance arrived at 1522. On arrival at the ED patient was responsive and breathing spontaneously, however, hemodynamically unstable. Patient went into cardiac arrest and code blue called at 1535. Received treatment with epinephrine, methylprednisolone, diphenhydramine, amiodarone, atropine. Patient was intubated. EKG obtained and showed acute MI. At 1622 he again went into cardiac arrest and time of death was called.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1108762-1	Patient without previous cardiovascular history with complaints of chest tightness and diaphoresis. Contacted the doctor's office and sent advise to go to ER for possible cardiovascular event. Witnessed cardiac arrest at home with unsuccessful resuscitation.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1110152-1	This is a 60 year old female was brought into emergency department as cardiac arrest. Patient was seen at care now urgent care with the complain of epigastric pain associated with nausea vomiting and intermittent diarrhea. Patient received her initial COVID vaccine 2 days ago. History is obtained from urgent care chart. As per notes patient started nausea vomiting 6 hours post COVID vaccine administration. Patient was seen in urgent care for epigastric pain and nausea vomiting. Patient was found unresponsive at 0902 by tech. No carotid pulses palpated. CPR was started. Patient was brought into the emergency department with Lucas on. Patient was given 5 epinephrine prior to arrival. CPR was in progress. Patient was asystole. Resuscitation was continued in the ED. Patient was intubated in the ED by physician assistant 5 epinephrine 2 bicarb and 1 calcium chloride was given in the ED. Cardiac Ultrasound didn't show any cardiac activity. Asystole on the monitor. No corneal reflex people are fixed and dilated. Patient was pronounced at 1007 am
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1111546-1	"One week post vaccine, caller's mother started to feel ""phlegm-y"", coughing up clear phlegm. The next day she was more lethargic, coughing. Called her PCP, recommended Robitussin and Mucinex which she took. Continued to feel worse. No fever although she had cold sweats. She felt a lot of GI pain, fullness, could not eat/drink. Called PCP again by the 4th day of feeling bad. Recommended Augmentin and she took 2 doses. On 3/12 and 3/13, had difficulty breathing, coughing. Called EMS on 3/14 and taken to hospital where she was treated for dehydration and pneumonia with a broad spectrum antibiotic and vancomycin, IV. Given morphine for pain. She tried to take a GI cocktail which she felt like she was choking on. That evening on her BP bottomed out. They continued to give IVFs to raise BP as fast as possible. She was unable to receive chest compressions due to aorta issue and her heart gave out and she stopped breathing on 3/14."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1112709-1	Respiratory and cardiac arrest about 9 hours post injection.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1116557-1	Patient experienced respiratory failure and cardiac arrest on day of vaccination. Received CPR, targeted temperature management
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1118968-1	Patient passed away due to cardiac arrest Narrative: The patient had with PMH of CAD and multiple PCI, HFpEF, HTN. DM2, ESRD on HD, COPD and home O2 and other co-morbidities. Patient received his first dose of Pfizer vaccine on 1/21 and no adverse reaction was reported. Patient had a cardiac arrest on 2/1 and he was admitted to hospital. Patient passed away naturally on 2/1. Cause of death is not related to COVID 19 vaccination.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1122441-1	Patient passed away unrelated to covid vaccine Narrative: The patient had with a history of ischemic cardiomyopathy and multiple PCI's, CABG history of acute renal failure and hypokalemia and decompensated heart failure. Patient received his first dose of Pfizer dose on 2/18. Patient passed away on 3/8 due to cardiac arrest upon arrival to ER. Cause of death is not related to COVID-19 vaccination.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1122741-1	suspected pulmonary embolism; shock; cardiac arrest; This is a spontaneous report from a non-contactable consumer (patient's wife). A 51-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Solution for injection, unknown lot number and expiration), via an unspecified route of administration on 04Mar2021 at 11:45 AM at a single dose for COVID-19 immunization. Medical history reported as none. The patient has no known allergies. The patient's concomitant medications were not reported. The patient experienced a suspected pulmonary embolism on Monday 08Mar2021 at 11:30 AM. Embolism led to shock and cardiac arrest. The patient did not have COVID prior to vaccination and was not tested for COVID post vaccination. The patient did not receive other vaccine in four weeks. The patient received unspecified treatment for the events. The patient died on 08Mar2021 at 11:30 AM. It was not reported if an autopsy was performed. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: suspected pulmonary embolism; shock; cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1123329-1	Presented to Emergency department in cardiac arrest. Pt's family reports patient complaining of indigestion throughout the night. Awakened this morning but returned to bed. Family noted his breathing became loud and then stopped. EMS called. Patient in PEA arrest when they arrived. Patient's family reports he received COVID-19 vaccine day before via facility. I have notified the vaccine clinic and received the Lot number of the vaccine use when I called.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1124086-1	Miscarriage; Heart stopped on pregnancy; This is a spontaneous report from a contactable consumer (patient). A 42-year-old female patient received her second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiry date were not reported), via an unspecified route of administration in the left arm on 26Feb2021 06:00 PM at a single dose for COVID-19 immunisation. The patient's medical history was not reported. The patient had no known allergies. The patient was 8 weeks pregnant at the onset of the event. Last menstrual date was on 01Jan2021. There were no concomitant medications in two weeks and no other vaccine in four weeks. The patient previously received her first dose of BNT162B2 on an unspecified date at 06:00 PM in the left arm for COVID-19 immunisation. The patient had not been diagnosed with COVID prior to vaccination. The patient experienced miscarriage and heart stopped on pregnancy on 02Mar2021 03:00 PM. Treatment was unknown. Event resulted in doctor or other healthcare professional office/clinic visit. The patient was due to deliver on an unknown date. The patient underwent Covid PCR test post vaccination on 04Mar2021, pending results. Outcome of the events was unknown. Information on lot/ batch has been requested.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1124195-1	Abdominal pain, nausea, diarrhea, headache, muscle aches, and fatigue1-2 days after vaccination prompting transport via EMS to ER from home. Had cardiac arrest while in the ER x2, subsequent anoxic brain injury and death following removal of ventilator support.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1124794-1	Extreme head ache, chest pain, fever 101 F. Gave 1000 mg Tylenol, albuterol via nebulizer Q4hr. Died 3/20/2021 approx 11:00 am from Cardiac Arrest.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1127402-1	Pt recieved 1st Pfizer vaccine on 2/25/21 and her 2nd one on 3/18/21 Pt went to the ER on 3/23 via 911 in full cardiac arrest Per daugher, she c/o lightheaded this A< she came out of her room snad fell down, was vomitting and labored breathing paramedics were called, she went to Hospital and later died
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1127657-1	Cardiopulmonary arrest at home @ 1 hour after vaccine administration. CPR by EMS to today hospital for asystolic cardiac arrest. Pt. Intubated then terminally extubated
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1131274-1	Patient had unexplained asystolic cardiac arrest 3 days after second Pfizer shot was administered. No recent illnesses or complaints, no fevers.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1132349-1	Cardiac Arrest due to vfib

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1132491-1	Lose of blood found to be from small intestine; Cardiac arrest; Going into shock; Rash all over face; Hemoglobin low; This is a spontaneous report from a contactable consumer. A 70-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number unknown) dose 1 via an unspecified route of administration on 05Feb2021 as single dose for covid-19 immunisation. The patient medical history was not reported. Concomitant medications in two weeks included atorvastatin 40 mg, gabapentin 300 mg, amlodipine 5 mg, losartan 100 mg, aspirin [acetylsalicylic acid] 81 mg and potassium. The patient previously took tylenol and codeine and both experienced allergies. No other vaccine in four weeks. The patient experienced rash all over face, lose of blood found to be from small intestine, hemoglobin low, cardiac arrest, going into shock on 05Feb2021. Events resulted in Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event). The patient was hospitalized for 6 days due to above events. Covid test post vaccination included Nasal swab with Negative result on 11Mar2021. Treatment included blood transfusion. The outcome of events was not recovered. Information on the lot/batch number has been requested.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1133038-1	"died after receiving the first dose of a COVID-19 vaccine; cardiac arrest; fell ill; This is a spontaneous report from a non-contactable consumer reported for a patient (friend's cousin). A male patient of an unspecified age received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, batch/lot number and expiration date not provided), via an unspecified route of administration, on an unspecified date, at single dose, for COVID-19 immunization. Medical history included patient was infected with the virus in 2020 (reported as ""over six months ago""), but not in the current time. Concomitant medications were not reported. The patient died after receiving the first dose of a COVID-19 vaccine on an unknown date. Patient felt ill that evening a few hours after receiving the shot, followed by cardiac arrest. Patient was taken to the hospital, where he died the next day. The outcome of the event ""unknown cause of death"" was fatal, of other events was unknown. The cause of death was not reported. It was unknown if an autopsy was performed. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Reported Cause(s) of Death: died after receiving the first dose of a COVID-19 vaccine"
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1133749-1	V-Fib, cardiac arrest Narrative: First COVID vaccine administered 2/25/21 with no noted reaction. Patient received his second COVID vaccine 3/21/21 at 1203. Notes in electronic medical record indicate in the morning of 3/22/21 he arrived at a hospital with ER this morning in V-Fib/cardiac arrest. Unclear of potential treatment that was administered at outside facility. Time of Death was about 1330 on 3/22/21.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1134398-1	She had been in her usual state of health until tonight. Assisted living facility staff called. He mentioned that the facility staff had earlier noticed that she was dragging her right foot and and has been needing more assistance with activities. The patient was walking and did not feel well. She was lowered to the ground and had a witnessed cardiac arrest. The ambulance was called and she was reportedly found to have pulseless electrical activity. She was given Epinephrine and Amiodarone with return of pulse. The patient was brought to the Emergency Room and was evaluated by ER physician. EKG showed atrial fibrillation, ventricular rate = 66, RBBB with Brugada pattern. She was emergently brought to the Cath Lab. Cardiac catheterization showed normal coronary arteries but EF 35-40%. Repeat EKG showed atrial fibrillation with rapid ventricular response = 110, RBBB. Therapeutic hypothermia was initiated. The patient was admitted to the ICU on mechanical ventilation with TV 350 RR 14 PEEP 5. She is sedated with Propofol and Fentanyl IV. She is on Levophed IV. ABG showed pH = 7.22, pCO2 = 53, pO2 = 66, O2 sat = 88%. Lactate level = 9.5. WBC 8.8, Hgb 13.4, Hct 46, Platelets 138. Na 138, K 3.2, Cl 102, bicarb 20, BUN 16, Crea 1.19, estimated GFR = 44 mL/minute. Magnesium 2.7. Glucose levels have ranged from 273-312. Pro-Calcitonin = 0.26. Albumin 3.7. SGOT 262, SGPT 294. Troponin elevated at 47. Pro-BNP = 600. Urinalysis showed large blood. Chest x-ray showed vague peripheral pneumonitis. Endotracheal tube is in place. COVID-19 test by PCR is negative (2/5/21). COURSE IN HOSPITAL The patient was admitted to the ICU and was followed by Pulmonary/Critical Care. Patient was maintained on mechanical ventilation, sedated with propofol and fentanyl IV. Vasopressors were administered (Levophed IV). She was managed with therapeutic hypothermia. She was followed by Cardiology. Foley catheter was inserted for close input/output monitoring. Neuro checks, vital signs, daily weights, pulse oximetry, cardiac telemetry and fingersticks were monitored. She was given sodium bicarbonate IV due to metabolic acidosis. She was also given insulin IV drip. Potassium chloride IV was administered due to hypokalemia. The patient was given amiodarone IV. Platelet count was noted to be low but stable. Glucose levels were within acceptable range. Metabolic acidosis resolved. Hypokalemia resolved. Hypomagnesemia resolved. There were elevated LFTs which improved. Elevated CPK also improved. She was taken off hypothermia protocol. Sedation was decreased and she was able to open her eyes with verbal stimulus but unable to follow commands. Ammonia level was normal. Neurology evaluated the patient. EEG showed left periodic epileptiform discharges consistent with severe diffuse encephalopathy. Chest x-ray revealed right upper lung and left mid lung increasing opacity for which meropenem IV was started. Levophed was discontinued. Initially she had peripheral cyanosis, but this resolved upon discontinuation of vasopressors. Brain MRI was done demonstrating diffuse bilateral small and moderate-sized ischemic foci throughout the cerebellum and cerebellar region suggestive of embolism. There also was chronic marked atrophy and moderate small-vessel gliosis. CIRCUMSTANCES SURROUNDING DEMISE Based on neurologic evaluation, her prognosis for meaningful neurologic recovery was thought to be extremely poor. The patient was evaluated and followed by Palliative Care. She does not have family members and had designated her neighbor friends as her power of attorney. They have known the patient for a ling time and they know that she does not want to live like this. A decision was therefore made for comfort care measures only. Compassionate extubation was performed on February 12, 2021. The patient passed away on February 12, 2021, at 6:39 p.m.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1136945-1	Sore arm on 3/20/2021. No other symptoms/signs. Presented for routine heart transplant follow up visit 3/22/2021 and was found to have new decreased cardiac function by echo, new 1st degree heart block by ECG, and new gallop. Patient taken to cath lab 3/22/2021 for biopsy and hemodynamic assessment, but he had V fib arrest with anesthesia induction. After initiation of CPR, patient was placed on ECMO. Biopsy shows ACR 2R (moderate cellular rejection) and pAMR 2 (moderate antibody-mediated rejection). Labs show new donor specific, complement-fixing Antibody against the cardiac allograft. Patient is in ICU being treated for acute rejection.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1137710-1	Pt received COVID-19 vaccine on 2/23. He felt tired and unwell after. He had a syncopal episode on 3/4 and presented to ED. He was in complete heart block. Pacer placed. No CAD on coronary angiogram. Normal heart function. Discharged home. Presented unwell to ED with chest pain and elevated troponin on 3/16 found to have cardiomyopathy EF around 25% (medically managed, sent home) Repeat left heart cath done at the time showed no CAD. Presented to ED 3/22 with cardiogenic shock, EF 10%. Proceeded to have multiorgan system failure, impella placed, had cardiac arrest, transferred to another facility for further support. Was placed on VA ECMO. Heart biopsy done 3/25 revealed giant cell myocarditis. Pt is in critical condition and not expected to live d/t sequelae from cardiogenic shock: shock liver, AKI, ischemic bowel with ecoli bacteremia.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1137756-1	Vaccine 3/2/2021.Presented to ER 3/25/2021 with chest pain and found to have acute MI with completely occluded left main coronary artery with clot causing cardiac arrest, cardiogenic shock. Currently Critically ill, intubated, high risk mortality.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1140258-1	Patient contacted 911 complaining of not feeling well and difficulty breathing. Upon arrival patient was found by EMS in cardiac arrest. EMS was unable to get return of spontaneous circulation.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1140716-1	Approximately 30 minutes after vaccination the patient experienced a cardiac arrest. He was brought to the hospital where resuscitation efforts were continued but ultimately proved to be unsuccessful. The patient was pronounced deceased.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1143055-1	CARDIAC ARREST DEATH
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1143590-1	Cardiac arrest witnessed by family. Pt became SOB at home and became unresponsive. CPR was started by family. Pt was in asystole, intubated, given two rounds of epinephrine in the field. Pt was on autopulse and ROSC was achieved around 0125. Pt was seen at ER and was transferred to Hospital.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1144353-1	Patient was admitted to our hospital after cardiac arrest at home
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1145183-1	25 hours after receiving Covid vaccine, patient began seizing and went into cardiac arrest. Daughter began CPR and continued until EMS arrived. Patient subsequently passed away at Hospital.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1148250-1	3/28/21 ER HPI 66 y.o. male who presents with cardiac arrest. Wife said patient went to load machines in the truck between 6:30 p.m. to 7:00 p.m. and about 745 p.m. when she did not see him, she went searching for him and found him about 8:15 p.m. without pulseless and cold. EMS was called and they got there about 8:23 p.m. and started CPR and brought the patient to the emergency room at at 9:05 p.m. and he was certified dead at 2110 p.m.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1149202-1	Per ED Provider Report, the patient collapsed while outside on 3/25/21. Ambulance was called to the scene where patient was found unresponsive. Patient was transferred to Hospital. Patient was in full cardiac arrest upon arrival. CPR was initiated. Patient deceased. Patient's mother stated the patient had been feeling badly for 2-days, but refused to seek medical treatment.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1149448-1	Covid vaccine monitoring documentation. 90 yof patient presented to ED 3/4/21 at 1233 unresponsive via EMS due to cardiac arrest. BP documented 82/43 at 1233, pulse 49. Prior to arrival, patient had been in bathroom and had syncopal event. Patient lived with family. EMS began CPR and administered doses of Epi. Documentation also stated patient?s family member said patient received their 2nd covid vaccine 5 days prior and has not been okay since. After arrival to ED, patient was intubated, cardiac ultrasound showed no cardiac activity and no pericardial fluid. Patient received sodium bicarbonate and calcium chloride. Patient expired in the ED department at 03/04/2021 12:51. Per Death Summary Form clinical diagnosis cardiopulmonary arrest, clinical impression of cause of death or terminal events leading to death, possible myocardial infarction. Pfizer EL9265 on 1/30/21, Pfizer EL9266 on 2/20/21.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1152648-1	Cardiac arrest resulting in death. I actually do not know the name of the vaccine or which type it was it was her 2nd one and it occurred today at 1:30 pm
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1154143-1	weakness, fatigue, body ache Narrative: 67-year-old male with past history of diabetes type 2, hyperlipidemia, left BKA, who presented to hospital 2/14/21 with generalized weakness, fatigue, body aches and left leg pain for the past 5 days. He reported it started after receiving his COVID-19 vaccine on 2/09/21. He also had associated nausea, vomiting, diarrhea. He denied fever, chest pain, shortness of breath, abdominal pain. Labs showed mild leukocytosis 12k, AKI with Cr 4.6, K 3.2, Bili 2.9, trop 0.01, lactate 2.2. He was given 3L IVF, vanco blue in ED at 18:35. Asystole on monitor. ACLS initiated and once eventually stabilized he was transferred to ICU. Pt again coded 2 more times while in ICU with were halted due to medical futility.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1155769-1	"Patient was approached in observation area while slumped in wheelchair and pale in appearance. Medical personnel asked patient's spouse if this was patient's ""norm,"" to which he responded ""yes."" Pulse was non-palpable and compressions were started. EMS was activated and arrived on scene. Patient was in asystole and was transported to ER via EMS."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1156381-1	Patient developed substernal chest pressure and lightheadedness prompting visit to the ER where he was found to have a STEMI and developed Vfib arrest and had cardioversion x 2. Patient was found to have an inferior wall MI. Mechanical thrombectomy was performed for a thrombotic occlusion of the mid-distal RCA and DES X 1 placed. Significant CAD was present in the proximal-mid LAD and proximal-mid left circumflex.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1157623-1	had a severe reaction, had to call a code and her heart stopped; This is a spontaneous report from a contactable consumer (Patient) via a Medical Information Team. A female patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection; Batch/Lot number: Not reported) via an unspecified route of administration on an unspecified date at a single dose for COVID-19 immunization. Medical history included shock her heart 5 times, Had reactions to IVP with contrast that has Iodine, allergic to sulfa antibiotics, acute renal failure, partial bowel blockage, renal insufficiency scared her right (ACE inhibitor and simvastatin works well and gives her lungs more protection), asthma and allergies. Concomitant medication were not reported. The patient previously took epinephrine and had reactions, bactrim and was allergic, flu shot and got sick in 2016. She can't have the contrast test. Had a severe reaction, had to call a code and her heart stopped on an unspecified date. Was put on IV and gave epinephrine and shock her heart 5 times. Called CDC and ask if there's any contraindication on getting the vaccine. Got a shot in 2016 and found out was getting sick from flu shot. Can't get flu shots anymore may be because egg content. Also had the Shingles vaccine had mild reactions to it took Benadryl and steroids and the follow up dose had to be pretreated because shingles break out. Reaction might be from the binders. Also took Versed and made her quit breathing and cannot get it. The outcome of the event was unknown. Information on Lot/Batch has been requested.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1160713-1	DETAILS OF HOSPITAL STAY: PRESENTING PROBLEM: Cardiac arrest (HCC) [I46.9] HOSPITAL COURSE: Patient is a 74 year old female who receives care through healthcare clinic and second healthcare clinic with past medical history of HTN, CKD, cardiomyopathy/congestive heart failure, atrial fibrillation on Pradaxa who presented to the ED 3/16 after suffering an out of hospital cardiac arrest at her dentist's office. Per report, patient had SBP in the 80s on arrival but was asymptomatic. Prior to start of any procedure (no reports of being given sedative medications), she became unresponsive. CPR was initiated and was found to be in asystole. She received 3 rounds of CPR with ROSC. CT head without acute abnormality. Chest XR showing mild vascular congestion and interstitial edema. Initial labs showing AKI, elevated liver enzymes, BNP >29,000, troponin 39, lactic acid of 11, INR of 6.6, PTT 62, APTT 87. UA with protein, nitrite, moderate blood. Urine culture ordered. Blood cultures ordered. In ED, patient was hypotensive requiring addition of vasopressors. Targeted temperature management was started. Ceftriaxone and flagyl started for possible urinary tract infection and aspiration. Patient with profound coagulopathy, INR increasing to 12.0 on arrival to the ICU. Two units FFP and vitamin K were given. Patient with escalating pressor requirements at this time so CT t/a/p was ordered showing multiple bilateral rib fractures, nondisplaced sternal fracture with small anterior mediastinal retrosternal hematoma, small right sided hemothorax, right chest wall hematoma, patchy bilateral airspace disease consistent with atelectasis/infiltrate/aspiration, diffuse GGO consistent with interstitial edema, enlarged pulmonary arteries consistent with pulmonary hypertension, cholelithiasis. FDP elevated and 2 units of cryoprecipitate given 3/16. Hemoglobin decreased to 5.9 3/17 with INR of 5.4. Two additional units of FFP and additional dose of vitamin K ordered. Two units RBCs ordered. CTA thorax and abdomen 3/17 re-confirmed hemothorax and chest wall hematoma but no active bleeding noted. CT bilateral LE showed no evidence of hematoma. Trauma consulted who recommended chest tube placement. Overnight 3/16-3/17, patient also noted to have seizure activity on EEG and patient loaded with Keppra. Head CT 3/17 negative for hemorrhage or other acute processes. Patient remained in status epilepticus 3/17am and additional Keppra load was given and neurology consulted. Received Praxbind for continued bleeding/coagulopathy. 3/17pm went into PEA arrest with 10 minutes of CPR with ROSC. Bronchoscopy following ROSC noted evidence of bleeding from multiple areas, clots removed. MRI brain showing diffuse anoxic brain injury. Propofol stopped 3/19am. After goals of care discussion this morning, all first degree relatives (daughter and son) all in agreement to transition to comfort care measures. I received call from bedside RN that patient had passed away. On exam, no heart or breath sounds appreciated upon auscultation for 2 minutes. No spontaneous movement or chest rise noted. No pulse palpated for two minutes. Pupils fixed and dilated. No response to noxious stimuli. Time of death 1400 3/20/2021.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1164796-1	brought in by EMS due to code. Started as CP and proceeded to cardiac arrest. Went into Vtach twice in the field. No cardiac issues other than HTN & afib. Per ED note, received COVID vaccine yesterday
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1169930-1	While sleeping had heart attack, seizure, went into cardiac arrest. No warning signs and did not have a previous heart condition. CPR was performed, shocked four times at home once in ER and placed on a ventilator. Catheterization procedure performed, full blockage of the right coronary artery received two stents. After surgery was in ICU on a ventilator for three days then went to step down unit for two days. Now being treated by cardiologist, pulmonologist, neurologist and primary care physcian.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1176295-1	Vomiting, dizziness, diarrhea, blood sugars high. Went into cardiac arrest January 23, 2021

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1177518-1	Heart suddenly lost electrical current requiring pace maker to be implanted
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1178296-1	cardiac arrest; This is a spontaneous report from a contactable consumer. A male patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as SINGLE DOSE for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient experienced cardiac arrest 20 hours after receiving BNT162B2 on an unspecified date. The patient passed away due to cardiac arrest. The patient died on an unspecified date. It was unknown if an autopsy was performed. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1178307-1	"She died 23 hours later on 28Feb/Her cause of death on her death certificate was stated to be cardiac arrest; This is a spontaneous report from a contactable consumer (patient's husband). A female patient of an unspecified age received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, Solution for injection, lot number and expiry date were not reported), via an unspecified route of administration on 27Feb2021 at a single dose for COVID-19 immunisation. Medical history included heart disease from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. Patient died 23 hours later on 28Feb2021 after first dose on 27Feb2021. She did not show any adverse symptoms after being vaccinated. The questionnaire before the vaccination asked ""if you have a chronic health condition such as heart disease"". It was stated that she has heart disease; still the vaccination was given. Her cause of death on her death certificate was stated to be cardiac arrest. The patient died on 28Feb2021. It was unknown if an autopsy was performed. Information about Batch/Lot number has been requested.; Reported Cause(s) of Death: She died 23 hours later on 28Feb/Her cause of death on her death certificate was stated to be cardiac arrest"
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1180245-1	Death within 30 days of vaccination
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1180374-1	Death within 60 days of vaccination. Unwitnessed cardiac arrest, CPR attempted and unsuccessful.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1180688-1	Patient was vaccinated on 4/6/21 at 9:05 am. Report received that patient was in the car on the way home from the vaccination and had chest pain and shortness of breath. Patient called their primary care doctor who requested reporting to the nearest emergency room immediately. Patient became unresponsive in the car. Patient arrived in cardiac arrest (arrival time noted to be 4/6/21 at 10:54 am, CPR began. Patient was intubated in the ER, and received epinephrine, amiodarone, and was defibrillated several times per ACLS protocol. Patient did not have return of spontaneous circulation and was subsequently pronounced. Per report, it was noted that patient was short of breath prior to receiving vaccination earlier in the day.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1180818-1	Recipient of vaccine is a family member (father) of employee of Hospital. Recipient was vaccinated with Dose 2 Pfizer Covid vaccine on 3/19/2021 and observed on-site for 15 minutes after vaccination with no apparent concerns. On 3/23/2021, his daughter (our employee) notified clinic that on 3/22/2021, recipient had died. 4/7/2021 his daughter (our employee) states the medical examiner indicated his autopsy showed evidence of cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1180894-1	respiratory arrest, cardiac arrest Narrative: Patient died 1 day after receiving 2nd dose of COVID vaccine in his bed at home. Paramedics arrived but were not able to resuscitate.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1186943-1	55-year-old male with no diagnosed past medical history presents emergency department after cardiac arrest. Per patient's daughter, patient was feeling at baseline today. He got his COVID vaccine at 5 PM this evening. He was running some errands and called his daughter at 8:40 PM. He told his daughter he was not feeling well. She reports he sounded out of breath and sounded as if he was slurring his words. Daughter told him to pull over and she called 911. She met him on the side of the road and he was gasping for air. She arrived at the same time as EMS. Upon arrival of EMS patient was in ventricular fibrillation. He was defibrillated 3 times. He also had one episode of ventricular tachycardia. He was given 300 mg of amiodarone and 3 rounds of epinephrine with had return of spontaneous circulation. King airway was placed and patient was brought to the emergency department.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1188519-1	On 3/29/21 at 11:00pm my dad began having chills and uncontrollable shaking. My mother contacted Pfizer who instructed us to alternate Tylenol and Motrin. Tylenol given and Motrin given 4 hours later as instructed by Pfizer. On 3/30/21 around 11:10am my dad was found unresponsive, not breathing and did not have a pulse. My mother immediately called 911 and my aunt began CPR. When EMS arrived he was found to be in cardiac arrest and after 25 min of efforts by EMS my father passed away less than 24 hours after receiving his 2nd covid vaccine.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1197923-1	He was found down in cardiac arrest- EMS called CPR done and taken to Emergency room, unsuccessful CPR, patient died
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1198199-1	62-year-old male with number of medical problems that include history of hepatitis-C, history of cirrhosis, history of alcohol abuse, cocaine abuse, history of diabetes hypertension who has initially presented to EMS with increasing shortness of breath. Patient suffered cardiac arrest during his transportation to the emergency room. A CPR was initiated and was given 3 rounds of epinephrine. Most of the history is taken from the ER physician chart review. ACUTE RESPIRATORY FAILURE SECONDARY TO HYPOXEMIA, COVID-19 , cardiac arrest, possible anoxic brain damage : Patient is 62-year-old male with complicated history with history of hepatitis-C, cirrhosis, alcohol use, cocaine abuse diabetes who presented after having cardiac arrest and possible anoxic brain damage. Patient was intubated after the arrest. Patient stayed in the hospital for number of days. Patient was found to have COVID-19 positive. Patient was found to have diffuse bilateral infiltrate. Patient was started on broad-spectrum antibiotics including cefepime Flagyl and Decadron. Due to patient's cardiac arrest patient was started on hypothermia protocol. Patient was rewarming after that. There was no purposeful movement or neurological recovery. After long discussion with the family, patient has been made comfort care. Patient was extubated. Patient expired promptly after that. Family is notified.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1199455-1	Patient reported difficulty breathing and chest pain; suffered cardiac arrest and death
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1200695-1	cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1201475-1	WE RECEIVED A TELEPHONE CALL AT 4:45 PM ON 1/27/21 THAT WAS NON RESPONSIVE AND A FOLLOWING CALL AT 5:00 PM THAT SHE HAD PASSED.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1202366-1	pt recieved vaccine at 1135 on 4/9, pt reported tongue swelling around 1130 the next day (4/10, 24 hrs after), presented to ED via EMS 1518, was diagnosed with angioedema likley due to ramipril, was intubated by 1624. pt had difficult intubation, was transferred to ICU, in critical condition on a ventilator, days later, after multiple cardiac arrests and multiple rounds of ACLS were performed, the pt was pronounced dead at 0127 on 4/12
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1203240-1	My husband had fever of 102.6 the morning after he received the vaccine. He continued to run high fever. He had gi symptoms with diarrhea. He was up all Saturday night with generalized body aching and diarrhea. On Sunday night he coded in the bathroom at home. CPR was started when EMS arrived he was in full cardiac arrest. He was coded for 1 hour without any return of heart function. I found my husband on the bathroom floor on that Sunday night about 1140pm performed CPR and activated 911.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1205124-1	Witnessed cardiac arrest with death as the outcome
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1205249-1	Died from cardiac arrest; This is a spontaneous report from a contactable consumer. A 63-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot number was not reported), via an unspecified route of administration, administered in left arm on 24Mar2021 as single dose for COVID-19 immunization. Medical history included heart disease, kidney issues, and physical disability from an unknown date. 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 atorvastatin; spironolactone; lisinopril; and ubidecarenone, vitamin e NOS (COQ10 COMPLEX) taken for an unspecified indication. The patient previously received the first dose of BNT162B2 on 03Mar2021 11:00 AM, on Left arm, for COVID-19 immunization. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was reported to have died from cardiac arrest on 26Mar2021. The reporter did not know if it was related to vaccine. The patient died on 26Mar2021. It was not reported if an autopsy was performed.; Reported Cause(s) of Death: It appears he died from cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1207106-1	CARDIAC ARREST DEATH
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1207139-1	Death Cardiac arrest Hyperkalemia NSTEMI (non-ST elevated myocardial infarction) (CMS/HCC) ESRD needing dialysis (CMS/HCC)

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1209081-1	Cardiac Arrest Death Sepsis due to methicillin susceptible Staphylococcus aureus
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1210943-1	a fib and cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1211131-1	The patient had stomach pains nausea thowing up diarehha 33 hours after came in waves and neck pain and pain in top of shoulder blade.. we dind't realize it because it was on the right side..... not the left looking back IT WEAKENED HIS HEART and kille dhim he went to be March 21, 2021 just fine..... woke up at 2:30 lost control of bowels dind't know what was wrong i called 911 his heart rate was 40's and his BP 79/51 took him to facility in ambulance he was dead by 5:17 am ..... this covid killed him..... they tried to shock his heart and in tubed but coudn't save him
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1212489-1	CARDIAC ARREST Death
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1212771-1	an 87 year old male with ESRD on PD, pAfib, CAD, HTN, HLD, hypothyroidism, who was brought in after a witness cardiac arrest. Patient apparently received the first dose of the Covid vaccine (pfizer) at around 11 am. He was doing fine the rest of the day until later in the evening when he had shortness of breath without chest pain, abdominal pain, nausea, vomiting. Upon EMS arrival, the patient appeared to have some agonal breathing and then went down, was in PEA arrest, received CPR with 1 dose of calcium, 1 dose of bicarbonate, and 3 doses of epinephrine with return of spontaneous circulation. Upon arrival in the ED, patient had an intraosseous line, on dopamine for soft blood pressure. Patient has been successfully intubated.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1213196-1	I got the shot on Friday then had a low grade fever on Saturday, was fine until Tuesday, 3/30, when I had a cardiac arrest event and my heart stopped beating. I needed CPR to be revived.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1214713-1	"50 yo female with no medical history known to our system presents with Inferior STEMI with ventricular fibrillation cardiac arrest. Unknown initial downtime without CPR. Arrived by rescue squad and taken emergently to Cardiac Catheterization Lab, required mid-LAD stenting. Therapeutic temperature management (TTM), now rewarmed. Currently intubated on mechanical ventilation, on norepinephrine, poor neurological responses, consider neurology consult for brain evaluation/prognostic recommendations. There is a progress note written by ED RN on 4/12/21 that states family reports she had ""her 2nd COVID shot 1 week ago,"" but per Wisconsin Immunization Registry, only 1 COVID vaccine is recorded."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1224144-1	Developed fever, nausea and vomiting about 24 hours later. Symptoms lasted two days and began to subside, at which time shortness of breath began. Patient drove himself to the hospital for evaluation and treatment on Saturday, March 27th where he collapsed in cardiac arrest. he was resuscitated and stabilized on life support. He died of multiple organ failure on Monday March 29th. The official diagnosis was Severe Septic Shock. It is unclear if any infective agent was identified. It should be noted that sepsis is a condition in which immune dysregulation is inherent and includes cytokine storm activity. The possible correlation between vaccination and the subsequent development of sepsis should be investigated.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1224778-1	cardiac arrest; This is a spontaneous report from a contactable consumer (patient) via Pfizer sponsored program. A female patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on 12Feb2021 (Lot number was not reported) as single dose for covid-19 immunization. The patient medical history and concomitant medications were not reported. The patient scheduled for the second dose 05Mar2021, however missed her second dose since she had a cardiac arrest on 04Mar2021. The outcome was unknown. Information on Lot/batch number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1224818-1	Heart stopped 6 times; unresponsive; soreness; felt like unwell; vomiting; Body aches; achiness; passed out 7 times; fever; chills; Left arm soreness at injection site and up back of shoulders; Left arm soreness at injection site and up back of shoulders; This is a spontaneous report from a contactable consumer.A 48-years-old male patient received second dose of bnt162b2 (Pfizer-Biontech Covid-19 Vaccine, Formulation: Solution for injection, Lot Number: EN5318), intramuscular, administered in left arm on 27Jan2021 11:00 at single dose for covid-19 immunisation. Medical history included asthma, myocarditis and allergies to Fruit or nut that grows on trees. Concomitant medication included esomeprazole magnesium (NEXIUM). The patient's heart stopped 6 times on 29Jan2021, he had a low grade fever, achiness and chills at 01:30, but they were gone the next day. Basically, at first, he took the shot and got the reactions that everyone else does, right arm soreness 01:30. On 07Jan2021 17:00, patient took the first dose of bnt162b2 (Pfizer-Biontech Covid-19 Vaccine, Formulation: Solution for injection, Lot Number: EL1042), intramuscular, administered in left arm. No prior vaccination was given within 4 weeks. He fell in the shower and passed out and hit his head at 18:00. He was not hooked up to a machine. About 18:30, his wife got him to the couch. He drank carrot juice and ate a granola bar. At 18:30 his eyes were wide open, but he was unresponsive. About every 30 minutes, he was going down. The third one came about 18:45-19:00. The pass outs lasted 15-20 seconds. and all he remembers was waking up to her screaming at him. The next one came at 19:15 and was in the ambulance on the way to the hospital and that is when he vomited in the ambulance and on the couch. Pass out number 3 was at home and 4 was in the ambulance. There was vomiting with both of them. Pass out number 5 was in the hospital when she was getting in the bed and was not hooked up in the room yet. Finally, they got him hooked up to a machine at 20:30 and into a room. They said if you feel dizzy, press the button. He found out his heart rate went from 80's down to 30's. That was the 6th pass out. This was the first time he was on a machine. His heart did not actually stop, it just went down to 30's and would come back. Then, it happened one more time on the machine and at that point, they were hooking him up to an IV and giving him medication to keep him from vomiting. He does not have the name of that medication or the dose or lot or expiration. He got stabilized but they had him hooked up shockpads in case anything happened. They recorded his heart stopping 6 times during the night and of those 6 times, he does not have the times.2 seconds was the longest time of all of the stops. He does not know how many each were. This was when he woke up on 30Jan2021. He later stated he was hospitalized 28Jan2021 at 7pm and those 6 stops occurred 29Jan2021 through the night previously. The patient was hospitalized for heart stopped 6 times from 29Jan2021 and discharged on 01Feb2021. The patient underwent lab tests and procedures which included body temperature was low grade fever, echocardiogram, brain scan and electrocardiogram shows normal,heart rate: 80 beats, heart rate was down to 30 on his heart beat. They gave shot in the leg for blood clots, nausea medication and a bunch of pills given as treatment. The outcome of heart stopped 6 times was recovered with Sequel, patient passed out 7 times, body aches, fever and chills, left arm soreness at injection site and up back of shoulders was recovering, unresponsive and soreness next day felt like unwell and vomiting was unknown, achiness was recovered. No follow-up attempts are possible. No further information is expected
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1224897-1	Hypoxia; cardiac arrest; This is a spontaneous report from a contactable physician. A 67-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207), via intramuscular route of administration on 03Apr2021 at 15:15 (at the age of 67 years) at a single dose in the left arm for COVID-19 immunization. The patient medical history and concomitant medications were not reported. The patient previously took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 13Mar2021 (at the age of 67 years) for COVID-19 immunization. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was not pregnant at the time of vaccination. On 05Apr2021, the patient experienced hypoxia and subsequent cardiac arrest. The events resulted in Emergency room/department or urgent care and hospitalization. The events were considered life threatening. Therapeutic measures were taken as a result of the events which included CPR and intubation. It was unknown if patient has been tested for COVID-19. The outcome of the events was 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 events hypoxia and cardiac arrest cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1225942-1	Patient was a 16yr female who received Pfizer vaccine 3/19/21 at vaccine clinic and presented with ongoing CPR to the ED 3/28/21 after cardiac arrest at home. Patient placed on ECMO and imaging revealed bilateral large pulmonary embolism as likely etiology of arrest. Risk factors included oral contraceptive use. Labs have since confirmed absence of Factor V leiden or prothrombin gene mutation. Patient declared dead by neurologic criteria 3/30/21.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1226196-1	Patient arrived to Hospital in cardiac arrest 48 hours after administration of the Pfizer Vaccine.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1230054-1	Pfizer COVID-19 Vaccine EUA Patient received vaccine dose #1 on 1/14/2021 and Dose #2 on 1/31/2021. Patient presented to ED on 2/1/2021 with complaints of acute mental status change. He was recently diagnosed with enterocoal/pseudomonas UTI four days prior to presenting to ED and was being treated with Augmentin and Levaquin. Patient screened positive for COVID-19, with the sample analyzed using PCR or equivalent. Patient suffered a cardiac arrest on 2/7/2021 x3, developed three pressor shock, and required maximum ventilator settings. Patient subsequently expired.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1230915-1	pt had a cardiac arrest 8 hours after receiving vaccine. Pt had no prior hx and upon cardiac cath showed not blockages. The provider states was allergic reaction to medication.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1232226-1	Nausea, vomiting, multiple falls, and ongoing multiple seizures. Patient required intubation and sedation. After admission, the patient experienced cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1235809-1	Acute pulmonary embolism; cardiac arrest; atrial fibrillation with rvr; pulmonary infiltrate right upper lobe; hyperglycemia; This is a spontaneous report from a contactable Nurse (patient herself). A 68-year-old female patient received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration, administered in Arm Right on 22Dec2020 11:45 (Batch/Lot Number: EH9899) as SINGLE DOSE for covid-19 immunisation at a hospital, at 68 years old. Patient is not pregnant. Medical history included hypothyroid from an unknown date. Patient has no COVID prior vaccination and has not tested for COVID post vaccination. Patient has no known allergies. Concomitant medication included levothyroxine sodium (SYNTHROID) taken for an unspecified indication, start and stop date were not reported. The patient experienced acute pulmonary embolism, cardiac arrest, atrial fibrillation with rvr, pulmonary infiltrate right upper lobe, hyperglycemia on 21Feb2021 05:00 which required Emergency room/department or urgent care. The patient was hospitalized (unspecified date) due to the events for 4 days. Therapeutic measures were taken included cardioversion twice and embolectomy. Outcome of the events was recovered with sequelae (with lasting effects) on an unspecified date. Seriousness criteria was hospitalization and life-threatening.; Sender's Comments: Based on the current available information, the reported events are most likely related to an intercurrent or underlying condition which is not related to the suspected drug. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1236411-1	Death Narrative: Patient was not previously Covid positive and did not have any predisposing factors(PMH, allergies, etc.) for experiencing an adverse drug event. The ADR did not occur at the time of the administration of the vaccine nor was there an ADR that occurred between the observation period and the date of death. Patient was 90 and suffered cardiac arrest at home on 2/25/21. Patient had afib w/ a pacemaker, cardiomyopathy, CKD4, and PVD.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1237672-1	Presents with dyspnea for a few days. Pt was tested positive for COVID 19 one wk ago (outside health system). Pt also c/o L arm numbness. Pt denied f/c, CP, n/v/d, abd pain, HA, syncope. In ED, Pt was found to have hypoxic O2 sat at 89% and was put 2L NC. Pt got loading dose of ASA and dexamethasone (7 day course), completed 5 day course of remdesivir and received tocilizumab due to increased oxygen requirements. Pt also has mildly elevated troponin and cardiology was consulted in ED. St elevation noted 4/20 AM, heparin bolus given for acute coronary syndrome and ticagrelor LD. Left heart cath on 4/20/21 showed 3 vessel disease but due to difficulty revascularizing LAD in setting of worsening K+, Bicarb, S no further revasc attempts were made. Upon return to MICU, pt found to be hypotensive and bradycardic. PEA arrest. Family contacted during code and in agreement to transition to comfort measures.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1238185-1	Received 2nd COVID vaccine on 4/19/21. Apparently hadn't been feeling well since. Presented to the ED on 4/21/21 with hypotension, bradycardia, hypoxia and a GCS of 3. Does have a history of ESRD on HD, but no missed dialysis sessions. Found to have a potassium of 8.7. There was concern for pulmonary embolism but was not hemodynamically stable enough to undergo imaging. Went into PEA arrest x 3 in the ED and ultimately died. Of note, patient did have a recent ankle fracture recently and apparently has been non-ambulatory for at least the past few days.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1242582-1	Pfizer-BioNTech COVID-19 Vaccine EUA Pt presented to ED on 4/10/21 @0523 with c/o SOB, F/C and cough. Admitted to ICU with acute hypoxic respiratory failure on BiPAP, non-STEMI, acute decompensated heart failure, acute kidney injury and suspected severe sepsis. Reportedly received 2nd dose of COVID-19 vaccine 2 days prior. Shortly after admit, pt developed worsening respiratory status requiring intubation @1045. Pt with continued hypoxemia despite 100% FiO2 and PEEP of 15. Pt experienced cardiac arrest with PEA @1100 with return of spontaneous circulation. Repeat arrest with PEA@1135 with return of spontaneous circulation. Family decision to change code status to DNR CCA, repeat arrest- time of death 1203.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1242929-1	74-year-old female with reported history of diabetes brought in to Hospital by EMS status post cardiac arrest. Per EMS she was driving to urgent care for unknown reason. She just got her 2nd pfizer vaccine somewhere. She collapsed at Urgent Care and CPR was initiated immediately. EMS arrived and her initial rhythm was PEA. They placed an igel and administered 3 rounds of CPR with 3 onset epinephrine. No shockable rhythm. Patient arrives intubated and unresponsive. Patient was transferred to different hospital.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1246604-1	"Patient presented to ED on 04/18/2021 with cardiopulmonary arrest, per ED ""He was receiving CPR with EMS for arrival to the emergency. Two rounds epi. Asystole and then went into V-tach. Got shocked once. Then after that has been strip PA asystole."" ED called time of death on patient 04/18/2021 at 05:14AM."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1250966-1	Per family, patient received 2nd vaccination and began experiencing swelling and shortness of breath the following day. This progressed over the course of 2 weeks until this today when he suffered a cardiopulmonary arrest and could not be resuscitated. Death resulted on April 24th 2021.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255689-1	cause of death as cardiac arrest; This is a spontaneous report from a contactable consumer. This consumer reported for a 88-year-old female patient (mother) that she received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration, administered in Arm Left on 26Jan2021 10:45 (Lot Number: EL3247) as SINGLE DOSE for covid-19 immunisation. Medical history included Parkinsons, known allergies: Macadamia Nuts. No pregnant. No covid prior vaccination. The patient's concomitant medications were not reported. Historical vaccine included the first dose of BNT162B2 on 05Jan2021 (88-year-old) at 11:00 AM, Vaccine location: Right arm for covid-19 immunisation. The patient experienced cardiac arrest on 27Jan2021 16:45 with outcome of fatal. Patient passed away 30 hours after receiving the second dose of the Pfizer vaccine. The Facility put on her death certificate - cause of death as cardiac arrest. Treatment included CPR. The patient died on 27Jan2021. An autopsy was not performed.; Reported Cause(s) of Death: cause of death as cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255695-1	Seizure activity; potential cardiac arrest; This is a spontaneous report from a non-contactable consumer (patient). An adult female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) at single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. It was unknown if she was pregnant. The patient experienced seizure activity / potential cardiac arrest (unknown etiology) on 15Apr2021. She was in ICU as of now. The adverse events resulted in emergency room/department or urgent care, hospitalization, life threatening illness (immediate risk of death from the event). Treatment and outcome for the events were unknown at the time of report. No follow-up attempts are possible. Information on lot/batch cannot be obtained.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255746-1	heart arrhythmia; cardiac arrest; This is a spontaneous report from a contactable consumer who reported for his wife. An 81-year old female patient received her second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Batch/Lot number EM9810) via unspecified route of administration on 02Feb2021 (at the age of 81-year old) at single dose for COVID-19 immunization. Relevant medical history was not reported. Concomitant medication included metoprolol from Jan2021 for congestive heart failure. The patient received the first dose of the same vaccine BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Batch/Lot number) on 12Jan2021 and on 15Jan2021, she had such trouble breathing diagnosed in the Urgent care as congestive heart failure with enlarged heart and fluid in her lungs because of her heart being enlarged. She had not had any previous heart problems. On 18Feb2021 she collapsed, went limp and went into the hospital and she was neurologically unresponsive. They tried to revive her and did bring her back with 5 epi shots, he was told that they did bring her back. When she got to the ER she went pulseless again and they gave her two more epi shots and got her back but she never did come out of a coma-like state. They admitted her to ICU. She stayed there until she passed away on the 22Feb2021. CT scans, X-rays, images of her heart, echocardiograms were performed. She was tested for COVID in Feb2021 and it was negative. They did a brain scan and there was no activity because she had been too long without oxygen. The consumer reported that the week before the cardiac arrest, she was feeling faint but she never passed out. Death certificate stated cause of death was heart arrhythmia and cardiac arrest. No autopsy was done.; Reported Cause(s) of Death: heart arrhythmia; cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1256687-1	"Patient experienced a seizure resulting in cardiac arrest. Witnesses described patient ""began convulsing and then tipped over"". AED applied with no shock advised. Unknown down time prior to initiation of CPR. Rhythm PEA upon arrival of EMS. 7 mins CPR before ROSC obtained. Initial troponin 12. 12 lead EKG without ischemic changes, arrhythmia, etc. Transthoracic echo without regional wall abnormalities or significant findings. CT of head negative for acute intracranial process. No history of seizure, cardiac issues, drug use, etc."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1257420-1	On day 16 after vaccination patient experienced sudden dyspnea, stridor, and respiratory distress/respiratory arrest followed by cardiac arrest. ACLS by paramedics, patient in PEA in field. Extubated on arrival to ER with no residual deficits

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1257426-1	Heart stopped suddenly after 18 days probably due to presence of Potassium Chloride in the injection. Outcome DEATH within 2 hours thereof as medics unable to regain consciousness after CPR.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1257932-1	Witnessed sudden cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1258763-1	On April 23,2021 patient was at her home and started complaining of shortness of breath and chest pain. She called 911 and they responded to her residence at 0500 a.m. While being assessed, patient collapsed. She was asystolic. CPR was started but to no avail. She was transported to the coroner's office where an autopsy was performed. She had bilateral pulmonary thromboemboli. There were not deep vein thromboses found in her legs.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1259048-1	PRESENTS 4/26 TO HOSPITAL EMERGENCY DEPARTMENT (ED) 5 DAYS POST VACCINATION WITH TONGUE SWELLING , SOB WHILE IN ED HAD CARDIAC ARREST, WAS RESUSCITATED, INTUBATED AND TRANFERRED TO ICU. IS CURRENTLY ON VENTILATOR AND VASOPRESSOR SUPPORT.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1260537-1	"Patient (per family member) received 1st dose of Pfizer COVID vaccine on 4/24/2021. On 4/26/2021 at 6 AM patient presented to hospital with chest pain for 2 hours. EKG showed inferior ST segment elevation myocardial infarction (a ""heart attack"") and the patient was brought emergently for cardiac catheterization. Catheterization showed an occluded right coronary artery, and angioplasty/stenting was performed. Following brief restoration of blood flow to the heart, the artery re-occluded and the patient arrested. After 90 minutes of CPR, the patient expired."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1261781-1	Cardiac arrest; This is a spontaneous report from two contactable consumers. A patient of unspecified age and gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 09Apr2021 (Lot number was not reported) at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient experienced cardiac arrest on 09Apr2021. The reporter were calling to report that there were 3 students in line behind their daughter waiting to be vaccinated on 09Apr2021. They reported that one of the students in line behind her daughter (patient) went into cardiac arrest following receiving the Covid-19 vaccine. The patient needed to be defibrillated on scene. Treatment was received for the event. The outcome of the event was unknown. Information about Lot/Batch number has been requested.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1261821-1	unknown bleeding; nausea; lightheaded; GI bleed; cardiac arrest; bleed in small intestine; This is a spontaneous report from a contactable consumer (patient's daughter). A 70-year-old patient of an unspecified gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Deltoid Right on 26Feb2021 (Batch/Lot Number: EN6198) as SINGLE DOSE for covid-19 immunisation. Vaccine Administered at Military Facility was no. Patient received the first dose of vaccine on 05Feb2021 at age of 70 years old for covid-19 immunization and experienced rash on face, loss of blood found to be from small intestine, hemoglobin low, cardiac arrest, going into shock. The patient medical history and concomitant medications were not reported. The patient experienced unknown bleeding (death, hospitalization, medically significant) on 10Mar2021, nausea (hospitalization) in 2021 with outcome of unknown, lightheaded (hospitalization) in 2021 with outcome of unknown, gastrointestinal (GI) bleed (medically significant) in 2021 with outcome of unknown, cardiac arrest (medically significant) in 2021 with outcome of unknown, bleed in small intestine (medically significant) in 2021 with outcome of unknown. Patient went to the hospital on 10Mar2021 with nausea and lightheaded. Endoscopy found GI bleed in 2021. Received blood went into cardiac arrest. Sent to another hospital found bleed in small intestine. Patient experienced unknown bleeding on 10Mar2021, which required visit to Emergency room/ intensive care unit on 18Mar2021 and received treatment, it resulted in death. The patient died on 18Mar2021. An autopsy was not performed.; Reported Cause(s) of Death: unknown bleeding
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1262166-1	was fine until Thursday evening 4/22/2021. Started feeling body aches and restless. Friday morniing 4/23/2021. She woke up and went to the bathroom. Go out and fell and went into cardiac arrest. #12: GAD, Fibromyalgia, migraine, ventral hernia, hypothyroid, hypercholesterolemia, neuropathy, Hx of Covid-19
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1263232-1	Patient with known alcoholism, found down and out covered in blood for an unknown period of time. Brought to Healthcare Facility by ambulance for treatment, and planned to transfer. Suspected GI bleed; when flight crew arrived, decided to intubate. Failed first attempt, and patient when into cardiac arrest. Was revived with CPR and 2 doses of epinephrine. Pt also received TXA and 1 unit PRBC, and fluids. Successful second attempt, though BPs remained labile. Pt transferred to ICU and was notified that additional evaluation found bleed had actually occurred proximal GI tract (oral mucosal bleed, not esophageal). Pt also diagnosed prior to transfer with multilobar pneumonitis, ascites secondary to alcohol cirrhosis, hematemesis/meme positive stool, leukocytosis and pancreatitis. Was notified by ICU less than 24 hours later that pt was on vent and stable.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1263539-1	With in one hour patient experienced severe Vomiting and Diarrhea. She had called her Doctors office. She saw a PA which told her to drink more water. She experienced Uncontrollable Diarrhea For 18 days. She was sent to Hospital by ambulance on Monday March 15, 2021. She was was treated with an IV and sent home discharged with Weakness. She continued to have Uncontrollable Diarrhea to were she was wearing Diapers. She fell from Weakness on March 16, 2021 to the point where she laid on the floor for an hour and half before she could drag herself up. She went to Hospital on March 18, 2021. Her blood pressure dropped and was admitted to ICU on the March 18th. She started suffering from a Heart attack and was taken back to have a stent put in her wrist to help with possible heart blockage. She went into cardiac arrest and passed away.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1264579-1	I was notified that patient passed away at Hospital 10:37 am today. Per message to medical office from Coroner, it was reported that patient collapsed this morning while walking his dog. Patient was brought in by ALS complaint of FULL ARREST to Hospital 10:10 am and pronounced at 10:37 am 4/24/2021 by Dr. at Hospital.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1266071-1	post-cardiac arrest; collapsed; initial rhythm was PEA; unresponsive; This is a spontaneous report received from a contactable pharmacist. A 74-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number unknown), on 20Apr2021 (at the age of 74-year-old) at single dose for COVID-19 immunisation. It was reported that patient was not pregnant. Facility type vaccine was reported as unknown. The patient's medical history included acute respiratory failure with hypoxia, cardiac arrest, transaminitis, and diabetes. It was unknown if patient had COVID prior vaccination. The patient's concomitant medications were not reported. It was unknown if patient received other medications in two weeks and if she received any other vaccine in four weeks. The patient previously received first dose of BNT162B2 on unspecified date at single dose for COVID-19 immunisation, lisinopril and hydrochlorothiazide/triamterene (DYAZIDE) both reported as known allergies. It was reported that patient was brought in by emergency medical services (EMS) status post-cardiac arrest. Per EMS she was driving to urgent care (unclear why). She just got her second Pfizer vaccine. At urgent care she collapsed and cardiopulmonary resuscitation (CPR) was initiated immediately. EMS arrived and her initial rhythm was pulseless electrical activity (PEA). They placed a gel and administered 3 rounds of CPR with 3 onset epinephrine. No shockable rhythm. Patient arrived at hospital intubated and unresponsive on 20Apr2021. Duration of hospitalization was reported as two days. The events were reported as serious with criteria hospitalization and life-threatening illness (immediate risk of death from the event). The events resulted in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. It was unknown if patient was tested for COVID post-vaccination. The outcome of the events was resolving Information on lot number/batch number has been requested.; Sender's Comments: The reported events would seem unlikely related to suspect vaccine BNT162B2, but more likely due to underlying cardiovascular morbidities. 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.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1266769-1	On the morning of Saturday, March 13th my mother had a CARDIAC ARREST, luckily i was with her when this happened and called 911 immediately and followed an emergency/cpr protocol. She had no pulse when the emergency team arrived and they used the defibrillator on her three times in our house before they took her in the ambulance where they used the defibrillator another time. She was rushed to the Hospital where she was sedated and put on a breathing machine. It did not seem as if she would survive, the entire morning was a whirlwind and traumatizing. In the afternoon they transferred her to the ICU unit. Luckily after 24 hours they lowered sedation and she had no brain injury etc., we were all amazed she was alive. The doctors ran tests etc. to find out what caused this cardiac arrest event, they found NOTHING - no blood clot, no clogged arteries, nothing that could have caused this. My mother also has had not health conditions before this that would have caused this. She now has a defibrillator implanted and her life will never be the same, her families either, we will constantly worry. I have post traumatic stress from witnessing my mother turn purple and lifeless right in front of my eyes and the emergency team working on her all morning and in the ER. Thank gosh i was with her that morning and that the emergency team arrived within a few minutes or else my mother would not be here today. The only thing that changed leading up to her Cardiac Arrest was that she got the Pfizer Covid-19 vaccine on February 24th - we need answers, did the vaccine have anything to do with this?
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1269224-1	My partner felt pain overnight. Then, felt flu like symptoms- plus chills- the next day and night. The following morning at 7:00 am, Patient said that she felt real sick. She also, complained of having a real bad Headache, Not long after that, she felt like throwing up. She tried to throw up. Except, nothing came out and she felt very nauseous because of the vaccine. When she came call to bed, I offered to make her some breakfast to help her feel better. Unfortunately, she felt, too, I'll to try and eat an food because of the way she felt. So, I laid next to her with the hope that all would be well. Because, the pharmacist who administered the second dose. Assured my partner, that it was normal to feel flu like symptoms the next day. So, we never doubted what the pharmacist advised. All of sudden, she suffered a cardiac arrest in my presence and died in front of me.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1269623-1	This is a spontaneous report from a contactable consumer (patient). A 62-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 01Apr2021 (Batch/Lot number was not reported) as single dose (dose 2) for COVID-19 immunization. The patient's medical history wand concomitant medications were not reported. The patient previously received the first dose of BNT162B2 in Mar2021 for COVID-19 immunization. The patient got her first dose in Mar2021 and had mild side effects then 3 weeks later on 01Apr2021 she got the 2nd dose. She has not been normal since then, she stated that it does not work. She signed a paper that showed all the side effects with the vaccine and the side effects she had were not on that paper. The patient thinks they were negligent. She passed out two times, it knocked her down but she didn't call the ambulance, her heart stopped for 2 minutes and came back it's been several days since she got the vaccine. She was weak, she has no energy, felt like she was going to die any moment, she can't eat food and she didn't digest for 12 to 16hours. These side effects were not mentioned on paper. The patient mentioned that she has no health issues. She was extremely healthy, she was a former athlete and mentioned that all this was because of the vaccine. It's not normal that she can't eat. She was dizzy and very weak and she felt like her heart can stop anytime. The outcome of the events was unknown. Information on the lot/batch number has been requested.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1269772-1	Seizure; Cardiac arrest; Arrhythmia; Began convulsing and then tipped over; Began convulsing and then tipped over; 12 lead EKG without ischemic changes, arrhythmia; Febrile 38+; This is a spontaneous report from a contactable other HCP. A 43-years-old male patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot Number: EW0169) via intramuscular route in arm left on 23Apr2021 at 12:45 as single dose for covid-19 immunisation. Historical Vaccine included first dose of bnt162b2 (Lot Number: EW0150) via intramuscular, administered in arm left on 02Apr2021at 14:15 for covid-19 immunisation. Medical history included obstructive sleep apnea, food allergy and intolerant of peanuts-causes sneezing and there were no concomitant medications. On 23Apr2021 at 18:30 the patient experienced a seizure resulting in cardiac arrest. Witnesses described patient began convulsing and then tipped over. AED applied with no shock advised. Unknown down time prior to initiation of CPR. Rhythm PEA upon arrival of EMS. 7 mins CPR before ROSC obtained. Initial Troponin 12. 12 lead EKG without ischemic changes, arrhythmia, etc. Transthoracic echo without regional wall abnormalities or significant findings. CT of head negative for acute intracranial process. No history of seizure, cardiac issues, drug use, etc. Intubated and sedated. Febrile 38+ on arrival requiring active cooling measures to maintain normothermia. The case classified as serious emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event). On 23Apr2021, the patient underwent lab tests and procedures which included body temperature: 38+ on arrival requiring active cooling measures to maintain normothermia, computerised tomogram head: negative for acute intracranial process, echocardiogram: without regional wall abnormalities or significant findings, electrocardiogram: without ischemic changes, arrhythmia, investigation: pea, sars-cov-2 test: negative Nasal Swab and troponin: 12. Treatment received included multiple life support measures, treatment for seizures, etc. No covid prior vaccination. Patient had covid tested post vaccination. No other vaccine in four weeks. The outcome of the events was not recovered.; Sender's Comments: Based on strong temporal association the causal association between the reported events seizure, cardiac arrest, arrhythmia, began convulsing and then tipped over, febrile 38+ and the usage of the vaccine are considered related. 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.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1269773-1	"cardiac arrest; on the ground turning purple and lifeless/ immediate risk of death from the event; she had no pulse; on the ground turning purple and lifeless; This is a spontaneous report received from a contactable consumer. A 53-year-old female patient (reporter's mother) received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EN6200), administered in left arm on 24Feb2021 (at the age of 53-year-old) at single dose for COVID-19 immunisation. The vaccination facility type was reported as other. The patient was not pregnant. The patient's medical history was reported as none. No known allergies were reported. The patient had not had COVID prior vaccination. The patient's concomitant medications were not reported. No other vaccine was administered in four weeks. It was reported that on 13Mar2021 08:15 exactly 17 days after reporter's mother received her first Pfizer vaccine she had a cardiac arrest, luckily reporter was with her when this happened and he/she called immediately and followed the steps of cardiopulmonary resuscitation (CPR) etc. When the emergency team arrived she had no pulse and they used the defibrillator on her 4 times. The entire day they did not know if she would survive. She was sedated and tested, they got the news that she had survived and there was not brain damage. The doctors had no clue what the cardiac arrest was caused by, she had no prior health conditions and the tests show nothing to what could have caused this event (no blood clots, no clogged arteries etc.). The only thing that changed leading up to the event was her receiving her first vaccine. Luckily reporter was there when this happened or else she would in fact be dead. She now had a defibrillator implanted and reporter had a post-traumatic stress from the traumatic event and witnessing his/her mom on the ground turning purple and lifeless. They need answers. The events resulted in emergency room/department or urgent care. The events were reported as serious since resulted in hospitalization and life-threatening illness (immediate risk of death from the event). Treatments were received for the events and they were reported as multiple lifesaving treatments, tests, and defibrillator implant. The patient underwent lab tests and procedure which included COVID test (negative) on unspecified date post vaccination. The outcome of the events was resolved for the event ""she had no pulse"" and resolved with sequel (reported as recovered with lasting effects) for all other events."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1271213-1	Patient is a 80 y.o. male with significant PMHx of CAD, HTN, HLD, CKD who is admitted to ICU as a transfer from hospital for acute liver failure and cardiac arrest. Pt presented to hospital on 04/28 w/ complaints of nausea and vomiting. He stated that he had recently gotten his COVID vaccine. Pt was found to be in acute liver failure in the ED w/ AST and ALT > 1000. Lactate > 15.0. BMP showed AKI on CKD and BG >500. Pt did have cardiac arrest while undergoing CT Scan and ROSC was achieved after CPR x 20 mins. Pt was hence transferred to the ICU for higher level management and admitted for cardiac arrest and acute liver failure. Upon arrival, Pt was intubated and sedated. He was non-responsive to verbal and physical stimuli. Pt was acidotic. ABG: 6.99 / 28 / 165 / 7. 1 amp of HCO3 was given upon arrival. Pt was started on insulin gtt for DKA and was started on Levophed for low BP. Pt underwent cardiac arrest shortly after arrival to the ICU. CPR was performed for > 20 mins without ROSC. Family arrived at bedside and decision was made to stop CPR at 0205 on 04/29/2021.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1274088-1	Pulmonary embolism, pea, heart arrest x2. 0100 4/14, some up with difficulty breathing. O2 sats low 80's and tachycardia low 100's. 4/15, says in mid 90's yacht at mid 120' s. 4/15 increased diffficulty breathing. Went to ed. Troponin in 800's. Saddle pe discovered on ct. Clots in rt leg found also. 4/16 is removed pe, ir decided to let clots in let reabsorb. 4/17, ready to d/c, when acute onset of respiratory distress occured. Went into PEA x 's 2. Back to ir to remove pe and place filter.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1274722-1	Pt presented to the hospital after a cardiac arrest. Work up showed renal artery thrombosis b/l causing renal failure and hyperkalemia. ROSC was achieved and pt coded multiple times after. We were unable to obtain CT A 2/2 to pt being unstable so only U/S imaging with doppler was used for diagnosis. Pt was treated with heparin gtt., hematology work up was sent but cause not identified. ECHO did not show thrombosis in the heart. CCRT was attempted but pt expired.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1274835-1	Cardiac Arrest at 1:30 pm on 4/30/2021. . Arrest was witnessed by family and Emergency Medical Personnel. Cardiopulmonary Resuscitation was initiated. Pt was very anxious when EMS arrived.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1275033-1	4-3-21- received my first covid 19 shot 4-10-21 went to have foot blister examined- they admitted me and started an IV of Vancomycin which sent me into anaphylaxis and this stopped my heart. I required cpr, defibrillator to get things going again. I was on life support for the better part of 4 days and then finally come back
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1275726-1	massive Pulmonary embolism causing cardiac arrest

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1278030-1	"27 year old male with Down's Syndrome and no other past medical history received second COVID-19 vaccine on 4/27/2021. On 4/30/2021 began ""feeling poorly"" with nausea/vomiting and possible chest discomfort. Originally presented to ED on morning of 4/30 - EKG completed demonstrated diffused ST elevation. Patient was transferred to Medical Center for heart catheterization. Left heart catheterization demonstrated normal coronary arteries and LVEDP of 25. Stat ECHO demonstrated pericardial effusion and concern raised for myopericarditis. Patient subsequently transferred to a different Medical Center for higher level of care. Upon arrival to Medical Center plan was to intubate and take to cath lab for heart biopsy and PA catheter placement. However, upon intubation patient began to decompensate and subsequently developed cardiac arrest. During ACLS, VA ECMO was placed and therapeutic hypothermia was initiated. Following VA ECMO placement patient received IVIG, high dose methylprednisolone (1000 mg), anakinra 100 mg, and broad spectrum antibiotics (vancomycin and Zosyn). Despite these efforts the patient continued to have hemodynamic instability and was on high dose vasopressors (epinephrine, norepinephrine, dopamine, angiotensin II, vasopressin). Patient subsequently suffered another cardiac arrest, briefly regained pulse with high dose vasopressors, but subsequently lost pulse despite best efforts and died on 5/1/2021 at approximately 13:00."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1280718-1	Because patient had a severe adverse reaction to the first injection, he stated to me that he would not be getting the second injection. Two workers (from the mental health day program, he went to before the covid lockdown) both advised him to get the second injection, however, and he complied. After injection he had episodes of difficulty breathing and vomiting for several nights. Soon after that, he started having to go to the emergency room for blood sugars over 500 (prior to injection his diabetes had been controllable at care home). When he went to ER (for high blood sugar) March 18th, his heart stopped and could not be re-started. He died.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1281713-1	This 73 year old black female received the Covid shot on 2/27/21 and went to the ED on 4/29/21 and was admitted on 4/29/21 with respiratory distress, cardiac arrest and other symptoms and died on 5/1/21 . Please refer to the other details submitted within this report and contact the person who submitted this report via email for additional follow up details and investigation.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1281778-1	This 73 year old female received the Covid shot on 2/27/21 and went to the ED on 4/29/21 and was admitted on 4/29/21 with respiratory distress, cardiac arrest and other symptoms and died on 5/1/21 . Please refer to the other details submitted within this report and contact the person who submitted this report via email for additional follow up details and investigation.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1284860-1	"Heart stopped (15Feb2021) day after second shot; coma; This is a spontaneous report from a contactable consumer (patient). An 85-year-old female patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration (at the age of 85-years-old), administered in Arm Right on 14Feb2021 12:00 (Lot Number: E9262) as single dose for COVID-19 immunisation. Medical history included Distal dystrophy, allergies to Sulfur. The patient was not pregnant. The patient was not diagnosed with COVID prior vaccination. Concomitant medication included citalopram, levothyroxine, vitamin D3; all taken for unspecified indications, start and stop dates were not reported. The patient previously took Plaquenil [hydroxychloroquine phosphate] and experienced allergies. The patient previously received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration (at the age of 85-years-old), administered in Arm Right on an unspecified date (Lot Number: E9269) as single dose for COVID-19 immunisation. The patient's heart stopped (15Feb2021, 04:00 PM) on the day after second shot. In ICU, induced into coma, hospitalized 6 weeks. No history of heart problems, ""had EKG several weeks before 1st shot\ -v was normal."" Still under doctors' care. The patient underwent lab tests and procedures which included electrocardiogram: normal on an unspecified date. The events resulted in Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event). The patient was hospitalized for the events for 42 days. Therapeutic measures were taken as a result of the events which included ""Coded 2x, Incubated, induced coma, pacemaker."" The outcome of the events was recovering. No other vaccine in four weeks. The patient was not tested for COVID post vaccination."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1284864-1	blood clot in her leg; blood clot in her leg; Cardiac arrest; Heart attack; This is a spontaneous report from a contactable consumer (patient's daughter). A 96-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 2 via an unspecified route of administration on 29Jan2021 (Lot Number: EL9265) as SINGLE DOSE for COVID-19 immunization. Medical history included blood clots in her legs from an unknown date and unknown if ongoing , diabetec, bone infection, surgery and anemic; all from an unknown date and unknown if ongoing; and a family history of gangrene from an unknown date and unknown if ongoing of her mother. Concomitant medications included apixaban (ELIQUIS) taken as blood thinner and furosemide (FUROSEMIDE) taken for an unspecified indication; both start and stop date were not reported. The patient previously had BNT162B2 (Lot Number: EL1283) dose 1 on 08Jan2021 for COVID-19 immunization. The facility where the most recent COVID-19 vaccine was administered was in the military facility. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 15Mar2021, the patient died due to a heart attack and cardiac arrest. The patient developed a blood clot in her leg and had to have her leg taken off. The date of surgery was 05Feb2021, not early Mar2021 like was originally stated at the hospital. The patient was admitted either on 01Feb2021 or 02Feb2021 and discharged on 23Feb2021. They had a bunch of bad weather and then they put the patient in the nursing facility for about a month and when she was brought home she had a heart attack and died due to cardiac arrest. She doesn't know about the blood clot and this being related to the COVID vaccines but the patient had surgery a week after she had her second shot. The heart attack was on 15Mar2021. The patient had a history of blood clots in her legs before and she had problems with that so that might of made it worse but she doesn't know for sure. The patient died on 15Mar2021. An autopsy was not performed. The outcome of the event blood clot in her leg was unknown. No follow-up attempts are possible; information about lot/batch number has been obtained.; Reported Cause(s) of Death: heart attack; cardiac arrest
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1285874-1	After taking normal medications prior to bed became acutely short of breath, mother states patients face turned blue then respiratory arrested followed by cardiac arrest. CPR was performed for approximately 10 minutes before pulse returned.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1291306-1	low immune system; cardiac arrest; Swelling/foot got swollen; This is a spontaneous report from a contactable consumer. A 70-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 1 via an unspecified route of administration on 31Mar2021 (Batch/Lot number was not reported) as single dose for covid-19 immunization; immunoglobulin human normal (HIZENTRA), route of administration, start and stop date, batch/lot number and dose were not reported for an unspecified indication. The patient medical history was not reported. The patient had unspecified concomitant medications. On 20Apr2021, the patient experienced cardiac arrest, which was noted as a medical emergency with outcome of unknown; swelling/foot got swollen on 20Apr2021 with outcome of unknown; low immune system on an unspecified date with outcome of unknown. The consumer reported the events as non-serious. Details were as follows: patient had a medical emergency (cardiac arrest), with swelling and she was administered with a steroid injection Decadron and was prescribed furosemide (LASIX) 40mg tablets for 5 days. Patient reported that she has an immune support CBIs. The medical emergency she experienced the day prior was a reaction to the medication Hizentra for low immune system, so it was suspended. The action taken in response to the events for BNT162B2 was not applicable, and for immunoglobulin human normal was permanently withdrawn on an unspecified date. Therapeutic measures were taken as a result of swelling/foot got swollen as aforementioned. The batch/lot number for the vaccine, BNT162B2, was not provided and will be requested during follow-up.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1293657-1	34 y/o male with no PMHx presenting in cardiac arrest from home. Per pt's wife, he received 2nd dose of the Pfizer vaccine roughly 24 hours prior. He complained of arm soreness yesterday afternoon and some chills this morning, took Tylenol for these symptoms. She found him unresponsive in bed after speaking to him roughly 2 hours earlier. Per EMS, patient was in asystole upon their arrival. He received ~ 30 minutes of prehospital ACLS and an additional 20 minutes in the ED and remained in asystole throughout.
CARDIAC ARREST	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1299801-1	First issue was severe neck and shoulder pain (nerve pain) which occurred the day after second vaccination. Primary concern occurred April 13. Suddenly and unexpectedly went into cardiac arrest (V-fib). Suffered full cardiac arrest at least 3 times over a period of 12 to 24 hours. Hospitalized for 8 days in cardiac critical care unit. No previous history of heart issues. No family history either. Treatment included dosing with amiodarone, placement of an ICD (defibrillator/pacemaker) and presciption for amiodarone following hospital discharge. Currently recuperating at home.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1301168-1	My husband who is 64 years old, was a previously in good health. Only history was mild cardiomyopathy diagnosed 12 years ago. And elevated blood pressure, which was normal with medications. He was very active, maintained a demanding full time job and was a great husband of 2 children. He received his 2nd dose of Pfizer on approximately 4/1/21. He didn?t complain of any side effect. However, on the morning of 4/27/21 he woke me up saying that he could not breath. We started driving to the hospital, however he got worse and we stopped at the fire station. They gave his oxygen and rushed him to the hospital. We came to hospital and when the fire truck was pulling in, I was told that my husband went into pulseless electrical activity. CPR was started and after approximately 5 minutes he regained pulse. He was taken to the ICU and therapeutic hypothetic protocol was completed. Since then, he is still requiring mechanical ventilation. He opens his eyes spontaneously, at times appears to obey small commands and is bedridden.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1302134-1	Patient had several ED visits within 6 weeks of receiving COVID vaccination. He first presented to the ED on 4/8/21, was admitted on 4/9/21 for 2 days. He was admitted again on 4/20/21 for 6 days. He presented to the ED on 5/8/21 with cardiac arrest and died.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1304181-1	36 hours following injection of my second Pfizer COVID vaccine on 3/21/21, I suffered an afib episode lasting 15 hours starting in the early morning hours of 3/23/21. I then experienced another episode of afib lasting 19.5 hours on 4/10/21. On 4/16/21, I suffered my third afib episode following my second injection, which lasted three hours. As I was converting to a normal sinus rhythm on that day, I went into sudden cardiac arrest for 10-20 minutes and was transported to the local hospital emergency room via ambulance where I was held for approximately 24 hours for observation and testing. Since that sudden cardiac arrest event, I have experienced two more afib episodes to date, one on 4/26/21 lasting 8 hours and one on May 5, 2021 lasting 6.5 hours. While I have experienced afib in the past due to a virus attacking my heart in 2018, I had not had any afib episodes for 14 months and had built my ejection fraction back up to 60-65% over a three-year period. I have never experienced afib episodes with such frequency since my initial conversion to sinus rhythm three years ago following the virus attacking my heart until I received the second dose of the Pfizer COVID vaccine along with never, ever experiencing sudden cardiac arrest following the second dose of the Pfizer COVID vaccine.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1308489-1	cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1308497-1	Sudden cardiac arrest. No physical activity at time of incident.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1314971-1	Unclear if event is related to vaccination but occurred 5 days after the 2nd dose of vaccine Pt admitted on 5/12/2021 with refractory cardiac arrest. (PMH unknown). Patient reportedly went for a walk with his wife. Upon returning home, he went to take the garbage out. The patient was found down approximately 15 minutes later in his garage. The patient's wife called 911 immediately?it is unclear if bystander CPR was initiated. EMS was on scene within several minutes and initiated CPR. The patient 3 shocks, and epinephrine. ROSC was achieved at approximately 14:41. At approximately 14:50, the patient again went into VF. He received an additional 5 shocks, 1 mg of epinephrine, and 300 mg of amiodarone. He went into asystole at approximately 1510. ACLS was continued and the patient was given an additional 1 mg of epinephrine. Upon arrival to the University of Minnesota cardiac Cath Lab, the patient remained in asystole with Lucas on. He was cannulated on VA ECMO. In the cardiac cath lab, he was found to have OM disease and diffuse CAD involving LAD Received intervention to his OM. Initial LA was 14.3. ABG 6.94/54/44/12.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1316800-1	Heart block - cardiac arrest - permanent pacemaker
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1318046-1	Per report from family, pt had been feeling unwell for 3-4 weeks prior to event on 4/27 where he collapsed and suffered a cardiac arrest. No interventions were performed until EMS arrived 10-15 mins later (again, per family report). Pt was revived following CPR, and suffered a 2nd episode of cardiac arrest (possible in the ED). Pt was noted to have PEA at that time. Pt was intubated and vented in ICU. Pt was cooled x24 hours (unsure of protocol name) and rewarmed over 24 hours more. Pt was weaned from all paralytics, etc. Per RN reports, pt failed all neuro tests except R eye went from 3 > 2 mm (4/29 +). Pt was transitioned to comfort care on 4/30 and passed within 5 minutes.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1320091-1	massive stroke; coded six times at the hospital; a pacemaker lead possibly dislodged during vigorous CPR; This is a spontaneous report from a contactable nurse (patient's son) communicated to a Pfizer sales representative. An 81-year-old male patient received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: Unknown), via an unspecified route of administration on 18Feb2021 as single dose for COVID-19 immunization. Medical history included diffuse atherosclerotic disease including single vessel coronary artery disease, two prior carotid endarterectomy surgeries, an abdominal aortic aneurysm and iliac disease, and cardiac pacemaker insertion. The patient's concomitant medications were not reported. On 20Feb2021, the patient experienced massive stroke less than 48 hours after receiving his second dose of vaccine. On 20Feb2021, the patient coded six times at the hospital and one his pacemaker leads appeared to not be working properly, possibly dislodged during vigorous CPR (Cardiopulmonary resuscitation). The patient's son, a RN (registered nurse) in a cardiology practice for more than 20 years was the reporter. The clinical course was as follows: The stroke happened on 20Feb2021. The patient was taken to Hospital. The patient coded six times at the hospital. One his pacemaker leads appeared to not be working properly, possibly dislodged during vigorous CPR. The clinical outcomes of the events massive stroke, coded six times at the hospital, and a pacemaker lead possibly dislodged during vigorous CPR were not reported. The lot number for the vaccine, BNT162b2, was not provided and will be requested during follow-up.; Sender's Comments: Based on the preexisting complicated cardiovascular conditions including diffuse atherosclerotic disease, two carotid endarterectomy surgeries, abdominal aortic aneurysm and cardiac pacemaker user, the events massive stoke, coded six times (cardiac arrest transient) and pacemaker dislocation in this 81 years old elderly patient are considered most likely intercurrent medical conditions and not related 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 Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1324012-1	Acute trouble breathing followed by fainting/loss of consciousness. Chest compressions were started as paramedics were on the way. Paramedics worked on my dad for over 30 minutes but were unable to revive him. They stated he went into cardiac arrest.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1324268-1	Lethargy, Exhaustion, Inability to Walk, Heart Attack and Death from Acute Cardiac Arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1326271-1	Cardiac arrest; This is a spontaneous report from a contactable consumer reporting for her uncle. A male patient of unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on an unspecified date in 2021, at single dose, for COVID-19 immunization. Medical history included COPD. Concomitant medications were not reported. A week after the patient got his COVID shot, he was dead, he had a cardiac arrest on an unspecified date in 2021, with fatal outcome. This just happened last month. It was unknown if an autopsy was performed. Information on the lot/batch number has been requested. ; Reported Cause(s) of Death: Cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1328262-1	on 5/14 developed severe bilateral pulmonary embolism with severe right ventricular hypertension and heart failure. Progressed to cardiac arrest requiring mechanical circulatory support (ECMO) in PICU. Managed in the Cardiac ICU
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1330021-1	Patient was vaccinated on 1/22/2021 and 2/12/2021 and had out of hospital cardiac arrest on 5/5/2021 where he was tested for COVID-19 and was positive. He had previously tested negative on 4/19/2021.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1330209-1	Patient received his COVID vaccine- 1st dose. Had to go get IV vancomycin later that day for a wound to ankle and went into cardiac arrest during infusion. Had received vanco before without any reactions. Patient was intubated and admitted to ICU.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337058-1	The patient had Covid 19 from approximately January 28, 2021 through early February 2021. He received the first dose of the Pfizer Vaccine on March 26, 2021. On March 27, 2021 at approximately 7:30 PM, the patient suddenly became unable to speak clearly and walk normally. The ambulance was called at approximately 7:45 PM. The patient was evaluated and placed in the ambulance by approximately 8:15 PM. He stopped breathing in the ambulance. He was resuscitated and placed on a ventilator at some point. After evaluation at the hospital, it was found that he had suffered a pontine hemorrhage. He was kept alive until his heart stopped on March 29, 2021.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337439-1	ACCORDING TO DAD, HE GOT THE VACCINE ON 4/28/21. ON MAY 11 HE WAS COMPLAINING OF N/V, LATER HEADACHE AND ALTERED VISION, ENCEPHALOPATHY, CARDIAC ARREST AND DEATH.... AFTER MULTIPLE LOCAL ER VISITS. HE NEVER HAD FEVER. I WAS CALLED ON HIS CASE DUE TO CONCERN FOR CNS INFECTION. HE WAS ADMITTED ON 5/18 AND DIED ON 5/20 THIS MAY OR MAY NOT BE RELATED TO THE COVID VACCINE, BUT IT IS IMPORTANT IT IS REPORTED JUST INCASE IT IS AND MAY HELP SOMEONE.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1341994-1	Vfib cardiac arrest admitted to the ICU one week after receiving second dose of Pfizer vaccine. Unclear if related to vaccine administration but pt is 22 years old with no prior cardiac history. Pt still currently admitted but recovering.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343073-1	Ventricular fibrillation, cardiac arrest, acute heart failure
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1344282-1	received the vaccine as an inpatient in our hospital on 5/21/21. Patient went into cardiac arrest on 5/22/21 at approximately 9:00am
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1350801-1	Got swelling of the heart that gave me a heart attack causing my heart to stop.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351873-1	Complete cardiac arrest 2 weeks after shots
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355039-1	Cardiac Arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355174-1	"On 5/20/21 the patient was at home with his mother when he had acute nausea, light-headedness, and abdominal pain. He presented to the ED by ambulance. Excerpt from ED notes od MD follows: ""Initial ED interventions: iv fluids, low dose iv ativan, iv toradol, iv zofran. ED course: patient arrives very anxious, writhing on bed, difficult to redirect. With chronic tonicity, not seizing. Mother arrives, and he recognizes her, seems to be consoled somewhat by her presence, but she is unable to direct him, and describes his behavior as irregular, and events acute this evening at her home. Patient rests, and then HR decrease to 50s on monitior and patient found to be pulseless - I immediately start chest compressions, and achieve ROSC after PEA arrest with administration of EPI/compressions. Patient intubated per procedure note without complication. L femoral central attained per procedure note without complication. CPR performed over ED course intermittently (always PEA arrest) with ROSC achieved with administration of EPI, EPI drip started in addition to sedation meds, and iv fluids. No obvious STEMI on ECG to administer lytics, with suspicion of dissection and AAA prominent. I am able to stabilze and accompany patient to CT suite, where I recognize B/L massive PE immediately. I discuss with Dr. of Cardiology, who agrees with admininstration of alteplase. I disucss risks with mother who consents verbally. Patient without response to alteplase, and with continued pattern of PEA arrest following bradycardia. I discuss etiology of presentation with mother,and that patient is with very poor prognosis of survival, and likely poorer prognosis of neurological status, and patient is made comfort care, and fentanyl drip increased, patient is taken off of ventilation and drips. Pronounced deceased at 22:00. MDM: Initial concern for but not limited to appendicitis, AAA, diverticulitis, renal stones, pyelonephritis, musculoskeletal pain, pancreatitis, toxic ingestion, ACS, obstruction, perforation, sepsis (2/2 PNA, UTI, meningitis, intra-abdominal infection), AAA, dissection, PE - as ED course progresses, differential narrows and consider more likely PEA arrest secondary to ACS, PE, dissection, AAA, necrotic pancreatitis, tension PNX (less likely). Considered but do not suspect seizures, stroke. Imaging studies reviewed - CXR with ETT in place, no acute pathology. CTA chest/A/P remarkable for massive proximal B/L PE. Labs reviewed. ECGs without STEMI, with sinus tach initially, LBBB after initial ROSC, and then AFib in RVR on subsequent ECG. Per above, patient suffered massive B/L PE, with subsequent cardiac arrest, despite heoric efforts including thrombolysis. Death called art 22:00. Diagnosis: massive B/L PEs, PEA arrest. Disposition: deceased."""
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1357179-1	had a respiratory or breathing episode; did go into cardiac arrest; complaining of pain; breathing issues; This is a spontaneous report from a contactable consumer (patient's caregiver). A 60-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on 26Apr2021 (Batch/Lot number was not reported) as 1st dose, single (patient was 60 years old at the time of vaccination) for covid-19 immunisation. Medical history and concomitant medications were not reported. It was reported that on an unspecified date, Friday or Saturday, the patent was complaining about breathing issues all of a sudden, he had respiratory or breathing episodes. The reported stated that that they called 911 right away, and they came and picked the patient up. The patient had trouble breathing and was complaining of pain, and he did go into cardiac arrest, but they checked, and it was not a stroke or a heart attack, none of those things, they cannot figure it out. It was reported that nothing was wrong with the lungs, and the hospital was treating the patient by currently having him sedated and treating his pain. The outcome of the events was unknown.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1357272-1	cardiac arrest; This is a spontaneous report from a contactable consumer (patients Son-in-Law). A 60-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 26Apr2021 (Batch/Lot number was not reported) as 1ST DOSE, SINGLE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. It was reported that week 1/2 after 1st vaccine the patient went into cardiac arrest. In hospital in (withheld). The outcome of the event was unknown. Follow up needed, Information on the lot/batch number has been requested.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1362613-1	04/23/2021 13:00 Cardiac arrest from ventricular fibrillation. Collapsed, had immediate bystander CPR and EMS arrived quickly. His initial rhythm was VF. 5 shocks were delivered as well as 2 rounds of epinephrine and 2 boluses of amiodarone. ROSC was achieved
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1364314-1	Cardiac arrest; This is a spontaneous report received by a contactable consumer. A male patient of unknown age received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot number not provided), via an unknown route, on unknown date at single dose for COVID-19 immunisation. No relevant medical history and concomitant medications were provided. Recently the patient received the first shot of COVID-19 vaccine and subsequently went into cardiac arrest. He unfortunately passed away one week later. It was unknown if an autopsy was performed. Information about lot/batch number has been requested.; Reported Cause(s) of Death: cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1367740-1	Started with not being able to wake up but being aware of surroundings. He then got very dizzy and passed out. 911 was called and EMS was dispatched to his home. He experienced cardiac arrest and need to be resuscitated 7 times. He was flighted to hospital where he had surgery to place a pacemaker.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368764-1	Cardiac arrest at home, EMS performed CPR. Return of spontaneous circulation in the field after 2 rounds of epinephrine, In ED unresponsive, placed on a ventilator, required high doses epi to maintain perfusing blood pressure. Has acute kidney injury with hyperkalemia, shock liver and severe metabolic acidosis with arterial pH 7.04. CT of the head showed early findings of anoxic brain injury. Admitted to ICU and treated with aggressively with vasopressors, bicarbonate drip, heparin drip and empiric broad spectrum antibiotics. Very poor medical and neurologic prognosis, discussed with family and patient was transitioned to comfort care and passed away on 03/21/21 at 1626
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1370593-1	Heart became irregular; Bad spell; Assistole pause; Atrial flutter; This is a spontaneous report from a contactable consumer (patient). A 75-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number unknown) at single dose for COVID-19 immunisation on 11Mar2021 at 09:00 AM. Relevant medical history included atrial fibrillation, spinal stenosis and disk problems. Known allergies: No. Relevant concomitant drug included metoporal, flexinide, alopurinol, hydrocodone bitartrate, paracetamol (NORCO). The patient previously received the first dose of BNT162B2 for COVID-19 immunisation on 04Feb2021 at 12:00 PM. After 3 days following the second vaccination, patient's heart became irregular (in spite of medications) on 14Mar2021 at 12:00 PM. The patient was hospitalized after bad spell and had assistole pause, had atrial flutter, had ablation over a period of 2 months. The patient was hospitalized for one day due to the events. Treatment therapy included Medication and pacemaker on later date. The outcome of events was resolving. Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care needed. The patient had COVID test (Nasal Swab) on 06Apr2021 and 15May2021, both with negative result. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. Information on the lot/ batch number has been requested.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1374131-1	death I46.9 Cardiac Arrest J18.9 - Multifocal pneumonia
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376508-1	Patient's wife says he felt immediately unwell after receiving his second Pfizer dose on 5/10 and was up all night. He saw his cardiologist the next day, had an EKG, then was told to go to the hospital and stay for observation. Patient was sent home from hospital on 5/12, then at home on Friday 5/14 his heart stopped (wife says it was ventricular fibrillation). Patient's physical therapist was home and gave him CPR until EMS came. Patient has been in hospital since 5/14 and had surgery/had a defibrillator put in per patient's wife. He is still in hospital.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1384721-1	Passing out multiple times; Heart stopping for 11seconds; Lightheaded; This is a spontaneous report from a contactable consumer or other non hcp (Patient). A 63-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Batch/Lot number was not reported), via an unspecified route of administration on 24Apr2021 01:15 as UNKNOWN, SINGLE DOSE for covid-19 immunization. The patient past medical history included high blood pressure, borderline diabetes, penicillin allergy and sulfa allergy. The patient's concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID. On an unspecified date in Apr2021, the patient experienced lightheaded and passing out multiple times and heart stopping for 11seconds and visited emergency room. Patient was hospitalized for 3 days. Eventually needing a pacemaker. Reported seriousness criteria: Life threatening and Hospitalization. The patient was not diagnosed with COVID-19 prior to vaccination and tested for Covid-19. The patient lab test includes sars-cov-2 test: negative on 27May2021. The outcome of the events was unknown. Information on the batch/lot number has been requested.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1384860-1	"Pt rec'd 2 doses Pfizer/BioNTech, 2nd dose May 9,2021 at outside facility. Presented to hospital on 06/08/21 after cardiac arrest, sudden collapse at home, refractory PEA with ongoing CPR >4hrs, cardiogenic shock (EF20%), refractory DIC, MOSF and coma. Uncertain antecedent history, pt had tolerated vaccine well w/o untoward reactions, was possibly ""sick"" in the 2 days prior to admission 06/08, but limited history available. SARS2 PCR and resp path PCR panels negative, no clear bacterial source of shock/collapse initially identified, thus concern for primary myocarditis resulting in refractory shock (perhaps also with ischemic CVA); Tpn not c/w type I ACS/MI. Workup negative for PE, hemorrhagic stroke, PTX/tamponade, etc. 6hrs after death (in evening 06/08/21) BCx x2 resulted Grp A strep, thus pt may have had TSS at home then collapsed in PEA, however source of TSS is uncertain. Notably patient usually healthy, active, no medications, favorable lipid panel, no illicits; + EtOH binge-drinking last several months but no cirrhosis/ESLD previously doubt primarily Etoh-related process. Pt had ongoing PEA arrests with brief ROSC for approx 7 hrs in field -> ED > ICU until death declared."
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1385038-1	Patient stopped breathing at 6:15pm on 04/22/2021. Fire dept was called. He went into cardiac arrest and they took him to ICU. He died on 04/26/2021 in ICU.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1386355-1	Pt had uneventful 1st Pfizer COVID vaccine on 5/28. 5/31 he presented to our hospital after a V fib cardiac arrest. Pt did well with immediate CPR and cardioversion on the scene but he had no hx of major heart disease. Minor LV dysfunction (LV 45%). It turned out on that the next day 6/1 pt developed fever and then COVID was checked and was positive. He then developed true covid and was treated. Echo revealed a new dilated CM with reduced EF. I feel his arrest was more likely related to the active covid or his DCM but wanted to report in case given the temporal association
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1386585-1	06/08/2021-Received vaccine at Urgent Clinic. Pt found down at home. Brought to Hospital ED, with cardiac arrest (STEMI), where she later died.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388057-1	Admitted 5/26 from outside facility for GI bleed, cardiac arrest and severe sepsis. COVID+. Treated with tocilizumab, vit C, vit D, alinia, zinc. Family opted for comfort care and W/D life support. Expired 6/5.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388093-1	Patient presented on 4/8 to Hospital for COVID pneumonia, transferred to another hospital on 4/21/2021. At Hospital, she was treated with convalescent plasma, course of remdesivir, and dexamethasone. She was requiring HFNC during day and BiPap overnight. She began to improve with decreasing O2 requirements on 4/15. On 4/17, she was found to have L-sided deficits and increasing hypoxia, which required emergent intubation. Dexamethasone was increased to 6 mg BID and she was started on Levaquin and Flagyl for aspiration penumonia, consolidated to ertapenem on 4/20. She had been on Eliquis prior to this, but this was discontinued after she developed the stroke sx on 4/17, switched to Lovenox. Initial head CT negative, but repeat head CT on 4/19 showed large R sided MCA territory infarct. She was placed on ASA. 4/21 head CT showed edema and mild midline shift. Neurology was consulted, who recommended hyperventilation, 3% saline, and elevating HOB > 30 degrees. She was then transferred to St. Mary's ICU on 4/21. At Hospital, patient was treated for aspiration pneumonia (cefepime 2g Q8H on 4/22-4/25, meropenem 2g once on 4/22, tobramycin 400mg daily on 4/22-4/23) and COVID. However, she had significant difficulty weaning from mechanical ventilation. Given her prolonged course and her right MCA CVA with significant deficits it was predicted that she would need long term ventilatory support therefore PEG and tracheostomy were placed on 4/29. She remained relatively stable until 5/2 AM when she suddenly developed massive subcutaneous emphysema and hypoxia. It was suspected that her tracheostomy had become dislodged. Patient was re-intubated orally with difficulty however there was no color change with EtCO2 and patient was in cardiac arrest. CPR was briefly performed however code status was clarified and patient was DNR. Trauma surgeon and intensivist were in agreement that any other interventions would be futile. Time of death was 0645 on 5/2/21.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388607-1	Chest pains while working out since receiving the vaccine. Ultimately, two blood clots were formed and caused a cardiac arrest May 25th, 2021.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391226-1	My brother started with some swelling in the legs/feet, followed by chest pains that led him into a heart attack, followed by cardiac arrest. He was shocked back to life where he lay in a coma. His kidneys stopped functioning followed by his lungs and liver?he was kept alive on life support and dialysis, he died after having 4 more heart attacks back to back on June 4, 2021.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396458-1	Per hospital intake, the patient had ventricular fibrillation cardiac arrest in the field just a few hours after receiving his second Pfizer COVID 19 vaccination. EMS was called, and 20 minutes of CPR were administered, prior to achieving ROSC. Patient was sedated and intubated and taken into Hospital. Cooling protocol was initiated and CT angio did not show any evidence of pulmonary embolism. Patient also underwent cardiac catheterization, which was was negative for clear intracardiac or coronary abnormalities or stenoses. Ultimately, the patient was transferred to medical center for implantation of AICD device. No other obvious source or etiology of arrest, but did think worth reporting given temporal proximity to vaccination.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396509-1	Ventricular fibrillation, cardiac arrest Resuscitate AICD placed.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396672-1	4/27/2021 nausea, on 4/28/2021 nausea, vomiting, diarrhea, 4/30/2021 chest pain, 5/1/2021 cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1398802-1	Patient went into cardiac arrest about 14 hours after receiving vaccine and passed
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403504-1	I had the vaccine on 01/16/2021 and my heart stopped. I had a long period of Atrial fibrillation, my heart will stop for 8 seconds and then it will start again. I had like 3 or 4 fainting episodes. Since then, I have had a heart pacer implanted. They put a Halter monitor to check my heart behavior. I was already under treatment for the fibrillation but this was an exaggeration of this problem. My cardiologist told me to come in because I had the monitor and they saw that my heart was stopping so I went in since it was an emergency. They kept me in the hospital for 3 days because they wanted to keep me in observation before they put the pace maker in.
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1404789-1	Congestive heart failure / heart stopped
CARDIAC ARREST	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407015-1	Heart stopped on 2/15, rushed to the emergency room. Hospitalized 42 days
CARDIAC ARREST	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	0956962-1	COVID 19 vaccine, unknown which company Chronically ill in a skilled nursing facility found diaphoretic, hypotensive, hypoxia to 85% arrived to Emergency dept in cardiac arrest Died within 65 minutes of nursing finding patient in distress Wife felt it may have been related to vaccine date of vaccination 1/6/20 hx covid 19 PNA in April 2020
CARDIAC ARREST	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1015838-1	Patient was admitted to hospital from home in cardiac arrest. Hx of hypertension, hyperlipidemia, type 2 diabetes (not on insulin) and bilateral carotid artery stenosis. The patient was reportedly at his baseline health on 2/2/21. He received the 2nd dose of COVID vaccine around 1000AM on 2/2/21. Reportedly started running fever of 100.1 and chills the afternoon of 2/2/21. Around 7:00PM he started having dry cough and was complaining of breathing difficulties. He subsequently vomited multiple times (was eating pizza and aspirated) then lost consciousness. His wife called 911, did CPR and EMS reported he in PEA at scene and was intubated. Transported to hospital. SARS CoV-2 and influenza negative.
CARDIAC ARREST	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1036683-1	cardiac arrest in the home.
CARDIAC ARREST	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1073092-1	The decedent reported a continuous headache since receiving the vaccination. On March 3rd he suffered a cardiac arrest and was pronounced deceased.
CARDIAC ARREST	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1101349-1	Admitted with altered mental status, generalized weakness, and fever. Went into cardiac arrest and required intubation. Currently with questionable seizure activity and requiring warming.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
CARDIAC ARREST	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1177058-1	"Family reports that patient had her 2nd dose of COVID-19 vaccine on 4/1, approximately 3 weeks after her first dose. Patient had one week history of ""allergy type"" symptoms. Evening of 4/1 developed ""GI symptoms and diarrhea"". Morning of 4/2 her ""neighbor came by to check on her and she stated that she was not feeling very well last night but thought she just needed some Gatorade of something...He stated that as he gave her the alka-Seltzer he told her that there was aspirin in it which apparently she has an allergy to. He stated that her response was I should be fine I do not think I'm that allergic to aspirin...5 to 10 minutes later she started to have some issues...Patient stated to her neighbor that she was having a hard time breathing and thought she needed to go to the hospital, and that maybe she was more allergic to the aspirin than she had thought...Over the 15 miles between her house and the hospital patient condition deteriorated to the point where they arrived at the hospital she is in full cardiac arrest...given ACLS protocol including epinephrine and was intubated."" ""They achieved ROSC after approximately 10 minutes."" Patient was then flown, MT emergency department to Hospital. Patient was cared for in the ICU. Patient herniated her brain the night of 4/5-4/6. ""After meeting the clinical and imaging criteria at 1605 on 4/6/2021 she was declared brain dead. Medical team suggests that patient had Samter's Triad/Triad Asthma with history of asthma, nasal polyps and allergy to aspirin. Anaphylaxis secondary to ingestion of aspirin via Alka-Seltzer."
CARDIAC ARREST	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1229074-1	Cardiac arrest
CARDIAC ARREST	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1300070-1	Pt. arrived the hospital on 5/1/21 c/o SOB. Within a few hours, she went into cardiac arrest and was resuscitated. Pt. was placed on a Ventilator. She expired on 5/4/21.
CARDIAC DEATH	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1068564-1	On 3/2/2021, clinic was notified by patient's family that patient had deceased on 2/28/2021 from a heart attack. Unsure of any relation to the Moderna vaccine but reporting for due diligence.
CARDIAC DEATH	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1152757-1	vaccine recieved 3/29/21, on 3/30/21 patient expired in his home. cause of death assumed to be cardiac related. Pt. was not feeling well after covid vaccination, therefore refused to go to dialysis (3/30/21). Collapsed in basement and was found by spouse 30 minutes later. Patient was DNR. spouse stated she feels death was not directly related to vaccine because he had several health conditions in which he has been noncompliant with and has not been following his medical providers treatment plans.
CARDIAC DEATH	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1228009-1	respiratory and cardiac arrest Narrative: Patient with PMH of esophageal cancer, larynx cancer, liver cancer, PTSD, A. fib, and alcohol abuse. He received his COVID-19 vaccines on 2/14/21 and 3/14/21. Both vaccines were administered without complications and patient was observed for 15 minutes post-vaccination without adverse effects. No other adverse events noted between time of last COVID-19 vaccinations and death. On 4/11/21, patient's wife called 911 in which EMS found patient unresponsive with abnormal breathing. Wife reported that patient was breathing up until 5 minutes prior to EMA arrival, but had been unresponsive. Wife reports that patient suffered from multiple forms of cancer, PTSD, and alcohol abuse. Wife believed that patient quit smoking and drinking but the morning of death found vodka and cigarettes in his coat. Wife reports that patient asked for help getting up from the stairs and then laid down in the bed, and went unresponsive afterwards. EMS attempted to revive the patient with CPR but were unsuccessful. Per EMS note patient suffered from respiratory arrest, cardiac arrest, then cardiac death. Patient was not brought to the hospital prior to death. It is very unlikely that the COVID-19 vaccinations contributed to this patient's death due to his extensive PMH with substance use disorder and cancer.
CARDIAC DEATH	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1327085-1	Patient had sudden cardiac death at home
CARDIAC DEATH	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1094421-1	cardiac arrest death
CARDIAC DEATH	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1180374-1	Death within 60 days of vaccination. Unwitnessed cardiac arrest, CPR attempted and unsuccessful.
CARDIAC DEATH	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1319357-1	Died of cardiac shock one week after second dose

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 then 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 06/18/2021. 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)

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/)

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

Query Date: Jun 27, 2021 4:53:26 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 - 06/18/2021, CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/vaers.html on Jun 27, 2021 4:53:26 PM

Query Criteria:

State / Territory:	The United States/Territories/Unknown
Symptoms:	CARDIAC ARREST; CARDIAC DEATH
Vaccine Products:	COVID19 VACCINE (COVID19)
VAERS ID:	All
Group By:	Symptoms; Vaccine; Vaccine Manufacturer; VAERS ID
Show Totals:	False
Show Zero Values:	Disabled