The Vaccine Adverse Event Reporting System (VAERS) Results

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1091789-1	patient had chest pain, went to ER, and was found to have heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1110436-1	A few minutes after the vaccine my heart began palpatating and I began sweating profusely. My vitals were checked, I was given water and moved to a cooler area of the facility. HR was still elevated but I wasnt feeling as flushed. By 4pm that evening I began having having chills and a fever of 100-100.4 which lasted about 4hrs. Later that evening my HR elevated to 125 with the feeling of feeling I was having a heart attack. By that Wed. my HR was still at 125 in motion and about 75 still so I went to visit my PCP on Thurs and when I arrived the HR was 77 but during the visit it elevated to 125 and blood work was done resulting in my tyroid level elevated and since getting the vaccine my HR had been up and down. When in motion its elevated and when sitting its around 75.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1124611-1	Neck and back pain night of vaccine... then 30 hours later Heart Attack (Myocardial infarction); Treatment: blood thinners (TNK and Heparin), Stent in coronary artery. outcome: hospitalization 3 days and then recovery and fatigue ongoing...
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1127237-1	Pt developed sudden-onset of severe left-sided chest pain with heavy pressure, shortness of breath and diaphoresis; pt collapsed and had a period of unresponsiveness lasting approximately 10 minutes. EMS was called and noted significant ectopy as well as frequent NSVT on ECG. Pt was transported to the Emergency Department and subsequently admitted for observation.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1146188-1	On March 11 at5pm, after shooting basketball for 50 minutes, I had no medical issues. On March 24 at 6:40pm, after shooting basketball for 30 minutes, I had a heart attack with a coronary artery LAD 100% blockage and was treated with a stent procedure right after a visit to the ER.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1147888-1	No appetite for days. The smell of food made patient sick. On week two after vaccine, oxygen stayed at 84%, patient couldn?t stand as he had no energy. Patient began to eat after lots of convincing and seemed to be doing at least 20% by week 3, but oxygen was still in mid 80%. On day 20 after vaccine patient had to be rushed to the ER due to sepsis. All vital organs began to fail and on transport patient suffered a mild heart attack. Patient was a healthy 78 year old male that lived alone and drove and had no major health issues before the date of the vaccine.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1153088-1	MAJOR HEART ATTACK; This spontaneous report received from a consumer concerned a 50 year old female. 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, and batch number were not reported) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On an unspecified date, she had major heart attack and died. It was unknown if an autopsy was performed. The action taken with Covid-19 vaccine ad26.cov2.s was not applicable. The reporter and company provided causality between Covid-19 vaccine ad26.cov2.s and major heart attack as possible. This report was serious (Death).; Sender's Comments: - covid-19 vaccine ad26.cov2.s -Heart attack. This event(s) is considered unassessable. The event(s) has an unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).; Reported Cause(s) of Death: MAJOR HEART ATTACK

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				"HEART ATTACK; HIGH FEVER; This spontaneous report received from a patient concerned a male of unspecified age. The patient's height, and weight were not reported. The patient's concurrent conditions included heart disorder (""born-in"" heart issues). The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin, and batch number were not reported) dose was not reported, administered on 10-MAR-2021 12:30 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 10-MAR-2021 at 19:30, the patient unexpectedly broke out into a very cold sweat, high fever, extreme stomach nausea, and his heart raced to levels he had never felt. The patient could not walk and could barely respond verbally to his fiance for help. The patient was admitted to the hospital. The patient was taken on a wheel chair and was attended to immediately because of the severity of his condition. The emergency room doctors and nurses thought the patient was having a heart attack, as did he. The patient informed emergency room doctors and nurses that he had been given covid-19 vaccine ad26.cov2.s earlier in the day. After several hours of testing including electrocardiogram, computerized tomography scans, intravenous and constant blood pressure monitoring, it was determined that the patient should be transported to a hospital that was better equipped to service his apparent condition. The hospital staff was concerned about a possible heart attack and not knowing the patient's history or having the equipment and staff to service this, they decided the patient needed to be taken to a hospital that specializes in heart events. Having had cardiology care in the past for ""born-in"" heart issues, the patient wanted to be transported to Medical Center where all of his doctors were residences. According to the patient, they had a fabulous team of world renowned cardiology experts from Cardiology. The hospital staff at the Hospital offered to send the patient to Hospital. Both hospitals were about equal distance from the Hospital. The patient obviously wanted to go to where his doctors were and who know him personally for almost his whole life. According to the patient, the staff at the Hospital were fantastic, and as they stated to him verbally, probably saved his life. An Ambulance ride followed at about 3:00 AM on 11-MAR-2021 arrived at approximately 04:30 at medical center. The patient's cardiologist's covering doctors met him on the cardiology floor to immediately begin monitoring and performing every test at their disposal. The patient also informed the cardiology team that he had received the covid-19 vaccine ad26.cov2.s vaccine on 10-MAR-2021 (Wednesday) afternoon. According to the patient, their eyes lit up immediately believing that the vaccine might had caused this. After almost 2 days and countless tests, blood screens, monitoring and consultation, the patient was released late afternoon on 12-MAR-2021 from hospital after being stabilized to a normal level. According to the patient's doctors, the only cause of these events could have been the covid-19 vaccine ad26.cov2.s vaccine. According to the patient, the severity of this events were only curtailed by the excellent care he received from both of his hospital visits and the almost 2 day stays. The patient's doctors had instructed him to stay close to home and continue to monitor his condition in the upcoming weeks because no one knows if these events could happen again. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from high fever, and heart attack on 12-MAR-2021. This report was serious (Hospitalized and Other Medically Important Condition).; Sender's Comments: V0: 20210333833- Covid-19 vaccine ad26.cov2.S- Heart Attack. 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. 20210333833-covid-19 vaccine ad26.cov2.s- high fever. This event is labeled and is therefore considered potentially related."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1153098-1	

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1157490-1	CARDIAC SYMPTOMS, CHEST PAINS, FEELS NOT GOOD, HR IS FAST; This spontaneous report received from a patient concerned a female of unspecified age. The patient's height, and weight were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805031, expiry: UNKNOWN) dose was not reported, one total, administered on 17-MAR-2021 in left deltoid for prophylactic vaccination. Concomitant medications included glyceryl trinitrate. On 18-MAR-2021, the patient experienced chest pain and called emergency services. On 24-MAR-2021, the patient reported to have heart attack, confirmed and experienced the following symptoms including cardiac symptoms, chest pains, feels not good, heart rate is fast, and was hospitalized. The patient stated that the ambulance came on 24-MAR-2021 and was admitted to hospital on 24-MAR-2021 and was discharged on 26-MAR-2021. The patient was hospitalized for 3 days. The patient reported that she have cardiac concerns prior to injection with the Janssen covid-19 vaccine and reported to have past medical history as 2007- by pass, 2008- single by pass, 2015 double by pass. The patient stated that she is going to have a stents by consulting Dr. The patient also reported that she is now on 8 more medications. (medications not reported). Laboratory data included: Troponin T (NR: not provided) 5.9 to 12.2. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from cardiac symptoms, chest pains, feels not good, hr is fast. This report was serious (Hospitalization Caused / Prolonged). Additional information was received from patient on 28-MAR-2021. The following information was updated and incorporated into the case. The patient's past medical history included bypass (2007), single bypass (2008), and double bypass (2015). The patient reported additional events as heart attack, heart rate is fast, and feels not good. The seriousness criteria of 'chest pain' was updated to serious. The patient had visit to emergency room. The patient was hospitalized on 24-MAR-2021 and discharged on 26-MAR-2021. The number of days hospitalized is 3 days.; Sender's Comments: V1 Additional information received in this version is regarding medical history (bypass (2007), single bypass (2008), and double bypass (2015)), events (heart attack, heart rate is fast and feeling not good), seriousness criteria and hospitalization details. 20210340970- Covid-19 vaccine ad26.cov2.s -Heart attack. Follow-up received regarding Clinical Details. 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
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1178152-1	HEART ATTACK; This spontaneous report received from a consumer via a company concerned a 40 year old male. 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, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. The company is unable to perform follow up to request batch/lot number. No concomitant medications were reported. About 7 days after receiving the vaccine, the patient went to hospital regarding shortness of breath. On an unspecified date, the patient experienced heart attack and was hospitalized (date unspecified) and was later sent to intensive care unit (ICU). On an unspecified date, the patient died from heart attack. It was unknown if an autopsy was performed. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. This report was serious (Death, and Hospitalization Caused / Prolonged).; Sender's Comments: 20210403505 -Covid-19 vaccine ad26.cov2.s -Heart attack. This event is considered unassessable. The event 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.; Reported Cause(s) of Death: HEART ATTACK
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1189386-1	HEART ATTACK SYMPTOMS; This spontaneous report received from a consumer concerned a 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, 1 total, start therapy date were not reported for prophylactic vaccination. Batch number was not reported. Per procedure, no follow up will be requested for this case. No concomitant medications were reported. The patient got the J&J shot Wednesday and on Thursday afternoon, she was admitted to hospital with heart attack symptoms. They kept her overnight, done all test they could on her heart and it all came back good. Doctor said it was reaction to her shot. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of heart attack symptoms was not reported. The reporter considered the causality between covid-19 vaccine ad26.cov2.s and heart attack symptoms as related. Company causality between covid-19 vaccine ad26.cov2.s and heart attack symptoms was possible. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0:20210329765-Covid-19 vaccine ad26.cov2.s-Heart Attack Symptoms. This event is considered unassessable. The event 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.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1191417-1	Approximately 15 minutes after administering the vaccine, the patient reported feeling dizzy. I checked her blood pressure and pulse and both were normal. On 4/8/21, an email from our manager of Human Resources stated that the patient was in the hospital since 4/7/21. It also stated she had a heart attacked and issues with her gallbladder.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1198782-1	As described to me by her son: 04-01-2021 received vaccine , no issues, waited the 15 min and said she felt fine. Left with no issues. had been to see her MD that morning for routine visit and everything was fine. 04-02-2021: No issues - felt fine. Went shopping and out to eat. Was a bit tired that evening. Son left her home at 6pm and all was good. 04-03-2021: son text her in the morning and no answer. Thought she might be in the shower and text again and no answer. He called her and no answer, so he went over and found her non-responsive laying on her back on her bed with the same clothes she left her with the prior evening. sheriff's office pronounced her dead on 04-03-2021 with what appeared to have been a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1201949-1	Initially redness, slight swelling and pain at vaccine site. Duration of symptoms five days. Followed by heart attack on April 04,2021.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1202142-1	Shopping, climbed a single level stairway, became winded, nauseous, got bad heartburn feeling, felt flush and started getting dizzy. Took Tums, no help went to Emergency Room and was told that there was an enzyme in my blood which showed I had a heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1202401-1	Janssen COVID-19 Vaccine EUA: patient presents to emergency department with altered mental status and confusion three days after being discharged from a different hospital for COVID-19 infection. In emergency department diagnosed with stroke, left ventricular thrombus, subacute anterior myocardial inferction with totally occluded mid LAD, and COVID-19 infection. Underwent cardiac catheterization and transferred to current facility for higher level of care and testing- currently remains hospitalized on anticoagulation and oxygen.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1202551-1	I suffered two heart attacks. First heart attack was on the 6th day after the vaccine, second heart attack was on the 9th day of vaccine. Both heart attacks woke me up from sleep. I went to the emergency room and was hospitalized each time. I suffered chest pain prior to each heart attack but have never suffered chest pain before. I am continuing to suffer from periods of chest pain at rest.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1204803-1	Heart attack after J&J vaccine - My husband, complained of on and off chest/lung discomfort after two days getting the vaccine. This continued for about 3-3.5 weeks. On the night of Apr 16, he went to bed early not feeling well. Next morning he complained of heaviness in the chest area. We immediately consulted Dr., and mentioned that he got the vaccine. Dr. advised us to immediately go to an Emergency Room. Patient was found to be having a heart attack. His right artery was 100% blocked. The 3 left arteries had no blockage at all. Angioplasty was done and he had a stent placed in right artery. The clot was removed as part of angioplasty. He now needs to be on blood thinners for life.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1205940-1	Heart Attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1207440-1	Massive heart attack due to blood clot. Heart Cath putting in a stint with over night stay in hospital
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1207627-1	Heart Attack, stroke, and pneumonia.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1211371-1	Patient had the vaccine and within 24-48 hours he began to experience pain on his right side-primarily abdomen area. He lives alone and is 86 years old. The pain got worse so he was taken to the hospital. He reports being told that he had a heart attack. He is still in the hospital at this time, but felt that he should report it. He does not know who is doctor is.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1212788-1	Patient's wife notified our corporate office on 4/15/21 that her husband received a J&J COVID vaccine from our pharmacy on 3/23/2021 and that he passed away one week later, 3/30/2021, in their yard after having a heart attack. Phone number provided is the wife's.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1214234-1	PATIENT CALLED AND STATED THAT HE HAD A HEART ATTACK ON 3/14/21. (TEN DAYS AFTER THE VACCINATION) HE STATES THAT HE CALLED THE DEPARTMENT OF HEALTH AND WAS TOLD TO CONTACT THE LOCATION WHERE HE RECEIVED THE VACCINATION.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1215951-1	Patient suffered massive heart attack with 100% blockage of Left Main Coronary requiring CPR, shocking, Cardiac Cath and stent placement.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1219798-1	Patient was in store and top of chest started hurting and down left arm. Patient states that they called 911 and ambulance took her to the hospital. She was tested and found to have mild heart attack with blood clot in vein of her heart. Had procedure to remove clot was put on blood thinner and is now wearing a heart monitor for the next 30 days. Is on Brelinta for the next 30 days as well. Patient went back to ER on Tuesday night (4/13/21) due to SOB spent 12 hours at ER before being transferred back to hospital. She spent another day and half before discharge diagnosed with fluid buildup.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1223669-1	60 year old male died unexpectedly at home, found 04/11/2021. Last known contact was by phone with his brother on 04/10/2021. Cause of death was determined to be MI due to ASCVD due to tobacco dependence, cigarettes. Autopsy was not requested. This medical examiner was later contacted by the daughter of the decedent to report that he had received the Johnson & Johnson COVID vaccine on 04/08/2021, 2-3 days prior to his death.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				Johnson COVID vaccine on 04/08/2021, 2-3 days prior to his death.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1232015-1	Unseen/ unknown reportedly had heart attack 6 days post vaccination. Reported from facility.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1234108-1	Went to the hospital with chest pain. They performed a catheter to check for blockages and instead found an extremely rare blood clot that ultimately caused a mild heart attack.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1240535-1	HEART ATTACK; This spontaneous report received from a consumer (company representative) concerned a 47 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included obese. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown) dose was not reported,1 total administered on 07-APR-2021 for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up would be requested for this case. No concomitant medications were reported. On 09-APR-2021,the patient died from heart attack. It was unknown if an autopsy was performed. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. This report was serious (Death).; Sender's Comments: 20210423780 -covid-19 vaccine ad26.cov2.s-heart attack. 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).; Reported Cause(s) of Death: HEART ATTACK
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1243846-1	6 days after the injection I suffered a massive heart attack of the Left Anterior Descending Artery with no prior heart history, less than a month earlier I had a physical with bloodwork and all cholesterol levels were normal, the doctors have not been able to give a real reason as to why this happen except I had a blockage but no explanation of why as my cholesterol levels are normal.
MYOCARDIAL INFARCTION	**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.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1249267-1	HEART ATTACK; KNOT ON LEG(SORE); This spontaneous report received from a patient and concerned a patient of unspecified age and sex. 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, start therapy date were not reported for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the patient experienced heart attack, and had a knot on leg which was sore for over 3 weeks. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the heart attack, knot on leg(sore) was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: covid-19 vaccine ad26.cov2.s-heart attack. This event(s) is considered unassessable. The event(s) has an unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1250843-1	Heart attack due to tear in major artery in heart

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1261172-1	HEART ATTACK; COVID-19 PNEUMONIA; SUSPECTED CLINICAL VACCINATION FAILURE; ELEVATED CREATININE; This spontaneous report received from a consumer concerned a 65 year old male. The patient's height, and weight were not reported. The patient's concurrent conditions included congestive heart failure. He was sick two weeks prior to hospitalization due to congestive heart failure. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration not reported, batch number: Unknown) dose, 1 total, administered in the beginning of MAR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. Concomitant medications included blood pressure and cholesterol medications. On 07-APR-2021, the patient went to the emergency room (ER) and was admitted to the hospital and was diagnosed with COVID-19 pneumonia and heart attack. He had suspected clinical vaccination failure. She reported of a positive COVID-19 test that was taken in the hospital and lab values showed everything as elevated. The reporter (daughter) also stated that her father had no issues with kidneys before but during hospitalization, he had elevated creatinine. During hospitalization, the patient received remdesevir, dexamethasone and was on heparin drip for first 4 days and was on bilevel positive airway pressure (BiPAP) machine and oxygen. He was stable and was going to be discharged from hospital later this afternoon on 13-APR-2021. He was hospitalized for 7 days. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from heart attack, and covid-19 pneumonia, and the outcome of elevated creatinine and suspected clinical vaccination failure was not reported. This report was serious (Hospitalization Caused).; Sender's Comments: 20210424651-covid-19 vaccine ad26.cov2.s-Heart attack. This event(s) is considered not related. The event(s) has an unknown/unclear 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 20210424651-covid-19 vaccine ad26.cov2.s- Covid19 Pneumonia. 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). 20210424651-covid-19 vaccine ad26.cov2.s-Suspected clinical vaccination failure. 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: SPECIAL SITUATIONS
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1261210-1	HEART ATTACK; This spontaneous report received from a pharmacist concerned a patient of unspecified age and sex. The patient's height, and weight were not reported. The patient's concurrent conditions included shellfish allergy, and other pre-existing medical conditions included no drug abuse or illicit drug usage. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1805029, and expiry: 05-MAY-2021) dose was not reported, 1 total, administered on 15-MAR-2021 for prophylactic vaccination. No concomitant medications were reported. On 26-MAR-2021, the subject experienced heart attack. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of heart attack was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: 20210429381-covid-19 vaccine ad26.cov2.s-Heart attack. 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).
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1261867-1	Blood clots, heart attack, died, cpr 5 times survived Blood is very thick blood thinners unable to thin
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1262527-1	on the 2nd i had the shot in the left upper arm .. two days later i woke up to violently upchucking pure water after that i when to hospital and was admited i was told after a ekg that i was haveing a heart attack after that have no recolectiom of anything i wake up to a doc telling ,e it was a bad heart attack and had delovped about 5 blod clots in left lung and microcaditis i have been trying since then for a doc to talk to me but so far i been avoided
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (JANSSEN)) (1203)**	**JANSSEN**	1264593-1	HEART ATTACK; This spontaneous report received from a consumer via a company representative concerned a patient of unspecified age and sex via social media. 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, and batch number were not reported) dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On an unspecified date, the patient experienced heart attack. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of heart attack was not reported. This report was serious (Other Medically Important Condition). This case, from the same reporter is linked to.; Sender's Comments: V0: -covid-19 vaccine ad26.cov2.s-heart attack. This event(s) is considered unassessable. The event(s) has an unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1265871-1	HEART ATTACK; This spontaneous report received from a consumer via a company representative concerned two patients. 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 MAR-2021 (a month prior to this report) for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On APR-2021, two patients' suffered a heart attack and died. It was unknown if an autopsy was performed. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. This report was serious (Death, and Other Medically Important Condition). This case, from the same reporter is linked. Sender's Comments: V0: COVID-19 VACCINE AD26.COV2.S - Heart Attack. This event is considered Unassessable. The event 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.; Reported Cause(s) of Death: HEART ATTACK
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1267199-1	"patient developed severe chest pain, ambulance was called and patient was taken to ER. Patient was transferred to higher level facility and was told he had a heart attack and that it was caused by a ""blood clot"""
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1268576-1	A 40 year old man with no apparent risk factors for current disease presents with an anterior myocardial infarction. At acute in far related angioplasty is LAD is found to be completely included by fresh red clot that was removed using an instruction catheter. Imaging of the interior endothelial surface of the left anterior descending which was occluded by clot did not reveal any ruptured plaque or abnormality in the endothelium. He experience extensive anterior myocardial infarction and now has a left ventricular ejection fraction between 35 and 40%. This was an and usual presentation in a young man who appears to be fit with no family history of cardiac disease. A non-smoker. Normal lipid profile. The nature the invite itself was unusual in that no abnormality of the vessel that was occluded by fresh thrombus could be detected
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1272492-1	Patient experienced a severe heart attack and was diagnosed with a blood clot
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1272543-1	The following evening after the shot, he had severe pains in his back and shoulders, headache, nausea (vomited). 2 days later, felt severe pain in his stomach, along with pain in his shoulders and back, with a headache, also vomited.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1273940-1	Heart Attack at 7:10 am(4/9/21), CPR, CCU, CPR, Death(4/11/21) 9:15pm
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1276404-1	MYOCARDIAL INFARCTION; CORONARY ARTERY OCCLUSION; This spontaneous report received from a patient concerned a 50 year old male. The patient's height, and weight were not reported. The patient's past medical history included sinus infection, fever, and left anterior descending artery blockage, and concurrent conditions included increased triglyceride. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: Unknown) dose was not reported, administered on 08-MAR-2021 at 13:00 to left arm for prophylactic vaccination. The batch number was not reported. The company was unable to perform follow-up to request batch/lot numbers. Concomitant medications included eicosapentaenoic acid ethyl ester used for unknown indication. On 24-MAR-2021 19:10, the patient experienced myocardial infarction, and was hospitalized (date unspecified). On 24-MAR-2021 19:10, the patient experienced coronary artery occlusion. It was reported that on 11-MAR-2021 at 17:00, the patient played basketball for 50 minutes and he had no medical issues. On 25-MAR-2021 at 19:10 the patient played basketball for 30 minutes and he had heart attack with a coronary artery LAD 100% blockage and was treated with a stent procedure right after a visit to the emergency room. Laboratory data (dates unspecified) included: Triglycerides (NR: not provided) Increased (units unspecified). The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from myocardial infarction, and coronary artery occlusion. This report was serious (Hospitalization Caused / Prolonged, Other Medically Important Condition, and Disability Or Permanent Damage).; Sender's Comments: V0- covid-19 vaccine ad26.cov2.s-Myocardial infarction, coronary artery occlusion. 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

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1276505-1	HEART ATTACK; This spontaneous report (social media) received from a patient via a company representative concerned a 60 year old male. The patients 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: not reported batch number: Unknown) dose was not reported, 1 total administered, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On an unspecified date, the patient took vaccine and at night patient experienced heart attack and died due to heart attack. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. This report was serious (Death). This case, from the same reporter is linked to; Sender's Comments: V0-Covid-19 vaccine ad26.cov2.s -Heart attack. This event(s) is considered unassessable. The event(s) has an unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).; Reported Cause(s) of Death: HEART ATTACK
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1281242-1	Weakness loss of appetite 1wk after trouble breathing body hicups heart attack death (almost 2 wks after)
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1281599-1	Culminated in myocardial infarction. Chest pains started next day and leg pains. By April 23, I had severe chest pains and had to see medical at work. On April 30, 2021 was at emergency department for heart attack symptoms. Was transferred for myocardial infarction. Test results show myocardial infarction, coronary spontaneous arterial dissection, and blood clot.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1284647-1	CHEST PAIN; TWO HEART ATTACKS; This spontaneous report received from a patient via the VAERS (Vaccine Adverse Event Reporting System; VAERS ID 1202551] concerned a 54 year old white not Hispanic or Latino male. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included the patient did not had allergies to medications, food, or other products, did not had other illnesses at the time of vaccination, up to one month prior and did not had spleen. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: 1802070, expiry: UNKNOWN) dose was not reported, administered on 10-MAR-2021 12:00 for prophylactic vaccination on right arm. Concomitant medications included lisinopril for drug used for unknown indication. On MAR-2021, the patient experienced two heart attacks, first attack was on day of vaccine and another was the day after the vaccine and was hospitalized (date unspecified). On 16-MAR-2021 04:00, the patient experienced chest pain prior to each heart attack but had never suffered chest pain before. He further reported that he was continuing to suffer from periods of chest pain at rest. Laboratory data (dates unspecified) included: Cardiac catheterization (NR: not provided) 20 to 30 percentage blockage. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from two heart attacks. This report was serious (Hospitalization Caused / Prolonged, Life Threatening, and Disability Or Permanent Damage).; Sender's Comments: V0. 20210439984-covid-19 vaccine ad26.cov2.s -Two heart attacks, Chest pain- 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).
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1284967-1	Johnson and Johnson COVID Vaccine use for COVID-19 under Emergency Use Authorization (EUA): Patient admitted to hospital for myocardial infarction one week following the J & J COVID-19 Vaccination. required emergent PCI with drug-eluting stent for occluded left anterior descending coronary artery. Patient subsequently developed congestive heart failure and a left ventricular thrombus requiring long term anticoagulation therapy.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1298833-1	HEART ATTACK; SEVERE PAIN; SEVERE HEADACHE; This spontaneous report received from a parent concerned a 56 year old female. The patient's height, and weight were not reported. The patient's pre-existing medical conditions included was that the patient had lot of medical problems but the caller was unable to elaborate (unspecified medical problems). The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose was not reported, 1 total administered to left arm on an unspecified date in APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date in APR-2021, right after the vaccination the patient experienced severe headache. The patient also had a heart attack couple of days after vaccination. It was reported that the patient made it through the heart attack. On follow up with the parent, it was reported that the patient did not had a heart attack diagnosed by a doctor and was not hospitalized or seen in an emergency room (ER). It was also reported that the patient did not like to go to hospital and just stayed in bed. The patient experienced severe pain, started in her head as a real deep pain. The reporter was not sure about the symptoms of the reported event heart attack. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from heart attack on an unspecified date in 2021, and the outcome of severe headache and severe pain was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0.20210507105-COVID-19 VACCINE AD26.COV2.S -Heart attack,severe pain,severe headache.. 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).

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1317257-1	I started to get a weird feeling in my chest a week after the vaccine. It was a burning sensation and I thought it was vaping at first. It started to get worse and worse. A week later I went to the ER and they ran some tests. After testing it was confirmed that I was having a heart attack. I had blot clot in my OM1discovered on 04/07/2021. I had had an angiogram in 2019 and there were no problems then. I was hospitalized for four days and I was given a Stent which ended up getting a blood clot. The original Stent was removed and a larger one was put in. I am now taking some blood thinners, Aspirin, Atorvastatin, Carvedilol 6mg, Prasugrel 10mg, and I am scheduled to see a cardiologist because I still a have a little chest pain.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1319803-1	BLOOD CLOTS; HEART ATTACK; This spontaneous report received from a social media via a company representative concerned a patient of unspecified age and sex with unknown ethnicity. 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 and expiry were unknown) 1 total dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On an unspecified date, the patient experienced heart attack due to blood clots. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the heart attack and blood clots was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210522101-Covid-19 vaccine ad26.cov2.s-Blood clots, Heart attack. This event(s) is considered un-assessable. The event(s) has an unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1322184-1	Patient reported heart attack due to blood clot. Patient report catheterization with stent placement.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1326951-1	She been feels ill slightly ill ever since the shot. Always short of breathe. Now she died of a blood clot / heart attack while at night in her chair.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1327596-1	Major heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1330519-1	Arm sore for a day - and that was it. A month later, April 10, 2021. Heart Attack - they put in a stent (two stents) - two of my coronary arteries had collapsed.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1336941-1	started out with severe headaches , then started getting out of breathe, which became really intense , admitted to emergency on 5/13/21 released 5/21/21 with mini heart attack and multiple blood clots in the lungs. No blood clots in the legs which would have been from the estrogen pill. Oncologist stated that the clots form in the legs if from the estrogen pill, this formed in both lungs. Been on the tamoxopine for over a year and no side effects at all. Headaches and breathing issues all started after the vaccine
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1336997-1	Heart attack - Sudden onset chest pressure, shortness of breath, bilateral arm numbness. Found to have clot in LAD requiring stent. No cardiac risk factors.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1345691-1	MAJOR HEART ATTACK, GOT PLACED WITH A STENT; This spontaneous report received from a patient concerned a 70-year-old male. The patient's weight, height, and medical history were not reported. Prior to the vaccination, patient was never on any medication. Patient had no pre-existing conditions. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 201A21A, expiry: not reported) dose was not reported, 1 total administered on 04-MAY-2021 at 15:00 to left arm as prophylactic vaccination. No concomitant medications were reported. On 08-MAY-2021, four days after vaccination, the patient experienced major heart attack due to which he went in an ambulance (his spouse called 911) and was hospitalized on the same day. Patient was placed in ICU (intensive care unit) and got step down. On 10-MAY-2021, patient was discharged and he went home with a life vest. Patient was hospitalized for 3 days. No other side effects were reported. Patient got placed with a stent. Patient was discharged with Treatment medications (dates unspecified): lipitor 80 mg, losartan potassium 25 mg, plavix 75 mg, metoprolol succinate extended release 50mg, and baby aspirin 81 mg. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from major heart attack on 17-MAY-2021. This report was serious (Hospitalization).; Sender's Comments: V0; 20210535227 -covid-19 vaccine ad26.cov2. s major heart attack. This event is considered unassessable. The event 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.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1345714-1	HEART ATTACK; This spontaneous report received from a company representative, concerned a female patient of unspecified age, race and ethnic origin. 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 administration was not reported, batch number: unknown and expiry: unknown) dose and therapy start date were not reported, 1 total, administered for prophylactic vaccination. The batch number was not reported. Per procedure, no follow-up will be requested for this case. No concomitant medications were reported. On an unspecified date, in 2021 (11 hours post vaccination), the patient died due to heart attack. It was unknown if an autopsy was performed. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of heart attack was fatal. This report was serious (Death).; Sender's Comments: V0 20210538222-covid-19 vaccine ad26.cov2.s-Myocardial infarction. 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).; Reported Cause(s) of Death: HEART ATTACK
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1347562-1	I felt shortness and restriction of breath, fever 101, body aches and headache. I have had issues with micro clotting, heart rate is even more irregular, and I was diagnosed as having a TMI. I rode in the ambulance on Mother's day was hospitalized
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1348871-1	Pain in arm, chest and whole body, went to emergency center was told she may have had a heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1349042-1	DROPPING DEAD; HEART ATTACKS; BLOOD CLOTS; STROKES; BRAIN DAMAGE; HEART CONDITIONS; This spontaneous report received from a consumer who reported reading from many personal social media accounts which concerned multiple patients of unspecified age and sex. No past medical history or concurrent conditions were reported. The patients received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported) dose, 1 total, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. Per procedure, no follow up will be requested for this case. No concomitant medications were reported. It was reported that, the patients were suffering from blood clots, dropping dead, had strokes, heart attacks, heart conditions and brain damage after vaccination. It was also reported that, the patients were perfectly healthy before and now they would never be the same. On an unspecified date, the patient died from unknown cause of death. It was unknown if an autopsy was performed. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patients died of unknown cause on an unspecified date, and the outcome of blood clots, strokes, heart attacks, heart conditions and brain damage was not reported. This report was serious (Death, and Other Medically Important Condition). This case, from the same reporter is linked to 20210534943.; Sender's Comments: V0: 20210544901-covid-19 vaccine ad26.cov2.s -Dropping dead, brain damage, blood clots, heart attacks and strokes. This event(s) are 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).; Reported Cause(s) of Death: UNKNOWN CAUSE OF DEATH
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1371483-1	MI-had catherization 4/3-transferred to hospital for possible CABG but had acute renal failureso deferred. Underwent another cath 4/20 with stent placement
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1385289-1	5/21/21 10:00pm shortness breath, chest pain, shoulder pain, jaw pain, metallic taste, fatigue ?mini heart attack? symptoms 5/26-5/27 trouble breathing, fatigue, light headed 5/29 pain in left arm 5/30 night - second ? mini heart attack? symptoms General fatigue, hard to breath, overall feeling bad 6/2 - bruise on arm and lump Extreme headache, fatigue, chest pain, arm pain Emergency room visit = blood clots
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1397041-1	Day after shot patient was tired, he was not feeling well, & he never fully recovered. He went to work on Monday, May 10th & worked until 6:00pm. Returned home eat a little & went to bed. Tuesday, May 11th he worked at home, Wednesday, May 12th we had coffee, laughed & joked around & he went back to work at home. I went to check on him about five minutes later & he was sitting up sleeping. He would usually wake up & say I took a power nap but he was not breathing. I started mouth 2 mouth but he did not respond. My sister told my nephew to call 911 & they told us to lay him on the floor & start CPR until the paramedics arrived. Once they arrived & took over they tried to get him to breathe & restart his heart. The paramedics worked on him for a long time giving us updates on what they were trying to do. Patient never regained consciousness. They indicated probably a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1402954-1	Ended up have a heart attack on 5/12/21. No reason was found as to why I had it. There was no plaque at all in any of my carotid arteries in the neck, heart, and the renal. Blockage was in the bottom of my heart. Doctors had no reason as to why I had the heart attack. Only had pain around the sternum.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1409480-1	MYOCARDIAL INFARCTION; TROPONIN INCREASED; This spontaneous report received from a consumer via social media (twitter) and concerned multiple patients with different age groups 6-17 years, 18-29 years, 30-39 years, 40-49 years. No past medical history or concurrent conditions were reported. The patients received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin) 1 total, dose, start therapy date were not reported, administered for prophylactic vaccination. The batch number was not reported. Per procedure no follow up will be requested. No concomitant medications were reported. On an unspecified date, the patients experienced myocardial infarction, and troponin increased. The onset interval reported was 0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days, 8 days, 9 days. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the myocardial infarction and troponin increased was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210628314-COVID-19 VACCINE AD26.COV2.S-MYOCARDIAL INFARCTION. This event(s) is considered unassessable. The event(s) has an unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0919428-1	Felt slight warmth throughout body about 5 minutes after vaccine. Disappeared 2 minutes later. Arm started to feel sore as the day went on and was very sore by nighttime. Next day, arm started to feel better and over the next 3 days was no longer sore. On the morning of the 30th, woke up feeling fine, took a 3.5 mile walk and felt fine. Around 12:30 pm, experienced sudden pain and a burning sensation in the chest and both upper arms. Thought it was possibly heartburn ; took a Prilosec. The discomfort (mild but steady) continued so checked blood pressure which was 141/91. Called cardiologist and went to emergency room per instruction, around 1:30. Admitted overnight with the diagnosis of a mild heart attack and performed a heart catheterization where they found no major blockage. One artery noted 30% blocked but that overall heart function looked good. Discharged on 12/31/2020. -reported by patient via email, on 1/3/2021 @ 4:49pm
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0930487-1	Medical docter state patient has a acute cardiac attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0940602-1	"Patient received vaccine on 1/8/2021. On 1/9/2021 I checked on patient via phone for symptoms or problems and he reported none but mild soreness at injection site. On 1/10/2021 family friend called me to tell me that patient had expired at about 8:00 pm. Patient reportedly complained of ""pain"" unspecific and collapsed at home. Hospital reportedly told family that it appeared to be a ""heart attack""."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0942904-1	Chief Complaint Patient presents with ? Generalized Body Aches á á Pt presents via EMS c/o DOE, dry non-productive cough, subjective fevers Tmax 101.9, decreased appetite, aches since testing + for COVID on 1/5. á Patient is a 50 year old male with PMH of Crohns/MS on fingolimod presenting to the Hospital for fevers, shortness of breath and weakness. Patient received COVID vaccine on 12/29. Patient had initial left arm discomfort though has had worsening weakness, cough, shortness of breath and fevers since that time. Patient tested positive for COVID19 on Patient has shortness of breath with exertion that is relieved by rest. Patient denies N/V/D. Patient has taken tylenol at home to attempt to alleviate symptoms.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0943354-1	Right after the vaccine I just had a slight head ache. I had pretty typical symptoms. Around 8pm my arm got to 8/10 pain. I have waves of Tachycardia and nausea. I had pretty bad diarrhea the first day and second day, this was also a side effect from the Celexa. The Tachycardia was going up to 130-140 . Very much flu like symptoms, heart pounding, head pounding and very light headed. I was having trouble controlling BP when I stood up. I felt feverish, I kept checking my temp but it was normal. This went on for two day, I wasn't able to eat or drink liquids. I ended up going and getting a Covid test on Tuesday morning, I was feeling somewhat ok. Then in the evening all my same symptoms came back. I spoke with a Dr. who informed me I was probably dehydrated. I almost went into the Emergency Room because my high heart rate and thought I was having a heart attack. I didn't due to high volume of Covid in the ER. I have a follow up meeting with my PA before my second dose to come up with a strategy. The left side of my face started to get numb and the left side of neck. My neck started to get still and went to my jaw.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0948082-1	Patient had just recovered from COVID and ended quarantine on 1/1/21. On 1/4/21, she received the first COVID vaccination. While driving home on 1/6/21, she experienced an MI diagnosed in the emergency room 30 minutes later. She was admitted to the hospital and underwent a heart catheterization and received a STENT. She had previous cardiogenic shock in 2003.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0950108-1	"""Moderna COVID-19 Vaccine EUA"" It has been reported to me that pt. had gone into hospital for a heart catheterization on 1/12/2021. It was found during this procedure that pt. had suffered a MI. She was release to home the following day and passed away at her residence on 1/15/2021."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0972167-1	Wife reported that 3 hours after receiving vaccine, pt had MI.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0972370-1	patient received covid vaccine and had a heart attack the next day and died

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0986631-1	Suspected myocardial infarction on 01/15/2021. Patient passed away on 01/15/2021.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0986636-1	Patient waited 15 minutes after injection at the vaccine clinic. Shortly after leaving the clinic (less than 1 hour), the patient was taken by ambulance to the hospital experiencing cardiac issues. Patient was air-lifted to larger hospital and later diagnosed with myocardial infarction.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0994376-1	Elevate blood pressure and pulse Abnormal EKG Mild heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0994961-1	T 99.8, R 44, O2 94%, Pulse 132, Bp 199/82. Patient lethargic, confused, weak. Sent to local ED, and ED reported resident had MI and was transferred to another hospital for further workup. Patient tested positive for Listeria in urine at local ED as well, which may have contributed to this reaction.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0998544-1	Patient had heart attack. Spoke with spouse on 2/3/2021 stated had multiple health issues including heart and lung issues.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1004801-1	Patient had a heart attack two days after receiving first Covid Vaccine. Doctor reports that artery was 99% blocked.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1006416-1	Patient died of a heart attack on 1/31/21, 2.5 weeks after vaccination
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1013120-1	On 1/27/21, resident experienced shortness of breath and felt some pressure on her chest. Systolic Blood Pressure was in the 200's and Diastolic Blood Pressure was in the 100's, HR 117. She was sent to Hospital and diagnosed with: St Elevation Myocardial Infarction due to occlusion of circumflex coronary artery, Acute Systolic Heart Failure, and Aspiration Pneumonia.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1015630-1	Died of a heart attack; A spontaneous report was received from a consumer concerning a 56-year-old male patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and died due to a heart attack. The patient's medical history was not provided. Products known to have been used by the patient, within two weeks prior to the event, included additional medications. On an unknown date, the patient received their first of two planned doses of mRNA-1273 intramuscularly for prophylaxis of COVID-19 infection. - On an unknown date, the reporter stated the patient received Moderna's COVID-19 vaccine and sometime after he was found dead by his bedside around 02:30 am. The patient died on an unknown date. The cause of death was due to a heart attack. Plans for autopsy were not provided.; Reporter's Comments: This case concerns a 56 year old, male patient, who experienced fatal unexpected event of myocardial infarction. The event occurred on an unspecified date after mRNA-1273 (Lot# Unknown). Treatment details not provided. Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Additional information has been requested.; Reported Cause(s) of Death: Unknown cause of death
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1015634-1	Heart attack; Short breath; Headache; Chills; A spontaneous report was received from a 37 year old male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced heart attack, headache, chills, and short breath. There was no medical history provided. Concomitant medications included colecalciferol and metoprolol both for unknown indications. On 13 Jan 2021, the patient received the first of two planned doses of mRNA-1273 (Batch # 02L20A), in in his left arm, for prophylaxis of COVID-19 infection. On 14 Jan 2021, the day after vaccination, the patient experienced the non-serious events of headache, chills, arm pain, and short breath. On 19 Jan 2021, six days after receiving the vaccine, the patient experienced the serious event of heart attack. Treatment included paracetamol. Action taken with mRNA-1273 in response to the events was not reported. The outcome for the events heart attack, headache, chills and short breath was unknown at the time of this report.; Reporter's Comments: This case concerns a 37-year-old, male patient. The patient's medical history was not provided. The patient experienced a serious, unexpected event of myocardial infarction 7days after the first dose of mRNA-1273 (Batch # 02L20A). The patient also had non serious event of headache, chills and dyspnea the day after the first dose of mRNA-1273 (Batch # 02L20A). Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1020749-1	Patient had no reaction at the clinic. Patient is a medical doctor whose partner called in this death. States patient had no complaint on 1/13 nor 1/14 while at work. States patient died at home on 1/15 a.m. Physician who stated she was called to the patient's home @ 0157 1/15/2021 and found cyanotic from head to toe. State girlfriend found him sitting in the chair a few minutes before they called her. The Coroner did not order autopsy. Did not sent patient to the hospital. Sent him directly Funeral Home. Death Certificate Number 123-2021-002593 list cause of death as pending. I spoke with the patient's primary doctor who gave me the history of HTN, Diabetes, & High Cholesterol. States he had not seen this patient since April 2020. They were also friends and he was not aware of any medical problems. The Coroner state she thinks patient has a heart attack. Neither the Coroner nor PMD think death was related to COVID Vaccine. Informed both that MSDH would have to complete VAERS. Both voiced understanding.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1023913-1	"1/11 I had an EKG that was normal. after receiving the vaccine, my chest started hurting, both arms started hurting really bad. 30 hours later the arms stopped hurting but the chest was still hurting. back started hurting but went away but the chest still hurt. I went to Dr. 3 days after i started hurting and he did an EKG 1/25 and that evening the DR called and said ""GO TO THE HOSPITAL YOU ARE HAVING A HEART ATTACK. CALL AN AMBULANCE."" I took an ambulance to the hospital and had surgery and had 3 stints put in."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1026170-1	Shortly after first Moderna injection, while driving home, developed shortness of breath and chest pain, was diagnosed with an MI per the hospital, abnormal EKG and enzymes, currently on ventilator and awaiting surgery for coronary bypass surgery. Hospitalized at the point of this input.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1036172-1	My Mom received the COVID shot on Friday January 29th. On Friday Feb 5 one week later she suffered a major heart attack and had to be rushed to the hospital. There has not been any heart conditions in her medical history her entire life. The family is wondering is the COVID shot had any thing to cause this and if there have been any other reported cases.
MYOCARDIAL INFARCTION	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""."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1036857-1	patient had vaccine injected at village health facility experienced ataxic gait for several weeks brought to office by family initial impression cva seen at ER, admitted had myocardial infarction next day treated immediately with balloon and and stent placement of affected artery RCA underwent bypass coronary becuase of more severe disease that could not be treated by cardiologist
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1036881-1	Myocardial Infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1040887-1	Severe multi system adverse reaction including heart attack within 5 minutes of vaccine.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1041183-1	I did experience some headache and lethargy on Sat. so laid low. I did go for a walk about 3:30 walking up hill at times as is usual. I did have an appetite and prepared dinner. I did not go to work (child play therapist). Sunday I felt more myself and did notice the soreness in my arm was surely not as bothersome as with the first shot. Had a very active day, no walk but yoga class. Prepared a nice dinner for VD and settled in to view television later in the evening. Strangely, the memory of the exact nature of how this started eludes me, but I do recall experiencing discomfort in the very upper extremities of my chest. Sharing this with my husband he wondered if it may have had something to do with sleeping on my right side cramping the rib area due to not sleeping on my left side because of the shot. I also pondered if it might be related to my gym workout on Thursday ? I recall feeling tired and headed to bed. I recall awakening to use the bathroom and feeling a slight brief bout of dizziness. When I did awaken the next morning the chest discomfort was still present to I called the Health Center and was advised to go to the ER. The EKG was fine. The troponin level was elevated to 0.19 so I was told I had suffered a mild myocardial infarction and I was going to the ICU.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1049963-1	Found lying face down without respiration or pulse, believed to be within 5 minutes of event. ACLS procedures unsuccessful. Unable to get autopsy. Believed to be heart attack secondary to COVID infection, but unconfirmed. Relative contribution of recent vaccination unknown.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1052571-1	"Resident came up to staff and approximately 1400 and said, ""I have a fever"" - temperature was assessed and was 98.4 resident came back several minutes later and stated again, ""I have a fever"" - temperature assessed again and was 98.2 - staff asked if resident had his window open, he stated no - staff suggested maybe he open up his window because it is quite warm in the building at this time. Resident said ok - went back into room - staff told writer he had c/o ""I have a fever"" while staff was in change of shift report and they assessed fever and it was 97.1. Around 1525, Resident noted to have sudden SOB. PRN albuterol neb given. RR before neb was 40 and did not improve. BP 136/66, pulse 158, temp 101.7 tympanic, and O2 sats 76% RA. Placed on supplemental O2 and sat came up to 86% on 3 L. Resident then started to complain of chest pain. Resident was weak and unsteady and insisted on standing but was guided to his chair to sit down. Resident said he wished to go to ER and daughter in agreement. 911 called. Writer assisting with transferring resident out to hospital. While waiting for ambulance, patient restless and visibly short of breath. Lips with blue discoloration, pale appearance, and breathing with accessory muscles. Changing positions frequently from lying to sitting and standing due to being uncomfortable. Temp 103.2 in left hear and 102.5 in right ear. Respirations 36. Blood pressure unable to be checked due to restlessness and moving around. Pulse 167. O2 92% with nasal cannula on 3L. Asked him to point to the pain and he pointed to his upper abdomen, but describes it as chest pain. Per EMTs he is being sent to clinic instead of the other clinic due to abnormal EKG readings. Received update from EMT around 1700 that patient arrived to ER and heart attack was confirmed so patient was being sent to cath lab for angioplasty procedure."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1056518-1	The coroner said it was some type of heart attack; A spontaneous Report Received from a Health care professional concerning a 84 year old male patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and who experienced a heart attack / myocardial infarction. The patient's had undergone triple bypass surgery years ago. Concomitant medications were vitamins. On 18-Jan-2021 prior to onset of events the patient received his first of first two planned doses of (mRNA-1273) COVID-19 vaccine of unknown batch no, unknown route and unknown site of administration for prophylaxis of COVID-19 infection. On 13-Feb-2021 the patient experienced death 27 days after the first dose of the vaccine. The coroner said it was some type of heart attack and think he expired sometime Saturday 13-Feb-2021. On 16-Feb-2021 the patient was supposed to have his second dose of (mRNA-1273) COVID-19 vaccine. The event, heart attack, was fatal.; Reporter's Comments: This is a case of death to heart attack in a 84-year-old female subject with a hx of triple bypass surgery, who died 27 days after receiving first dose of vaccine. Very limited information has been provided at this time. No death certificate provided. Further information has been requested.; Reported Cause(s) of Death: Unknown cause of Death
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1059199-1	The day following the vaccine I was fine until approximately 1:30 p.m. when I suddenly got very, very dizzy, had disequilibrium and began to feel nauseous, and had diarrhea. The dizziness increased from mild to so bad I had to hold onto the wall to walk to the bathroom. I took half a Benadryl but it continued to escalate and I took another half a Benadryl at which time it stopped escalating but did not dissipate until approximately 4:45 p.m. I called my physician who was unavailable so I just depended on the Benadryl. There were no breathing difficulties but I had a scratchy throat in the middle of the attack and my tongue went numb and tingly.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1061184-1	"Possible heart attack on 2/5/21. Complaint: "" On Feb 5th I believe I experienced a mild hear attack"" (Comment: He said he felt ""clammy, sweaty, excruciating pain on my left side - including his left arm, and left leg, dizzy, exhausted."" This happened after work, and after taking a shower. He said that was the first time he's experienced it, and that it has not happened since then. He said he has constant headaches, ""It just went away yesterday.""""
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1061434-1	I am the patient's daughter as well as an RN-BSN. My mother was given the Moderna vaccine on Feb 11, 2021 and on Feb 15, 2021 she had a CVA and MI. She was found on her apt. floor unconscious. She was transferred to the Hospital by ambulance where a CT scan and other tests were done. It was determined she had a stroke and heart attack. My mother was in great health, took no medications, and lived alone in her apt. before this incident. The medical professionals determined she would not recover so she was admitted to hospice and died on Feb. 21, 2021. I believe there is a relationship between the vaccine and the CVA and MI.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1061608-1	"The patient had her second Moderna shot on Feb 17, 2021. At 3 am the next morning she reported to the ED c/o being ""fluish"" and short of breath. She was found to be hypoxic to the upper 80's on RA, and a CXR was consistent with CHF. She stated she had some off and on chest pain for the last few weeks, especially with exertion. Ultimately it was found that she had an elevated troponin and was felt to have had an MI. She underwent cardiac cath and a stent was placed in a 95% ostial right coronary stenosis. Although she was reported as having had a ""hyperimmune"" response to the vaccine, I can only say for certain she had flash pulmonary edema due to cardiac ischemia that was due to a stenosis in her RCA that had been there for quite some time, but possibly just happened to become critical right after her second COVID vaccine. It would be hard to blame the vaccine, but it is also impossible I guess to absolve it from any role in her MI."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1062340-1	"Heart attack; A spontaneous report was received from a consumer, who was also a female patient of unknown age, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced a heart attack (myocardial infarction). The patient's medical history was not provided. No relevant concomitant medications were reported. On an undisclosed date, the patient received their first of two planned doses of mRNA-1273 (lot number: unknown) intramuscularly for prophylaxis of COVID-19 infection. On an undisclosed date after receiving mRNA-1273, the patient had a heart attack. The patient stated that Moderna should have told her ""about the montelukast allergy"". No treatment information was provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome of the event, heart attack, was unknown.; Reporter's Comments: Very limited information regarding this event of heart attack has been provided at this time. Patient's age, medical history, list of concomitant medications, onset date and clinical details of the event is lacking. Further information has been requested."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1064195-1	I had an MI the next AM.
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1071123-1	minor heart attack; stent put in; A spontaneous report was received from a consumer who was also a 75 year old female patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and experienced a minor heart attack / myocardial infarction and stent was put in / stent placement. The patient's medical history was not provided. No relevant concomitant medications were reported. On 25-Jan-2021, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 in the left arm for prophylaxis of COVID-19 infection. On 13-Feb-2021, the patient experienced a minor heart attack and had a stent placement. Action taken with mRNA-1273 in response to the event was not reported. The outcome of the events, minor heart attack and stent was put in, was not provided.; Reporter's Comments: Very limited information regarding the events has been provided at this time. Further information has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1077234-1	Very swollen and painful lymph nodes all over entire body (chest, shoulders, arms, stomach, calves) for 1 week. Felt nauseous, dizzy, and exhausted. No appetite. Struggled to read and process things. Could not work. Sharp pains in lymph nodes at various times throughout the day. Chest felt very tight and arm hurt to the point I thought I might be having a heart attack. Had trouble sleeping due to lymph node pain. Ibuprofen did not help. The arm pain at injection site was annoying but I barely noticed it due to my other symptoms.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1077351-1	Heart Attacks
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1077643-1	Originally seen for chest pain later learned it was a Heart attack and myopericarditis
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1080237-1	headache,nausea. presents to the ED for HA, nausea, myalgias after 2nd COVID vaccine yesterday, today pt noted midsternal chest discomfort and pain below her left scalpula. 65 yo f c/o multiple sx's approx 24hrs s/p administration of 2nd covid19 vaccine yesterday at approx 1000 (02MAR); Pt specifies ongoing chills sensation w/ongoing ha w/nausea w/o vomiting/visual changes starting last night, additional intermittent hypogastric abd pain sensation w/o radiation and cp centered on L side w/o radiation, last episode approx 5hrs pta w/spontaneous resolution; Pt denies any sob, dyspnea, rashes, urinary sx's, vaginal bleeding/discharge
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1089513-1	On 3/4/21, @ 2:pm, I had a very severe pain between my shoulder blades that took my breath away, that radiating to the front of my check. I put an aspirin under my tongue, walked around and had some water. Pain kept getting worse. My husband drove me to the ED got there at 4pm. They took blood, did chest x-ray, ekgs. Blood work showed my Troponin level @ .11 and later elevated to 2.1. My blood pressure was 215/99, temp 97. I started having pain in my right shoulder & right wrist. I was diagnosed with a slight heart attack. On Friday, 3/5/21, facility did an angiogram, which showed my arteries were clear, no blockage or plaque, no heart damage. Did show it appeared the arteries had gone into a spasm which may have caused the heart attack. I saw my primary Dr on Monday, 3/8/21, and she said I have no history of heart problems, no high cholesterol, etc. I asked her if this could be a side effect of my vaccine. Dr. said it was a good question & she didn't know the answer, since not all the research has been done. She suggested I submit my question to VAERS! I'm now taking Aspirin 81 mg, daily, Bisoprolol 5 mg Tab, Losartan 25 mg Tab, DOK 100 mg Cap.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1089536-1	Moderna COVID-19 Vaccine EUA Heart attack Death
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1091169-1	ACUTE STEMI HEART ATTACK - VENTRICULAR FIBRILLATION - 99.9% BLOOD CLOT IN RIGHT CORONARY ARTERY

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1091538-1	According to his daughter, patient did not appear to have any ill effects from his second COVID-19 vaccine on 03/09/2021. However, on 03/11/2021, he suffered what is suspected to be a fatal arrhythmia/myocardial infarction. It is unknown if there is any correlation to the vaccine.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1092108-1	Patient's wife reports patient never reported feeling unwell. He had been working on painting the basement all week and on 02.12.2021 came in from outside, ate, and they sat down to watch TV. Around 9:30 patient reported being extremely tired and went to bed. Was found unresponsive the following morning, 02.13.2021. Patient's wife reports the doctor said it was a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1096672-1	About 16 hours later I had a heart attack, 20% plaque and the rest was a blood clot that acute my artery. I was in the Hospital for two days. I ended up having angioplasty and a stent. When I went home I had post heart attack issues and a sore arm for about 3 weeks.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1096913-1	My father passed away on February 10th, 2021. On Monday, January 25th 2021, he said he is feeling very uncomfortable in his chest area. He thought it was severe acid reflux. He took Gas X for Acid Reflux and told us that he does not want to go to the hospital. On Tuyesday, January 26th, he felt that his Acid Reflux symptoms got worse, he still did not want to go to the hospital. He took Tums. On that evening, he started having shortness of breath. We took his BP at home and it was very low. We begged him to go to the hospital, he still did not want to go. On Wednesday, January 27th, his shortness of breath got worse and we convinced him that he has to go to the hospital. We took him to ER. Doctor said that he had a heart attack on Monday morning and that is why he was not feeling well since Monday morning. While at the hospital, while the cardiologists were monitoring him, his heart condition got worse. By Friday, February 5th, cardiologists said that he is very fragile, his heart condition is very fragile and he won't survive any procedure. They said that something triggered the heart attack. We told them about the vaccination on 1/13/2021. They sent him home on hospice on Friday, Feburary 5th, 2021. He was on supplemental oxygen when he came home. He passed away due to a heart attack on February 10th, 2021 around 9pm.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1100239-1	Severe Allergic reaction; Heart attack; Neurological issues was unable to think straight; Extreme inflammatory response; A spontaneous report was received from a consumer and physician concerning a 51-year-old, male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced severe allergic reaction, extreme inflammatory response, heart attack, neurological issues was unable to think straight. The patient's medical history was not reported by the reporter. Concomitant medication was not reported. On 22 Jan 2021, 15 minutes prior to the onset of the event, the patient received first of the two planned doses of mRNA-1273 (Lot number: unknown) through intramuscular route at right arm for prophylaxis of COVID-19 infection. On 22 Jan 2021, 15 minutes after the vaccination, patient had a severe allergic reaction. Patient had extreme inflammatory response, heart attack, neurological issues was unable to think straight, urinator catheter placed in on sight as fluid build and kept coming out, pulled out 1500ml. Patient was hospitalized 22 Jan 2021 through 24 Jan 2021. Laboratory information at the time of event was not provided. Treatment activities for event was unknown. Action taken with mRNA-1273 in response to the events was unknown. The outcome of events, severe allergic reaction, extreme inflammatory response, heart attack, neurological issues was unable to think straight was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1100241-1	Heart attack; A Spontaneous report was received from a pharmacy intern concerning a patient (age and gender unknown), who experienced a heart attack/myocardial infarction. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On an unknown date, prior to the onset of symptoms, the patient received one of their two planned doses (dose number not provided) of mRNA-1273 (Lot number not provided) intramuscularly for prophylaxis of COVID-19 infection. On an unknown date, 8 days after vaccine administration, the patient experienced a heart attack. Treatment information was not provided. Action taken with mRNA-1273 in response to the event was unknown. The outcome of event, heart attack, was unknown.; Reporter's Comments: This case concerns a patient of unknown age and gender with a serious unexpected event of myocardial infarction. The event occurred 8 days after first dose mRNA-1273. Treatment not reported. Event outcome unknown. Very limited information regarding this event has been provided at this time. Further information has been requested. Based on current available information and temporal association between use of the product and the start date of the event, a causal relationship cannot be excluded.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1100972-1	Patient had a heart attack with Afib (new onset) several days after the vaccine. We do not know if this is at all related but wanted to report it nonetheless.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1101153-1	Asphyxiation; like had a heart attack; Blood pressure was 150/90; sever allergic reaction; lethargic; Arrhythmia; Fast heartbeat; A spontaneous report was received from a 46 year old female who received Moderna's COVID-19 vaccine (mRNA-1273) and who experienced asphyxiation, fast heartbeat, lethargy, blood pressure 150/90, arrhythmia and a heart attack like episode. The consumer received the first of the two planned doses of mRNA-1273 on 05-FEB-2021 (Batch #: 028L20A) intramuscularly for prophylaxis of COVID-19 infection. On 06-FEB-2021, Patient experienced fast heartbeat. On 07-FEB-2021, she became lethargic. On 08-FEB-2021, she called the EMT due to complaints of rapid heartbeat as if she was experiencing arrhythmia. The patient stated that her blood pressure was 150/90, as well as, she had asphyxiation and felt like she had a heart attack. No treatment information was provided. Action taken with mRNA-1273 in response to the events was unknown. The patient's medical history was not provided. No relevant concomitant medications were reported. The outcome of the events was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1102244-1	Patient expired on 02/26/2021 from a Myocardial Infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1102566-1	The patient had an acute heart attack, diagnosed a week later
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1105349-1	Facility transfer resident to ER due to respiratory failure. Symptoms included decrease oxygen stats, difficulty breathing and chest pains. ER transferred to Hospital with diagnosis of myocardial infraction. Admitted to ICU on telemetry. Placed on 50% Bipap for Hypoxia. Placed on IV Amiodarone and Ceftriaxone. Resident was stabilized and discharged back to facility on 2/24/2021.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1106170-1	Got heart attack; High blood pressure; Shortness of breath; Hip is paining; A spontaneous report was received from a consumer (Patient's husband) concerning a 71-year-old, female patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced heart attack, high blood pressure, pain in hip and shortness of breath. The patient's medical history included three by-pass (open) heart surgery in 2020. No relevant concomitant medications were reported. On 25 Feb 2021 Thursday, the patient received their first of two planned doses of mRNA-1273 (Batch Number: 014M20A) intramuscularly for prophylaxis of COVID-19 infection. On 25 Feb 2021, Thursday night, the patient experienced high blood pressure of 189/101 and got a heart attack followed by shortness of breath and the patient hospitalized on 25 Feb 2021 Thursday night. On 26 Feb 2021, Friday at 04:00 PM, the patient was discharged from hospital. The patient experienced hip pain and little high blood pressure than normal. Laboratory details included blood work normal and high blood pressure, 189/101. Action taken with mRNA-1273 in response to the events was not reported. The outcome of the events, heart attack pain in hip and shortness of breath was not reported. The outcome for event high blood pressure was considered resolving.; Reporter's Comments: Very limited information regarding the events has been provided at this time. Further information has been requested.; Sender's Comments: MOD21-043135:Same reporter
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1107489-1	Light fever on evening of shot then achiness like flu symptoms, then fever spiked during the evening and around 10:00AM on Feb. 10, the fever had reached 102. But, by 10:00 PM that evening it was 98.6. I returned to work on Feb. 11 and 12. Then on Feb. 13, I developed a severe pain in my chest and back area and it persisted all day and thru the night. I could only sleep sitting up. The pain was pretty severe when I laid down flat on my back. On Feb. 15 at 7:00 AM my wife insisted I go to the ER . Initially, their computer showed I had a heart attack. So, I was admitted for Observation on Monday evening and Tue. morning the Dr. admitted me to the hospital and a heart cath. was conducted and ruled out that I had a heart attack, but they are treating me Pirocarditis. I feel that this is a side effect of the second vaccine since I have NEVER had any heart concerns prior to this.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1108623-1	Fatigue, Body aches, loss of appetite, 100 degree fever for a short time. indigestion, nausea for about 3 days Fatal Heart attack 2/28/2021
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1109222-1	I suffered a heart attack on March 11, 2021, at approx 145pm, while sitting at my desk - WFH. My symptoms were sweats, nausea, followed by chest pains beginning on the left side of my chest; sweats and nausea subsided for approx 1 hr, returning again, followed by chest pains radiating the across the full chest approx. I left my desk at the onset to wash my face, returning to my desk to talk a scheduled phone call at 2pm, lasting until 3pm. I left desk to walk outside to take in some fresh air, my wife ask me if I was ok, I said no. She ask if I was having a heart attack, to which I replied, I don't know. shortly there after we left for the ER at arriving approx 4pm. At that point ER staff did a quick assessment, taking my to an ER patient room where i was advised by the attending Dr that they thought I was having a heart attack. Shortly thereafter I was taking to the Cath lab where a stent was insert and then taken to ICU. Where I remained until I was released on 3/12/2021 at 3pm. There was no detectable heart damage and I was placed a regime of blood thinner, a beta blocker and cholesterol med. I do not have high blood pressure, high cholesterol or history of heart problems. My last physical was Feb 2021.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1111550-1	She had the injection, had the usual side effects, did not have fever, nothing out of the ordinary. Then on Sunday 2/28/21 at approximately 8:00 AM she started having pressure in her chest, radiating to her left shoulder, left neck, left arm and across the shoulder blades. She never had any heart issues or blood pressure issues. Went to the ER and her cardiac enzymes were elevated, and her EKG's indicated she was having a heart attack. She was lift flighted to the next major hospital and had a cardiac Cath which found a 25% blockage in one spot. They are stating that they do not know what caused this. When she informed them that she had the vaccine they told her to report this information. Her BP was high in the hospital and did not come down much during the hospital stay. She was put on Cardizem, and Crestor, as well as started on 81mg aspirin. She is now under the care of a cardiologist, but has recovered from the initial reactions.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1115126-1	His breathing problem worsened on 02/23/2021, short of breath and tired. He died of a pulmonary embolism and heart attack in the hospital on 3/9/21 after being there for 9 days.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1115776-1	Patient admitted same day as dose 2 of vaccine for an MI
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1117114-1	Shortness of breath, ?feeling funny?
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1118915-1	The day after the shot 3/9/2021 pt had 104 degree fever and shortness of breath and chest pain. This continued for a couple days. By 3/13/2021 pt went the hospital and he was confirmed to be having an active heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1124770-1	HEART ATTACK REPORTED BY RELATIVE OF PATIENT. PATIENT IN HOSPITAL AS OF YESTERDAY 03/21/2021
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1125070-1	He past away on 28Feb2021 from a heart attack; A spontaneous report was received from a consumer concerning a 80 year old male patient who received Moderna's COVID-19 vaccine and the patient died due to heart attack. The patient's medical history, as provided by the reporter, included diabetes, congestive heart failure, hypertension and high cholesterol. Concomitant product use was not provided by the reporter. The patient received their first of two planned doses of mRNA-1273 (Batch number: 025L20A) intramuscularly in the right arm on 21 Jan 2021. On 26 Feb 2021, the patient received their second of two planned doses of mRNA-1273 (Batch number: 024M20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 28 Feb 2021 the patient passed away due to heart attack. No treatment information was provided. The seriousness criteria for the event passed away from a heart attack were death and medically significant. Action taken with mRNA-1273 in response to the event was not applicable. The outcome for the event, he passed away from a heart attack was fatal.; Reporter's Comments: This case concerns a 80 year old, male patient. who died due to myocardial infarction. Very limited information regarding this event has been provided at this time. The patient's medical history of diabetes, congestive heart failure, hypertension and high cholesterol remains the risk factor for myocardial infarction. Further information has been requested. The cause of death is Myocardial infarction.; Reported Cause(s) of Death: Heart Attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1125075-1	Heart attack; Fatigue; Chest Pain; Cough; Fever; Muscle pain in chest area; Chills; A spontaneous report was received from a 72 year-old female patient who was administered Moderna's COVID-19 vaccine (mRNA-1273) and developed heart attack (myocardial infarction), fever (pyrexia), cough, fatigue, muscle pain in chest area (myalgia), chills, and chest pain. The patient's medical history and concomitant medications were not reported. On 25-JAN-2021, 26 hours prior to the onset of events, the patient received her second of two planned doses of mRNA-1273 (lot#: unknown) intramuscularly for the prophylaxis of COVID-19 infection. On 26-JAN-2021, the patient reported they have developed chills, fever, and muscle pain in the chest area. The reporter specified that it wasn't chest pain. The patient took acetaminophen for the pain. On 27-JAN-2021, the patient reported her fever subsided but she was still having a little cough and chest pain. On 28-JAN-2021, the patient had chest pain again during a nap and decided to call 911 because she was about to pass out. The patient was taken to the ER (emergency room) where an EKG (electrocardiogram) was performed. A few moments after the EKG, the patient had a heart attack. The cardiologist suspected the patient may have had a heart attack two days earlier because her cardiac enzymes were too high to be a result of a recent heart attack. The patient was admitted to the hospital from 28-JAN-2021 until 01-FEB-2021. Catheterization and stent placement were performed. Treatment medications included acetaminophen, clopidogrel, metoprolol, low-dose aspirin, and atorvastatin. At the time of this report, the patient was still feeling fatigued but other than that, she was feeling better. Action taken with mRNA-1273 in response to the events was not applicable. The outcomes of the events, heart attack, cough, muscle pain in chest area, fever, chills, and chest pain, were resolved. The outcome of the event, fatigue, was not resolved.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1127466-1	Received call from his exwife that patient had passed away. Death Certificate states date of death as March 14, 2021. Causes of death are listed a. Cardiac Pulmonary Arrest. b. Myocardial Infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1129780-1	felt like having a heart attack; feeling very sick; Heart rate was racing; difficulty breathing; chest pain; lip and throat swollen on left side; feeling very weak and tired; tired; A spontaneous report was received from a consumer concerning a 62-year-old, female patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced feeling sick with heartrate racing, difficulty breathing, chest pain, throat and lips on the left side were swollen, felt like having a heart attack and very weak and tired. The patient's medical history was not provided. Concomitant medications was not reported. On 09 Mar 2021 prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (Lot number: 040A21A) for prophylaxis of COVID-19 infection. Prior to receiving mRNA-1273, on 10 Mar 2021 the patient feeling sick with heartrate racing,difficulty breathing, chest pain, throat and lips on the left side were swollen , felt like having a heart attack, and very weak and tired and the event heart attack was medically significant. Treatment for the events was unknown. Action taken with mRNA-1273 in response to the events was unknown. The outcome of the events, feeling sick with heartrate racing, difficulty breathing, chest pain, throat and lips on the left side were swollen, felt like having a heart attack, and very weak and tired, were considered resolved on 11 Mar 2021.; Reporter's Comments: Based on the information provided which includes a temporal association between the reported events, administration of mRNA-1273 vaccine and excluded all other etiologies, a causal association cannot be excluded
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1130049-1	Patient called me this morning to advise me that he experienced heart attack symptoms 45 minutes after receiving his first does of Moderna and self-admitted to the ER. ER confirmed that he had experienced a heart attack and had one clogged artery. He asked about reporting and I told him I would report to VAERS on his behalf as his doctor and the hospital refused to do so. He asked whether or not I would suggest he receive his second dose and I suggested that he speak with his cardiologist and doctor to make that decision. I also informed him that he can search VAERS to see what the other reactions may have been that were reported. Patient indicated that he felt well and has recovered.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1130251-1	Sister reports that she was fine, the day before I took her to the dentist. Sister on 5/3/2021 called her and did not answer, so she goes to the nursing home where she resides. She finds her sister cold in the apartment's furniture. Massive heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1130616-1	Community partner reported that they found her unresponsive on the 17th (so she may have died on the 16th) from what they believe was a heart attack. The family has requested an autopsy.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1133604-1	She was taken to hospital 03/02/2021 where she died at 4 am from a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1135780-1	Moderate heart attack; A spontaneous report was received from a consumer concerning a male patient of an unspecified age, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced moderate heart attack/myocardial infarction. The patient's medical history was not provided. Concomitant medications were not provided. On 03 Feb 2021, prior to the onset of the events, the patient received their first of the two planned doses of mRNA-1273 (Batch number: unknown) for prophylaxis of COVID-19 infection. On 28 Feb 2021, the patient experienced a moderate heart attack On 03 Mar 2021, the patient received their second of the two planned doses of mRNA-1273 (Batch number: unknown) for prophylaxis of COVID-19 infection. The event, moderate heart attack, was deemed medically significant. Treatment information was not provided. Lab tests were not provided. Action taken with mRNA-1273 in response to the event was not applicable as patient took both doses of the vaccine. The outcome of the event, moderate heart attack, was considered resolved as of 28 Feb 2021.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1136045-1	On 2/25/2021 pt had a heart attack...
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1136422-1	HEART ATTACK 14 HOURS AFTER VACCINE. EMS TOOK TO ER. TAKEN DIRECT TO OPERATING ROOM, FOUND ONE 95% BLOCKAGE AND STENT PUT IN. HAS HEART DAMAGE NOW
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1139123-1	Pt explained that she was sleeping and her cat woke her up, she said her heart was pounding and it wouldn't stop so she drove herself to the hospital thinking it was an anxiety attack. Upon arrival pt was examined and told it was likely a myocardial infarction and transferred to another hospital for higher level of care per pt.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1139777-1	Had the Moderna vaccine on Tuesday, 3/16/21. Had a major heart attach on Friday 3/19/21.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1140721-1	Patient had severe flu-like symptoms for 48 hours, then felt better for a day and a half. Then started having chest pains. He went to the doctor on March19 and got a blood test. It showed he had a cardiovascular infarction. He went to the ER on March20 and they did one angioplasty and 2 stents in 2 arteries. The patient is doing good.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1140864-1	My mom received her second covid shot at 10:05 AM on 3/26 and experienced no adverse symptoms. At around 6 am the following day, on the morning of 3/27 she was found on the floor, and presumably suffered from a heart attack. After devastation to our family, we called her physician and he himself was also surprised. Although she is a type 2 diabetic with high blood pressure she has maintained great health and kept her conditions under control with her medications. This, unfortunately, seems too coincidental to not have been in some way or completely caused by the second dose of the shot.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1141402-1	Dad had a heart attack either on February 19th or 20th. He was found dead on the morning of February 20th.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1141569-1	patient experienced heart attack and subsequently passed away approximately 2 weeks following vaccination. it is not believed to be related to the vaccination.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1141968-1	My husband died of a sudden massive heart attack. He was one of two teachers who died after the moderna vaccine, second dose. A third teacher had a stroke.
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1145423-1	3/26/21 ER to Inpt Admission: Patient was admitted to the hospital for comfort measures after patient suffered MI and did not want any life-prolonging therapies. Patient was started on comfort medications and symptoms were monitored closely. The patient passed peacefully before she could be fully assessed
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1146669-1	Heart attack; A spontaneous report was received from a physician assistant, concerning a 54-year-old adult male patient who received Moderna's COVID-19 vaccine and experienced heart attack/myocardial infarction. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On 25 Feb 2021, prior to the onset of event, the patient received their first of two planned doses of mRNA-1273 (lot number unknown) intramuscularly for COVID-19 infection prophylaxis. On 07 Mar 2021, after first dose of vaccine, the patient had chest pain and shortness of breath. On 12 Mar 2021, patient had a heart attack and was airlifted to hospital. He was hospitalized from 13 Mar 2021 to 14 Mar 2021. Patient did not have history of heart condition nor was taking any medications prior to having the heart attack. During hospital stay, he had angiogram done, stents were placed. Treatment also included cholesterol lowering medicine, blood pressure medicine and acetylsalicylic acid. Action taken with mRNA-1273 in response to the event was not provided. The outcome of the event, heart attack was resolved on 14 Mar 2021.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the onset date of the event of myocardial infarction, a causal relationship cannot be excluded.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1148336-1	3/26/21 HPI: 72 y.o. male who presents with SLURRED SPEECH, WEAKNESS AND CONFUSION. PT SENT OVER FROM DOCTOR'S OFFICE WHERE WAS NOTED TO HAVE ACCUCHECK OF 59. PT STATES HAS NOT EATEN SINCE 7 AM AND HAD EGGS AND SAUSAGE. PT HAD SECOND COVID VACCINE TODAY AND HAS TAKEN ALL HIS MEDS INCLUDING INSULIN AT REGULAR TIMES. PT DENIES ANY RECENT ILLNESS. PT WAS RECENTLY HOSPITALIZED 3/5/2021 FOR CELLULITIS AND DECONDITIONING AND IS GETTING HOME HEALTH FOR PT. 3/26/21 Transferred to HOME MEDICAL dx: inferior MI, hypoglycemia, right middle lob pulmonary infiltrate 3/30/21 returning to HOSPITAL for swingbed admission
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1151632-1	Mild Heart attack, hospitalization, delirium, hallucinations.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1152513-1	Employee had a heart attack and past away around 3/17/21.
MYOCARDIAL INFARCTION	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.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1160583-1	Heart Attack No blockage
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1164972-1	Mild heart attack. Spent 2 days in hospital
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1165587-1	heart attack; Admitted to hospital 3Feb2021 oxygen satuation 77; BP elevated; fluid was drained from her gall bladder and antibiotics were started; lot of fluid in her stomach / the fluid was drained from her gall bladder; 2nd dose of vaccine is overdue by 66 days; This spontaneous case was reported by a consumer and describes the occurrence of GALLBLADDER OEDEMA (lot of fluid in her stomach / the fluid was drained from her gall bladder), MYOCARDIAL INFARCTION (heart attack), OXYGEN SATURATION DECREASED (Admitted to hospital 3Feb2021 oxygen satuation 77), BLOOD PRESSURE INCREASED (BP elevated) and CHOLECYSTITIS INFECTIVE (fluid was drained from her gall bladder and antibiotics were started) in an 83-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Diabetes mellitus, Hypertension, AFib, Congestive heart failure and Pacemaker complication. Concomitant products included AMIODARONE, AMLODIPINE, ASPIRIN [ACETYLSALICYLIC ACID], BUMETANIDE, BUSPIRONE, CYANOCOBALAMIN, APIXABAN (ELIQUIS), VITAMIN D2, ESCITALOPRAM OXALATE (LEXAPRO), GLIPIZIDE, LISINOPRIL, LOSARTAN POTASSIUM (COZAAR), LOSARTAN, MAGNESIUM OXIDE, METOPROLOL, PRAVASTATIN and SPIRONOLACTONE for an unknown indication. On 12-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-Feb-2021, the patient experienced GALLBLADDER OEDEMA (lot of fluid in her stomach / the fluid was drained from her gall bladder) (seriousness criterion hospitalization), OXYGEN SATURATION DECREASED (Admitted to hospital 3Feb2021 oxygen satuation 77) (seriousness criterion hospitalization), BLOOD PRESSURE INCREASED (BP elevated) (seriousness criterion hospitalization) and CHOLECYSTITIS INFECTIVE (fluid was drained from her gall bladder and antibiotics were started) (seriousness criterion hospitalization). On 10-Feb-2021, the patient experienced MYOCARDIAL INFARCTION (heart attack) (seriousness criteria hospitalization and medically significant). On an unknown date, the patient experienced PRODUCT DOSE OMISSION ISSUE (2nd dose of vaccine is overdue by 66 days). At the time of the report, GALLBLADDER OEDEMA (lot of fluid in her stomach / the fluid was drained from her gall bladder), MYOCARDIAL INFARCTION (heart attack), OXYGEN SATURATION DECREASED (Admitted to hospital 3Feb2021 oxygen satuation 77), BLOOD PRESSURE INCREASED (BP elevated) and CHOLECYSTITIS INFECTIVE (fluid was drained from her gall bladder and antibiotics were started) was resolving and PRODUCT DOSE OMISSION ISSUE (2nd dose of vaccine is overdue by 66 days) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 03-Feb-2021, Blood pressure measurement: elevated (High) elevated. On 03-Feb-2021, Oxygen saturation: 77 (Low) low. On 10-Feb-2021, Catheterisation cardiac: abnormal (abnormal) a blockage was found. On 10-Feb-2021, Myocardial necrosis marker: elevated (High) elevated. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment for the events included cholecystostomy and antibiotics for infection. The coronary artery blockage was deemed to be medically treated. Very limited information regarding these events has been provided at this time. Patient's advanced age along with concomitant medications and underlying conditions may have been contributory for the occurrence of the events. This report also refers to a case of 2nd dose product administration error of 66 days delay for mRNA-1273, lot # unknown. Further information has been requested.; Sender's Comments: Very limited information regarding these events has been provided at this time. Patient's advanced age along with concomitant medications and underlying conditions may have been contributory for the occurrence of the events. This report also refers to a case of 2nd dose product administration error of 66 days delay for mRNA-1273, lot # unknown. Further information has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1166607-1	STEMI Heart Attack Right Ventricle Angioplasty, stent place

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1168996-1	felt like I was having a heart attack; severe chest pain twice; extremely weak; Sleep all day; Vomiting; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (felt like I was having a heart attack) in a male patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history was reported.). On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage form. On an unknown date, the patient experienced MYOCARDIAL INFARCTION (felt like I was having a heart attack) (seriousness criterion medically significant), CHEST PAIN (severe chest pain twice), ASTHENIA (extremely weak), SOMNOLENCE (Sleep all day) and VOMITING (Vomiting). At the time of the report, MYOCARDIAL INFARCTION (felt like I was having a heart attack), CHEST PAIN (severe chest pain twice), ASTHENIA (extremely weak), SOMNOLENCE (Sleep all day) and VOMITING (Vomiting) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. This case concerns a male of unknown age with a serious unexpected event of myocardial infarction, and nonserious events of unexpected chest pain, asthenia, somnolence and expected vomiting. Event onset with unknown latency after first dose mRNA-1273. Event outcomes unknown. Based on 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: This case concerns a male of unknown age with a serious unexpected event of myocardial infarction, and nonserious events of unexpected chest pain, asthenia, somnolence and expected vomiting. Event onset with unknown latency after first dose mRNA-1273. Event outcomes unknown. Based on 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.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1171088-1	Approxinately 14+ hours after 2nd dose on 03/30/2021 patient found unresponsive and brought to ER. DX with MI and Heart Block
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1171449-1	Pt received #2 moderna vaccine. Pt had no problems with #1 other that fatigue for 1 day. Went to store and passed out in the parking lot after passing out and hit her head on the pavement. Pt was transported to hospital. Pt was transferred to different hospital. Pt died at Hospital ER. 3 weeks ago pt diagnosed with heart murmur. Echo showed aortic valve function at 65%. Dr states he will just watch pt. no meds given. Pt family stated pt has a heart attack while at store.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1176833-1	After my vacine, I thought I was having a heart attack. I called 911 and they took me to the hospital and I was treated as if I had had a heart attack. At the hospital they performed EKG's and stress test. The EKG was slightly off but the stress test was normal. I felt all my body flushed after the Moderna vaccine. my cardiologist I am now seeing and at the hospital I saw another Dr. I also stayed at the Hospital one day for monitoring.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1178591-1	Pt had an MI on 3/28/2021.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1179434-1	She felt. Ad the evening of her 2nd vaccine. The morning after she felt worse. Nauseous, pale, achy. She said she had not ever felt that bad. I read possible side effects. It said flu like symptoms, so we thought it would pass. Then around 4 she called for me & when I got there she had an event that caused her to be unable to speak & her eyes widened & pupils were dilated. I called 911. They got here quick. She had at least three of those stiffening wide eyed events. The emt said they thought it was her blood sugar. When checked it was 350 even though she had taken her insulin that day. They said she had a massive heart attack on the way to the hospital.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1182441-1	eyes hurt; Dizzy; feel like in a fog; sore throat; dizzy, balance is gone; head still hurts; most intense pain felt like i was having heart attack; face red; tremendous sinus congestion; head killing me, felt like 100 lbs of weight on head, about to explode; chills; Fever; joint pain; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (most intense pain felt like i was having heart attack) in a 68-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported.). Concomitant products included ROSUVASTATIN CALCIUM (CRESTOR) for an unknown indication. On 05-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 05-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 05-Mar-2021, the patient experienced MYOCARDIAL INFARCTION (most intense pain felt like i was having heart attack) (seriousness criterion medically significant), ERYTHEMA (face red), SINUS CONGESTION (tremendous sinus congestion), HEAD DISCOMFORT (head killing me, felt like 100 lbs of weight on head, about to explode), CHILLS (chills), PYREXIA (Fever) and ARTHRALGIA (joint pain). On 08-Mar-2021, the patient experienced EYE PAIN (eyes hurt), DIZZINESS (Dizzy), FEELING ABNORMAL (feel like in a fog), OROPHARYNGEAL PAIN (sore throat), BALANCE DISORDER (dizzy, balance is gone) and HEADACHE (head still hurts). At the time of the report, MYOCARDIAL INFARCTION (most intense pain felt like i was having heart attack), SINUS CONGESTION (tremendous sinus congestion), HEAD DISCOMFORT (head killing me, felt like 100 lbs of weight on head, about to explode), EYE PAIN (eyes hurt), DIZZINESS (Dizzy), FEELING ABNORMAL (feel like in a fog), OROPHARYNGEAL PAIN (sore throat), BALANCE DISORDER (dizzy, balance is gone), CHILLS (chills), PYREXIA (Fever), ARTHRALGIA (joint pain) and HEADACHE (head still hurts) outcome was unknown and ERYTHEMA (face red) had not resolved. Treatments to the event include Tylenol. This case concerns a 68-year-old female with serious unexpected events of myocardial infarction, and nonserious unexpected erythema, dizziness, balance disorder, feeling abnormal, oropharyngeal pain, eye pain, head discomfort, sinus congestion and expected fever, chills, headache, arthralgia. Based on current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. This case was linked to MOD-2021-034793 (Patient Link).; Sender's Comments: This case concerns a 68-year-old female with serious unexpected events of myocardial infarction, and nonserious unexpected erythema, dizziness, balance disorder, feeling abnormal, oropharyngeal pain, eye pain, head discomfort, sinus congestion and expected fever, chills, headache, arthralgia. Based on 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.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1183796-1	Heart beat of 200 bpm; Heart attack; Flu like symptoms; frequent urination; Dry heaves; Heart fluttering; Atrial Fibrillation; fever; Little flutter; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of HEART RATE INCREASED (Heart beat of 200 bpm), MYOCARDIAL INFARCTION (Heart attack) and ATRIAL FIBRILLATION (Atrial Fibrillation) in a 70-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 048A21A and 030M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Cardiac catheterisation (Found blockages which resulted in 2 stents.) on 17-Mar-2021. On 10-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 13-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 24-Mar-2021, the patient experienced PALPITATIONS (Little flutter). On an unknown date, the patient experienced HEART RATE INCREASED (Heart beat of 200 bpm) (seriousness criterion hospitalization), MYOCARDIAL INFARCTION (Heart attack) (seriousness criteria hospitalization and medically significant), INFLUENZA LIKE ILLNESS (Flu like symptoms), POLLAKIURIA (frequent urination), RETCHING (Dry heaves), CARDIAC FLUTTER (Heart fluttering), ATRIAL FIBRILLATION (Atrial Fibrillation) (seriousness criterion medically significant) and PYREXIA (fever). The patient was hospitalized on 16-Mar-2021 due to HEART RATE INCREASED. At the time of the report, HEART RATE INCREASED (Heart beat of 200 bpm), MYOCARDIAL INFARCTION (Heart attack), PALPITATIONS (Little flutter), INFLUENZA LIKE ILLNESS (Flu like symptoms), POLLAKIURIA (frequent urination), RETCHING (Dry heaves), CARDIAC FLUTTER (Heart fluttering), ATRIAL FIBRILLATION (Atrial Fibrillation) and PYREXIA (fever) outcome was unknown. Patient went to the hospital in an ambulance. Treatment information was not provided. On 26 Mar 2021, the patient had to wear holter monitor for 1 month for observation of atrial fibrillation. This case was linked to US-MODERNATX, INC.-MOD-2021-056770, US-MODERNATX, INC.-MOD-2021-056770 (E2B Linked Report). Reporter did not allow further contact; Sender's Comments: Very limited information regarding these events has been provided at this time. The events are probably related to the patient's comorbidities US-MODERNATX, INC.-MOD-2021-056770:1st Dose Case US-MODERNATX, INC.-MOD-2021-056770:2nd dose case
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1184699-1	Heart attack (blood clot in major artery) approximately 6 weeks post 2nd Moderna dose. Surgery done in cath lab to address blockage. Released from hospital several days later.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1186275-1	Died of Heart Attack unexpectedly day following vaccine
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1188295-1	Dose 1 - Fever 104.1 degrees, severe chills, dizziness, temporary loss of bladder control (12 hrs. duration), weakness, muscular body aches all over. Symptoms commencing eleven (11) hours after dose 1. Ended in about 24 hours. Dose 2 - Myocardial infarction, Acute Congestive Heart Failure commencing eleven (11) hours after dose 2. Hospitalized 3 days. Symptoms of m/i: couldn't breathe, dizziness. 911 summoned.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1190541-1	RECEIVED VACCINE ON 2/5/21 AND WAS FOUND DEAD MORNING OF 2/7/21. SHE HAD NO SIDE EFFECTS OTHER THAN SLIGHTLY SORE ARM UP TO THAT POINT. ED MD FELT SHE HAD SIGNIFICANT CARDIAC HISTORY AND LIKELY HAD MI. MEDICAL EXAMINER DID NOT ORDER AN AUTOPSY AND SHE WAS CREMATED. I FELT THAT I SHOULD JUST REPORT IT SINCE IT WAS SO CLOSE TO RECIVING THE VACCINE.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1192792-1	Pre-heart attack; Invalid dose : deviation of time (delay between both doses more than 42 days); This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Pre-heart attack) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 013L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported). On 24-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. In January 2021, the patient experienced MYOCARDIAL INFARCTION (Pre-heart attack) (seriousness criterion hospitalization). On 01-Apr-2021, the patient experienced INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Invalid dose : deviation of time (delay between both doses more than 42 days)). On 01-Apr-2021, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (Invalid dose : deviation of time (delay between both doses more than 42 days)) had resolved. At the time of the report, MYOCARDIAL INFARCTION (Pre-heart attack) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1193256-1	62 yo male Vfib arrest followed by PEA 2 days after vaccine, intubated, +MI
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1196941-1	My father awoke the day after vaccine with a fever of 100 and his blood oxygen level at 82, he was shaking, weak. We called 911 and he was taken to hospital, he was given oxygen in er and then transferred to a room. On Friday he suffered a heart attack and was put on life support . On Tuesday, April 6th we discontinuing all life saving measures and my father died.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1197012-1	after vaccination, I sat there for 15 minutes and started to drive home, stopped to get food, driving down the street I stopped somewhere and ended up sitting there for 6-8 hours according to the restaurant manager. I went to the hospital they said that I had a weird heart attack and I was dehydrated.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1197180-1	Minor heart attack 3 days after injection.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1197611-1	Massive heart attack; Death; vomiting; Stroke; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Massive heart attack), CEREBROVASCULAR ACCIDENT (Stroke) and DEATH (Death) in a 73-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 011m20a and 013a21a) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event. Concomitant products included LOSARTAN POTASSIUM (COZAAR) for an unknown indication. On 05-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 05-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 11-Mar-2021, the patient experienced DEATH (Death) (seriousness criterion death) and VOMITING (vomiting). In March 2021, the patient experienced MYOCARDIAL INFARCTION (Massive heart attack) (seriousness criteria hospitalization and life threatening) and CEREBROVASCULAR ACCIDENT (Stroke) (seriousness criterion medically significant). On 11-Mar-2021, MYOCARDIAL INFARCTION (Massive heart attack), CEREBROVASCULAR ACCIDENT (Stroke) and VOMITING (vomiting) had resolved. The patient died on 11-Mar-2021. The cause of death was not reported. It is unknown if an autopsy was performed. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 05-Mar-2021, Echocardiogram: unknown (Inconclusive) unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medication information also included inhalers, non specified and eye drops non specified. No treatment information was reported. Based on the current available information and temporal association between the use of the product and the start dates 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 dates of the events, a causal relationship cannot be excluded.; Reported Cause(s) of Death: unknown cause of death

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1200923-1	Patient died of a heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1201283-1	Had a fatal heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1202598-1	heart attack 5 days post-vaccine
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1204764-1	Heart attack; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack) in a 68-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030A21A) for COVID-19 vaccination. The patient's past medical history included No adverse event (No medical history reported). On 09-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 24-Mar-2021, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criterion hospitalization). The patient was hospitalized for 3 days due to MYOCARDIAL INFARCTION. At the time of the report, MYOCARDIAL INFARCTION (Heart attack) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant medication were reported. No treatment information was provided
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1206892-1	Spontaneous coronary artery dissection mild type 2 heart attack; Mild type 2 heart attack; Chest pain; Fever; body ache; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CORONARY ARTERY DISSECTION (Spontaneous coronary artery dissection mild type 2 heart attack) and MYOCARDIAL INFARCTION (Mild type 2 heart attack) in a 34-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 045A21A and 023M2OA) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 26-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 27-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 27-Mar-2021, the patient experienced PAIN (body ache) and PYREXIA (Fever). On 28-Mar-2021, the patient experienced CHEST PAIN (Chest pain). On 30-Mar-2021, the patient experienced CORONARY ARTERY DISSECTION (Spontaneous coronary artery dissection mild type 2 heart attack) (seriousness criterion hospitalization) and MYOCARDIAL INFARCTION (Mild type 2 heart attack) (seriousness criterion hospitalization). The patient was hospitalized from 30-Mar-2021 to 31-Mar-2021 due to CORONARY ARTERY DISSECTION and MYOCARDIAL INFARCTION. At the time of the report, CORONARY ARTERY DISSECTION (Spontaneous coronary artery dissection mild type 2 heart attack), MYOCARDIAL INFARCTION (Mild type 2 heart attack), PAIN (body ache), CHEST PAIN (Chest pain) and PYREXIA (Fever) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In February 2021, Electrocardiogram: results were fine normal. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant medications were nor reported. Treatment information included unspecified medication. This case was linked to MOD-2021-066271 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1206914-1	may have had a heart attack; pressure in her chestuncomfortable feeling which lasted for a week; 6 short chest pains that felt like something was moving in her chest; felt really bad; tired/worn out; chills; a fever all night; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (may have had a heart attack) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 028A21A and 036A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (No medical history reported). Concomitant products included LEVOTHYROXINE, OMEPRAZOLE (PROTONIX [OMEPRAZOLE]) and ATORVASTATIN CALCIUM (LIPITOR) for an unknown indication. On 07-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 05-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 07-Mar-2021, the patient experienced FEELING ABNORMAL (felt really bad), FATIGUE (tired/worn out), CHILLS (chills) and PYREXIA (a fever all night). On 08-Mar-2021, the patient experienced MYOCARDIAL INFARCTION (may have had a heart attack) (seriousness criterion medically significant), CHEST DISCOMFORT (pressure in her chestuncomfortable feeling which lasted for a week) and CHEST PAIN (6 short chest pains that felt like something was moving in her chest). The patient was treated with ACETYLSALICYLIC ACID (ASPIRIN (E.C.)) from 08-Mar-2021 to 13-Mar-2021 for Heart attack, at a dose of UNK UNK, bid. On 11-Mar-2021, MYOCARDIAL INFARCTION (may have had a heart attack), CHEST DISCOMFORT (pressure in her chestuncomfortable feeling which lasted for a week), FEELING ABNORMAL (felt really bad), FATIGUE (tired/worn out), CHILLS (chills), PYREXIA (a fever all night) and CHEST PAIN (6 short chest pains that felt like something was moving in her chest) had resolved. Very limited information regarding these events has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1207687-1	My husband became very sick the day after recieving the shot. He was freezing cold. No matter what he did he could not get warm. He experienced flu like symptons for about 24 hours. This was on Saturday. On Tuesday he died. They said it was a heart attack. He was in excellent health. We had gone to the gym 3 days a week for years. He was doing Cardio on the bike and treadmill for over an hour each time. He never experienced shortness of breath and before the shot was 100 % healthy
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1208008-1	Resident with nausea, vomiting, confusion, increased blood sugars, falling, tremor. Out to ED and transferred to hospital. Found to have an MI and a brain abscess.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1209252-1	On 4/13 patient's daughter in law called public health department to report that patient was found by EMS on 3/12/21. They believe patient had passed away over night. No autopsy was done. Family member reported that EMS believed the cause to be heart attack or pulmonary embolism.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1209422-1	Per the patient's husband, on 03/26/2021, the day after vaccination, the decedent complained of nausea with vomiting, and had difficulty driving. On 03/27/2021, her nausea continued and she complained of shortness of breath while walking. On 03/28/2021, she was short of breath before vomiting a small amount. She then became unresponsive. Death was pronounced a short time later. Per her treating physician who signed the death certificate, the cause of death is felt to be probable myocardial infarction due to electrolyte abnormalities due to complications of her diabetes mellitus.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1210520-1	Cranial and spinal SAH hematoma at roughly same time as heart attack. Cause of hematoma was unknown. Potentially a side effect of elliquis; but her cardiologist does not believe ellipsis was the cause. Heart attack at similar time due to blood clot and blocked artery and possibly reaction of body to hematoma. We do not have any hard data that either are related to the vaccine; but are reporting them under the advice of a doctor to give information for science.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1214048-1	Vaccination 2-12-21 chest pains 2-12-21 evening heart attack 2-13-21 Flown from first hospital to second hospital 2-13-21 night stent applied, breakout in rash and hives on 2-17 severe.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1214578-1	THE PATIENT CALLED AND SAID HE WAS IN THE EMERGENCY ROOM ON WEDNESDAY MORNING 4-14-21 BECAUSE OF SEVERE CHEST PAIN. THE PATIENT STATED HE HAD A HEART ATTACK AND HIS TROPONIN LEVELS WERE ELEVATED. THIS IS ALL THE INFORMATION WE HAVE RECEIVED
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1215029-1	Subendocardial Myocardial Infarction three days after the second dose. Heart function appears preserved.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1216288-1	Patient received first Moderna mRNA vaccine 2/20/2021, second Moderna vaccine 3/20/21. Severe flulike symptoms after Moderna vaccine intermittently over 1 day. 3/23/2021 chest pain hospitalized severe pericarditis 750 mL. Also cardiac Cath Lab one of his blood vessels 80% occluded (I do not currently have hospital report) coronary artery stented. Failed Plavix of in-stent thrombosis and myocardial infarction recatheterization fixed thrombotic stent. Following couple weeks has had recurrent pericarditis requiring several hospitalization recurrent chest pain including recently requiring pericardial window.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1218158-1	On 4/7/2021 I was hospitalized with a heart attack due to an embolism in my LAD. Had to be re-stented. In ICU for 5 days- regular hospital 2 and discharged after total of 7 days
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1218422-1	DEATH! About 24 hours after getting his 2nd Moderna Covid-19 shot, patient got deathly ill with explosive vomiting and diarrhea. Not long later he was passing out. Paramedics were called, and he was taken to the hospital where he passed away from a massive heart attack. The doctors gave him clot-busting drugs in an attempt to save him. He has never had problems with blood clots in his life. He was the healthiest one of us all, and was almost never sick. The doctor said that it was probably no coincidence that he died so soon after receiving his Covid shot. I am convinced that they are connected. A healthy man suddenly gets blood clots in his heart 24 hours after getting his shot? Not a coincidence!!!!!!!!!!!!!1
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1218468-1	Patient's daughter called and reported he was hospitalized for a heart attack and passed away on 4/5/2021.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1220226-1	Pt didn't want the second dose. We found out that he said he had a heart attack 2-3 weeks after first shot. He's not sur if it was related to Covid vaccine
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1220955-1	Heart attack; This spontaneous case was reported by a non-health professional (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack) in a 55-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 048A21A) for COVID-19 vaccination. The patient's past medical history included No adverse event (No reported medical history). On 27-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 30-Mar-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criterion hospitalization). The patient was hospitalized on 30-Mar-2021 due to MYOCARDIAL INFARCTION. At the time of the report, MYOCARDIAL INFARCTION (Heart attack) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 30-Mar-2021, Heart rate: 209 (High) beats per minute. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No relevant concomitant medications were provided. No treatment information was provided.; Sender's Comments: Based on the current information available and the temporal association between the product use and the start date of the event a causal relationship cannot be excluded.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1221163-1	"heart attack; couldnt walk; couldnt get out of bed; body ache and pains; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (heart attack) in a 72-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 030M20A and 033A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Neurological disorder NOS, Diabetes, peripheral artery disease, Disabled spouse (100% disable) and COPD. Concomitant products included GABAPENTIN for an unknown indication. On 13-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 20-Mar-2021, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 2 dosage form. On 21-Mar-2021, the patient experienced MYOCARDIAL INFARCTION (heart attack) (seriousness criterion death), GAIT DISTURBANCE (couldnt walk), BEDRIDDEN (couldnt get out of bed) and PAIN (body ache and pains). The patient died on 21-Mar-2021. The reported cause of death was Heart attack. It is unknown if an autopsy was performed. At the time of death, GAIT DISTURBANCE (couldnt walk), BEDRIDDEN (couldnt get out of bed) and PAIN (body ache and pains) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. The patient had a medical condition of ""agent orange"". The patient was a veteran. Treatment included for the events was acetaminophen (Tylenol). Based on the current available information and the temporal association between the product use and the start date of the events a causal relationship cannot be excluded. This case was linked to US-MODERNATX, INC.-MOD-2021-075051 (Linked Report).; Sender's Comments: Based on the current available information and the temporal association between the product use and the start date of the events a causal relationship cannot be excluded. US-MODERNATX, INC.-MOD-2021-075051:Case for second dose; Reported Cause(s) of Death: Heart attack"
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1222469-1	REPOERTED BY FAMILY MEMBER THAT THEY FOUND PATIENT DEAD IN SLEEP, NOT BREATHING SUSPECTING HEART ATTACK...AUTOPSY WILL BE PERFORMED
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1223512-1	Heart Attack 2hrs after
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1226448-1	Blood clot leading to heart attack

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1226983-1	Heart Attack
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1231694-1	suffered a massive heart attack the morning following his first dose of Moderna vaccine. He was hospitalized for 21 days, first at Hospital and then . He passed away on February 11, 2021, at .
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1232109-1	On 2/28/2021 while having lunch at noon he suffered an apparent heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1232138-1	Resident began coughing then complained of abdominal pain and was taken to the Hospital. He began to vomit and breathed in. Had a heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1233380-1	Client's wife called and reported that client had a heart attack 5 days after receiving the vaccine. He also had blood clots.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1235500-1	Mild cardiac infarction; 19 mm nodule in left breast; This case was received via an unknown source on 06-Apr-2021 and was forwarded to Moderna on 06-Apr-2021. This spontaneous case was reported by a non-health professional and describes the occurrence of MYOCARDIAL INFARCTION (Mild cardiac infarction) in a 77-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 032L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Heart attack in August 2020. Concomitant products included CARVEDILOL, OLMESARTAN, ACETYLSALICYLIC ACID (ASPIRIN 81), LEVOTHYROXINE SODIUM (SYNTHROID), OMEPRAZOLE (PROTONIX [OMEPRAZOLE]) and TICAGRELOR (BRILINTA) for an unknown indication. On 28-Dec-2020, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 01-Jan-2021, the patient experienced MYOCARDIAL INFARCTION (Mild cardiac infarction) (seriousness criteria hospitalization, medically significant and life threatening) and BREAST MASS (nodule in left breast). On 06-Jan-2021, MYOCARDIAL INFARCTION (Mild cardiac infarction) outcome was unknown. On 12-Feb-2021, BREAST MASS (nodule in left breast) had resolved. Not Provided DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In January 2021, Computerised tomogram: abnormal CT Scan detected 19mm nodule in left breast. Mammogram and ultrasound after 6 weeks, and nodule had disappeared. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown.; Sender's Comments: Limited information regarding the events has been provided at this time and a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1235680-1	possible heart attack; possible stroke; pacemaker was not working; overdue 2nd dose; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (possible heart attack), CEREBROVASCULAR ACCIDENT (possible stroke) and COMPLICATION ASSOCIATED WITH DEVICE (pacemaker was not working) in an 83-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. The patient's past medical history included Pacemaker insertion (cardiac). Concurrent medical conditions included Pre-existing disease. In February 2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 12-Mar-2021, the patient experienced PRODUCT DOSE OMISSION ISSUE (overdue 2nd dose). On an unknown date, the patient experienced MYOCARDIAL INFARCTION (possible heart attack) (seriousness criteria hospitalization and medically significant), CEREBROVASCULAR ACCIDENT (possible stroke) (seriousness criteria hospitalization and medically significant) and COMPLICATION ASSOCIATED WITH DEVICE (pacemaker was not working) (seriousness criterion hospitalization). At the time of the report, MYOCARDIAL INFARCTION (possible heart attack), CEREBROVASCULAR ACCIDENT (possible stroke), COMPLICATION ASSOCIATED WITH DEVICE (pacemaker was not working) and PRODUCT DOSE OMISSION ISSUE (overdue 2nd dose) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No treatment information available. The reporter mentioned that patient has lot of pre-existing medical conditions.She does not know name of current medications he is taking which is tons of them. Patient is currently in rehab center and Hospital where he is admitted did not give him vaccine since he received his 1st dose at Rite aid. Rehab center does not have vaccine in stock. Limited information regarding the possible MI and CVA and pacemaker problems have been provided at this time and a causal relationship cannot be excluded. This report also refers to an event of dose omission. There were no AEs specifically associated with this medication error; Sender's Comments: Limited information regarding the possible MI and CVA and pacemaker problems have been provided at this time and a causal relationship cannot be excluded. This report also refers to an event of dose omission. There were no AEs specifically associated with this medication error
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1239296-1	heartache, 99% blockage
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1244990-1	After receiving the second dose of the vaccine, my husband experienced left arm pain which he thought was from the injection. About a week later, the pain got worse and moved toward his chest. It got so bad, he had to be taken by ambulance to the hospital to find out he had been having a heart attack. He spent nearly three weeks in the hospital before he died on 4/15/21
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1245432-1	Heart attack; Fever; Chills; Severe headache; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack) in a 27-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. The patient's past medical history included No adverse event. On 11-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) (unknown route) 1 dosage form. On 11-Apr-2021, the patient experienced PYREXIA (Fever), CHILLS (Chills) and HEADACHE (Severe headache). On 14-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criterion medically significant). At the time of the report, MYOCARDIAL INFARCTION (Heart attack) outcome was unknown and PYREXIA (Fever), CHILLS (Chills) and HEADACHE (Severe headache) was resolving. Concomitant product use was not provided by the reporter. The patient forced himself to his place of employment for work on Tuesday 13Apr2021 and left work around 2PM. By that afternoon he felt terrible. He went to bed and woke up around 4am Wednesday 14Apr2021 with severe chest pain where he was rushed to the emergency room. Then they confirmed the patient had a heart-attack with no other offending agent besides the vaccine. It was not confirmed if the patient is on any other medication regularly. Treatment medications included Tylenol and Motrin alternating for fever, chills and headache. Action taken with mRNA-1273 in response to the events was not applicable.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of these events, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1245456-1	Double pneumonia; Urinary tract infection; Silent heart attack; Delirious; Passed out; Very weak; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of DELIRIUM (Delirious), LOSS OF CONSCIOUSNESS (Passed out), PNEUMONIA (Double pneumonia), URINARY TRACT INFECTION (Urinary tract infection) and MYOCARDIAL INFARCTION (Silent heart attack) in an 84-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 001AZIA) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included No adverse event (no medical history was reported). On 26-Feb-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced DELIRIUM (Delirious) (seriousness criterion hospitalization), LOSS OF CONSCIOUSNESS (Passed out) (seriousness criterion hospitalization), PNEUMONIA (Double pneumonia) (seriousness criterion hospitalization), URINARY TRACT INFECTION (Urinary tract infection) (seriousness criterion hospitalization), MYOCARDIAL INFARCTION (Silent heart attack) (seriousness criterion hospitalization) and ASTHENIA (Very weak). At the time of the report, DELIRIUM (Delirious), PNEUMONIA (Double pneumonia), URINARY TRACT INFECTION (Urinary tract infection), MYOCARDIAL INFARCTION (Silent heart attack) and ASTHENIA (Very weak) outcome was unknown and LOSS OF CONSCIOUSNESS (Passed out) had resolved. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications and medical history were not reported. The treatment received in response to the events was unknown. 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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1245775-1	8 days after 1st dose I had a heart attack. Cardiologist intervened with catheter. No blockages or problems found. Can't figure out what triggered heart attack. No stress at time or prior too heart attack. No heart issues in past ever.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1246865-1	I had a Coronary Artery Spasm which led to a Heart Attack. on 3/13/21 at 6:30 am at home. I was stabilized in the Ambulance with sublingual nitroglycerin. The Coronary artery was blocked. The Dr. did a Heart Catheterization which showed that the blockage had receded and no further procedure was performed. I spent 2 Days in Hospital having another heart spasm on 3/14/21 at 05:00 pm which was relieved by Nitroglycerin. I was released and experienced 8 more episodes over the next week. I have been prescribed Calcium channel blockers, blood thinner, and cholesterol drugs as treatment I have constant aching and 2 more episodes requiring Nitroglycerin last week. I do not have high blood pressure heart disease or coronary artery disease
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1247865-1	One week and 6 days after second vaccine fatal heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1249054-1	Heart Attack, two stents placed
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1250826-1	heart attack from blood clot
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1258641-1	Pt. experienced chest pain starting Monday morning (03/15/21). Went to the emergency room and found out he was having a heart attack. He underwent a heart cath procedure and while having the heart cath he ha a stroke (around 9pm). Pt is currently in recovery.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1259240-1	PATIENT DID NOT SHOW FOR SECOND DOSE OF VACCINE WHEN CALLED WE WERE TOLD BY HIS WIFE THAT HE HAD A HEARTATTACK AND PASSED AWAY ON 04/13/2021
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1259763-1	Fever, chills, headache, and tiredness (2nd day of receiving the 2nd dose) Feeling good on the 3rd day Headache, stomach burn, throwing up, and heart attack (4th day of receiving the 2nd dose) Passed away on April 2, 2021
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1262410-1	Heart Attack 2 days after 2nd dose of moderna vaccine - followed by death
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1265584-1	"Achiness, fatigue, and mild nausea on 4/7/21 (day of second vaccination). Chest pain, fever, achiness, fatigue, mild nausea on 4/8/21. Symptoms mostly subsided on 4/9, so I returned to work at 3:00 pm. By about 5:00 pm, the crest pain returned and worsened until I went home, and then to the hospital around 7:00 pm. Tests were done before I was diagnosed with ""acute myocarditis, elevated troponin level, coagulopathy, NSTEMI (non-ST elevated myocardial infarction)"", told I likely had a heart attack, and was put on a Heparin drip and kept for additional testing and observation until 4/11/21 at approximately 5:00 pm. Official notes state"
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA))	MODERNA	1271183-1	heart attack

Symptoms	(1201) Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1271290-1	After second dose 3/10/21 started having chills, myalgia. On 3/24/21 hospitalized with respiratory failure, kidney failure, heart attack, sepsis and liver malfunction. Had subsequent GI bleed
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1271898-1	Patient was found unresponsive on 4/15/2021. Patient seemed to pass in his sleep per family member. The coroner deemed myocardial infarction. No autopsy completed.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1275047-1	"About 6 ? 7 days w/ side effects ? Significant Malaise, tiredness. Unable to function or concentrate. Likely a ""self inflicted"" situation by unknowingly sitting in chair in a daze ultimately developing blood clots (pulmonary edema), blood clots in legs, leading to mild heart attack, hospitalization. I believe there may be a direct connection to a medical procedure (vedolizumab (Entyvio) 300 mg intravenously infusion) that preceded the vaccination on the previous Friday (2/19/21)."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1276717-1	blood clots in both legs; heart attack/blood clot in heart; Blood clots in lungs/shortness of breath; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of THROMBOSIS (blood clots in both legs), MYOCARDIAL INFARCTION (heart attack/blood clot in heart) and PULMONARY EMBOLISM (Blood clots in lungs/shortness of breath) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 8077727310 and 012LZ0A) for COVID-19 vaccination. No Medical History information was reported. On 25-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 22-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 09-Apr-2021, the patient experienced THROMBOSIS (blood clots in both legs) (seriousness criteria hospitalization prolonged and life threatening), MYOCARDIAL INFARCTION (heart attack/blood clot in heart) (seriousness criteria hospitalization prolonged and life threatening) and PULMONARY EMBOLISM (Blood clots in lungs/shortness of breath) (seriousness criteria hospitalization prolonged and life threatening). The patient was hospitalized on 09-Apr-2021 due to MYOCARDIAL INFARCTION, PULMONARY EMBOLISM and THROMBOSIS. At the time of the report, THROMBOSIS (blood clots in both legs), MYOCARDIAL INFARCTION (heart attack/blood clot in heart) and PULMONARY EMBOLISM (Blood clots in lungs/shortness of breath) outcome was unknown. No concomitant medications were reported. Treatment of the events included Xarelto and unspecified IV medications. Action taken with mRNA-1273 in response to the events was not applicable. Company Comment: Very limited information regarding this event/s has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding this event/s has been provided at this time. Further information has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1276770-1	very mild heart attack; chest started burning; couldn't breath; incomplete course of vaccination; very sick; arm got little sore; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (very mild heart attack) in a 47-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 045A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Co-suspect product included non-company product SIMVASTATIN for an unknown indication. The patient's past medical history included Allergic reaction (MMR vaccine allergic reaction as an infant) in 1973. Concomitant products included PANTOPRAZOLE, SERTRALINE and VARENICLINE TARTRATE (CHANTIX) for an unknown indication, ACETYLSALICYLATE LYSINE (ASPARIN). On 24-Mar-2021 at 1:00 PM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient started SIMVASTATIN (unknown route) at an unspecified dose. On 24-Mar-2021, the patient experienced VACCINATION SITE PAIN (arm got little sore). On 25-Mar-2021, the patient experienced ILLNESS (very sick), DYSPNOEA (couldn't breath) and INCOMPLETE COURSE OF VACCINATION (incomplete course of vaccination). On 25-Mar-2021 at 8:00 AM, the patient experienced MYOCARDIAL INFARCTION (very mild heart attack) (seriousness criteria hospitalization and medically significant) and CHEST PAIN (chest started burning). The patient was hospitalized on 25-Mar-2021 due to MYOCARDIAL INFARCTION. At the time of the report, MYOCARDIAL INFARCTION (very mild heart attack), ILLNESS (very sick), CHEST PAIN (chest started burning), DYSPNOEA (couldn't breath), INCOMPLETE COURSE OF VACCINATION (incomplete course of vaccination) and VACCINATION SITE PAIN (arm got little sore) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 25-Mar-2021, Angiogram: normal (normal) no signs of plaque buildup. On 25-Mar-2021, Blood creatinine: abnormal (abnormal) levels determined patient was having a mild heart attack. On 25-Mar-2021, Electrocardiogram: normal (normal) Normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. The patient was very panicky about getting the second dose for fear that she would have another heart attack. She went to the cardiologist for a follow up and the doctor could not determine why she had a heart attack. The patient reported that it was not a normal heart attack in that her blood pressure and pulse were not raised, but instead, were low. The patient agreed to follow up with her HCP (health care provider). Treatment for the heart attack included SIMVASTATIN and BABY ASPIRIN to prevent blood clots. 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

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				of the events, a causal relationship cannot be excluded.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1279096-1	Initially she experienced fever, fatigue, aches, chills. Then later, several days of tightening chest leading up to heart attack (20 days post vaccine). Doctor expressed surprise by heart attack. Not sure if there's a connection, but thought I'd submit.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1283693-1	Monday night Fever and chills Tuesday - Sat Pain in elbows and shoulders and back EKG Wednesday Bad pain Thursday and Friday 4:30 am Sat admitted to Yale : heart attack back dated to Tuesday. Needed 1 stint
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1284727-1	heart attack; Bood clot; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (heart attack) and THROMBOSIS (Bood clot) in a 67-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 18-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 23-Mar-2021, the patient experienced MYOCARDIAL INFARCTION (heart attack) (seriousness criteria death and medically significant) and THROMBOSIS (Bood clot) (seriousness criterion death). The patient died on 23-Mar-2021. The reported cause of death was Heart attack and Clot blood. It is unknown if an autopsy was performed. Not Provided No concomitant medication were reported. No treatment information was provided.; Reported Cause(s) of Death: Heart attack; Clot blood
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1285818-1	Patient received vaccine on 04/23/21. Four days later developed chest pain. Patient believed this was related to normal symptoms post vaccination. His pain worsened and patient eventually presented to hospital and found to have inferior infarct, with 100% RCA complicated by VSD and RV failure requiring ECMO support
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1288106-1	myocardial infarction with 100% vessel occlusion; Chest pain; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (myocardial infarction with 100% vessel occlusion) and ANGINA PECTORIS (Chest pain) in a 79-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 031B21A and 038A21A) for COVID-19 vaccination. Concurrent medical conditions included Hypertension. Concomitant products included VERAPAMIL, LABETALOL and CALCIUM CARBONATE, COLECALCIFEROL (VITAMIN D 2000) for an unknown indication. On 24-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 20-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 23-Apr-2021, the patient experienced ANGINA PECTORIS (Chest pain) (seriousness criterion hospitalization). On 24-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (myocardial infarction with 100% vessel occlusion) (seriousness criterion hospitalization). On 26-Apr-2021, MYOCARDIAL INFARCTION (myocardial infarction with 100% vessel occlusion) had resolved. At the time of the report, ANGINA PECTORIS (Chest pain) outcome was unknown. The patient had an urgent coronary intervention and was discharged from the ER on 26Apr2021. He was informed about an additional 80% occlusion which will require stenting in a future. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) was not applicable. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1288541-1	"Double pneumonia; Heart attack; was hospitalized was not able to get second dose; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of PNEUMONIA (Double pneumonia) and MYOCARDIAL INFARCTION (Heart attack) in a 71-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 010A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was provided by the reporter. On 09-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 09-Apr-2021, the patient experienced OFF LABEL USE (was hospitalized was not able to get second dose). On an unknown date, the patient experienced PNEUMONIA (Double pneumonia) (seriousness criterion hospitalization) and MYOCARDIAL INFARCTION (Heart attack) (seriousness criterion medically significant). The patient was hospitalized on 31-Mar-2021 due to PNEUMONIA. On 09-Apr-2021, OFF LABEL USE (was hospitalized was not able to get second dose) had resolved. At the time of the report, PNEUMONIA (Double pneumonia) and MYOCARDIAL INFARCTION (Heart attack) outcome was unknown. Not Provided The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. The patient wanted to know if she should repeat first dose. It was reported that patient was on ""a lot"" of concomitant medications but did not specify. The patient was in the intensive care unit. No treatment medication was 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."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1289343-1	Extreme pain in arm. Could not raise above my head. On the 29th suffered widow maker heart attack. After that, arm felt normal.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1291381-1	Patient says went into hospital within 24 hour as was told she had a heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1292150-1	On 5/6, the patient reports she was hospitalized on 4/14 after experiencing myocardial infarction, syncope, and fall resulting in the patient hitting her head
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1292977-1	"Patient states shortly after getting the vaccine and alone in her apt her head began to hurt and her back aching. States her chest began feeling ""funny"" and she tried calling her daughter. With no answer she called the ambulance and was transported to ER. She was told upon arrival she was having a heart attack and transferred to cath lab. Blockages were found and 3 stents placed to right coronary artery."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1293027-1	Went to the Emergency Room, Not breathing, CPR and Difibrilation performed. Cardiac Heart Attack. Hospitalized for 11 days 4 intensive care.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1294218-1	patient suffered significant heart attack (100% blockage right coronary artery) on 4/18/2021. He has NO risk factors for coronary artery disease (no HTN, DM, hyperlipidemia, smoking, obesity, family history of CAD). He exercises by swimming one hour 7 days per week.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1294832-1	Suspected heart attack; Severe Chest and arm pain; Severe Chest and Arm pain; The injection site became hot to the touch; Itching injection site; Painful Injection Site; Hard to the touch; Raised red spot on the injection site; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Suspected heart attack), CHEST PAIN (Severe Chest and arm pain) and PAIN IN EXTREMITY (Severe Chest and Arm pain) in a 52-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 025B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 12-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 19-Apr-2021, the patient experienced VACCINATION SITE INDURATION (Hard to the touch) and VACCINATION SITE ERYTHEMA (Raised red spot on the injection site). On 20-Apr-2021, the patient experienced VACCINATION SITE WARMTH (The injection site became hot to the touch), VACCINATION SITE PRURITUS (Itching injection site) and VACCINATION SITE PAIN (Painful Injection Site). On 21-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Suspected heart attack) (seriousness criteria hospitalization and medically significant), CHEST PAIN (Severe Chest and arm pain) (seriousness criterion hospitalization) and PAIN IN EXTREMITY (Severe Chest and Arm pain) (seriousness criterion hospitalization). The patient was hospitalized from 21-Apr-2021 to 22-Apr-2021 due to PAIN IN EXTREMITY, and then on 21-Apr-2021 due to MYOCARDIAL INFARCTION. On 27-Apr-2021, VACCINATION SITE WARMTH (The injection site became hot to the touch), VACCINATION SITE PRURITUS (Itching injection site), VACCINATION SITE INDURATION (Hard to the touch), VACCINATION SITE ERYTHEMA (Raised red spot on the injection site) and VACCINATION SITE PAIN (Painful Injection Site) had resolved. On 29-Apr-2021, MYOCARDIAL INFARCTION (Suspected heart attack), CHEST PAIN (Severe Chest and arm pain) and PAIN IN EXTREMITY (Severe Chest and Arm pain) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 21-Jan-2021, Echocardiogram: normal (normal) normal. On 21-Jan-2021, Electrocardiogram: normal (normal) results. On 21-Jan-2021, Myocardial necrosis marker: raised Raised. On 21-Jan-2021, Oxygen saturation: normal (normal) normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. On 21-Apr-2021, the patient had severe chest and arm pain. She went to the emergency room. The ER doctor suspected a heart attack. She was hospitalized overnight under observation and was released the next day. No relevant concomitant medications were provided. No treatment information was provided. Company Comment: Very limited information regarding the events (Myocardial infarction) has been provided at this time. However, based on the current available information and temporal association between the use of the product and the start date of the event (chest pain, pain in extremity and others), a causal relationship cannot be excluded. Additional information regarding medical history, concomitant medications, levels of troponin (I or G) are required for further evaluation.; Sender's Comments: Very limited information regarding the events (Myocardial infarction) has been provided at this time. However, based on the current available information and temporal association between the use of the product and the start date of the event (chest pain, pain in extremity and others), a causal relationship cannot be excluded. Additional information regarding medical history, concomitant medications, levels of troponin (I or G) are required for further evaluation.
MYOCARDIAL INFARCTION	**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
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1301064-1	FAMILY REPORTS MYOCARDIAL INFARCTION
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1301096-1	32 hours after the vaccine, he suffered a massive heart attack due to a blood clot and a massive clot in the right arm. He went to the hospital and under went surgery at 12 am on Saturday. The coronary surgeon mentioned that this was not from heart disease as all vessels were clear. Rather, this was due to an embolism due to an unknown origin. A further work up concluded that he also had blood clots throughout his body (both lungs, one kidney, heart, liver, legs, arms, and possibly brain). By 12 p.m. we were asked back to the hospital as he was worsening. Treatment options included a heparin drip, which caused a brain hemorrhage. He was just at the doctors two times this week, on Tuesday and Wednesday and was fine no issues found. They went through with the 2nd dose and came to our home on Thursday.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1301209-1	Dizziness while grocery shopping, next day racing heart beat and minor chest pain, call ambulance that night. Minor Heart attack. Had cath lab done. No blockage found. Outside of high BP and hormone found in system from heart attack no explainable cause.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1303216-1	"Became extremely disoriented about 10 hours after vaccine. Could not ""find""words, speaking complete nonsense. Felt very, very out of it and confused. Fell asleep and felt still confused but not as badly and could talk. Arm and mouth felt tingling / numb. Went to work but left as felt similar symptoms to mini-stroke 15 years previous. Went to urgent care and then ER. ER stated EKG was abnormal indicating heart attack at some point."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1307043-1	Palpitations, sweats, nausea/vomiting, chest pain. Transported by EMS to hospital, found to be having massive MI requiring emergent open heart surgery.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1307301-1	Non-ST elevation (NSTEMI) myocardial infarction; Acute kidney failure, unspecified; Pneumonia, unspecified organism
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1310885-1	Pt suffered diarrhea for two days prior to collapsing . she could not move that morning to get out of bed and could barely talk. She mentioned chest pain and an ambulance was called. Following her vaccinations she was very confused and had fallen in the kitchen the Thursday (22nd) prior to her heart attack. They took her to ER noted she was in shock and had very low blood pressure enroute to hospital. Her pulse was very low. She was life flighted to the medical center. It was determined a blood clot had blocked a major artery into the right side of her heart and it was removed and a stent was placed. She remained at hospital 3 nights and was transferred to nursing home for recovery and therapy where she currently is being assessed for mental issues and is on 4 different heart medications to control blood pressure and prevent future heart attacks. There is not a family history of heart issues. Pt was very healthy in spite of being 83 years old.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1314767-1	heart palpatations, heaviness, flush. did not contact a doctor two weeks later I had the same symptoms and heart rate as 106 without any exertion. BP was 129/74 but hear rate was 106. went to ER. diagnosed with heart attack and got a stent in Left anterior descending artery.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1319846-1	This spontaneous case was reported by an other health professional (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack) in a 67-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 026A21A) for COVID-19 immunisation. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Cough since an unknown date. Concurrent medical conditions included COPD and Diabetes. On 07-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 07-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criteria hospitalization and life threatening) and BACK PAIN (Back ache). The patient was hospitalized from 07-Apr-2021 to 09-Apr-2021 due to MYOCARDIAL INFARCTION. At the time of the report, MYOCARDIAL INFARCTION (Heart attack) and BACK PAIN (Back ache) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter considered MYOCARDIAL INFARCTION (Heart attack) and BACK PAIN (Back ache) to be possibly related. Treatment includes 3 stents placed to right coronary artery. Blood sugar was over 500 and patient was put on insulin.; Sender's Comments: Very limited information regarding this event/s has been provided at this time. Further information has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1320637-1	Breakthrough? Diagnosed with Covid on Oct 2. Had Moderna vaccine on February 17 and March 17. Had heart attack on May 11 and at that time, tested positive for COVID again at that time.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1321140-1	My mom, got her first Moderna shot on Feb. 4th, 2021 and developed trombosis in the legs about a week later. She went to the doctor, who at first didn't want to see her and told her to elevate her leg. Pt. had a scheduled eye appointment on Feb. 12th with an other doctor and when she asked if she had any other issues, pt. showed her her leg. The eye doctor immediately told her to go to urgent care. When she did she received blood thinners and started injections in her stomach for 5 days. Feb. 18th pt. suffered a mini stroke and went to the hospital emergency room. She was transferred over to another facility in the afternoon and kept overnight. She had a phone appointment with the Dr. on Feb. 24th and on the 26th she received a heart monitor to wear for 2 weeks. She also had a check up about her leg, which was still swollen. On March 4, pt. received her second Moderna shot and she was feverish and very tired for days and weeks after. By March 18th her condition didn't improve at all and in fact she was felling really bad over night, so on March 19th she was admitted again to the hospital. She was monitored and kept over night, but during the early morning she suffered a stroke and a heart attack and passed way the next day.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1323209-1	I had a heart attack on the evening of May 5. I have no pre-existing conditions (no high blood pressure, cholesterol, diabetes, etc.). I was hospitalized until 5/7.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1326791-1	Son states that on February 7th his mother developed shingles. On February 12th developed Bell's Palsy. On May 15th at 9:00 PM his mother had a heart attack. Is recovering at healthcare facility.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1330206-1	Died of missive hart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1331016-1	"""widow maker"" heart attack (LAD left anterior artery) I began to feel unwell at approx. 12:00 the day after my 2nd Moderna vaccine dose: nausea, racing heart, rapid heart beat. I was released from work early and went home. Symptoms progressed to include: vomiting, sweating, shakes, chest pressure and pain in left arm. Paramedics were called the following morning approx 36 hours after the 2nd vaccine dose. They began treating me immediately and took me to a level 1 trauma center. Emergency angioplasty to place two stents in the LAD to resolve blockages. The cardiologist in the ER said I arrived with, ""not a moment to spare."""

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1337824-1	foaming at the mouth and had a heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1338628-1	Although I have heart disease, and had triple bypass surgery three years ago, I consistently take my blood pressure. My blood pressure has been in a normal range since the operation, and following receiving the first dose of the vaccine it became elevated and I needed to go back on an old medication. Even then, my blood pressure was erratic. Two weeks after my 2nd COVID shot I had a heart attack due to a blood clot. This clot was able to be removed by a heart cath-lab. This could be a coincidental flare up due to an old issue, but the timing aligns with both doses of the vaccine.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1340284-1	This spontaneous case was reported by a patient (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Myocardial infarction) and CHEST PAIN (Pain in the chest) in a 64-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 002B21A and 040A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Penicillin allergy. Concomitant products included LISINOPRIL and ATORVASTATIN. On 13-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 12-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Myocardial infarction) (seriousness criteria medically significant and life threatening), CHEST PAIN (Pain in the chest) (seriousness criterion life threatening), LETHARGY (Lethargic), DYSPEPSIA (Heart ache) and FATIGUE (Tired). On an unknown date, the patient experienced HEADACHE (Headache). On 14-Apr-2021, MYOCARDIAL INFARCTION (Myocardial infarction) and CHEST PAIN (Pain in the chest) outcome was unknown. At the time of the report, LETHARGY (Lethargic) and FATIGUE (Tired) had not resolved, DYSPEPSIA (Heart ache) was resolving and HEADACHE (Headache) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In April 2021, Electrocardiogram: abnormal Showed mild Heart Attack. His doctor gave him nitroglycerin which he could not take due to headache and full aspirin. His cardiologist appointment is coming up on 25MAY2021. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested. This case was linked to MOD-2021-114362 (Patient Link).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1341859-1	Severe swelling and bruising of right arm started on day of injection. Pain and swelling increased following day, Then on Friday evening I had a heartache.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1342307-1	Multiple mini heart attacks, with a three day stay in the hospital
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343329-1	myocardial infarction within 1 hour of vaccination
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343387-1	Patient died of a myocardial infarction.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1344055-1	one week after 1st vaccine shot, mom started to feel sick around lunch. Took mom to hospital she had a heart attack. They dissolved the blood clot and found out she also had pneumonia with no symptoms. She died 2 weeks later. She had dementia but health was fine until she received the covid 19 vaccine.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1345051-1	Got shot Thursday May 6th, ran 103 degree temp Friday, Saturday had temp of 100 and felt like was going to pass out once around lunch, then a dizzy spell. Sunday morning (6:00 am) presented with chest pain for about ten minutes that subsided. Sunday night/ Monday morning at approximately midnight (12:00 am) presented again with chest pain that continued as we sought medical attention from local fire department, to which an ambulance was called, meds were given and diagnosis was heart attack from labs drawn at hospital. Took him back for a heart cath and there was no blockage. From everything I was told they couldn't figure out what caused the chest pain. He spent 2 days in CCU. He discharged Wednesday the 12th of May. He is now on Plavix, Coreg, a low dose aspirin, and Atorvastatin.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1348853-1	Heart attack, angiogram, overnight stay and transfer, 5 meds daily now, cost of medical care over $20,000, whole life change, currently still have swollen lymph nodes since 2 injection, diabetes, HTN, random body itching, within 12 hours of the shots I had chills and cold and hot sweats, whole body ache, couldn't sleep, low grade fever of 100.8, headache this resolved within about 48 hours. In less than 72 of receiving the vaccine I was having a heart attack and was in the emergency room. I'm sure I'm forgetting something with so much unexpected life changes and great.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1349117-1	Dropped dead of a heart attack; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Dropped dead of a heart attack) in a male patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. Unknown) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced MYOCARDIAL INFARCTION (Dropped dead of a heart attack) (seriousness criteria death and medically significant). The reported cause of death was Heart attack. It is unknown if an autopsy was performed. No concomitant medication was reported. No treatment information was reported. It was reported that patient's funeral was on 11 May 2021. Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. This case was linked to MOD21-090166, US-MODERNATX, INC.-MOD-2021-128463, US-MODERNATX, INC.-MOD-2021-128999 (E2B Linked Report).; 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. MOD21-090166: US-MODERNATX, INC.-MOD-2021-128463:Same reporter US-MODERNATX, INC.-MOD-2021-128999:; Reported Cause(s) of Death: Heart attack
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1353098-1	Stroke; Heart Attack; loss of appetite; weak in the legs; felt achy; felt yucky; felt queasy; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CEREBROVASCULAR ACCIDENT (Stroke) and MYOCARDIAL INFARCTION (Heart Attack) in a 92-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 017B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was provided by the reporter. Concomitant products included PANTOPRAZOLE for an unknown indication. On 03-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-May-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On 04-May-2021, the patient experienced DECREASED APPETITE (loss of appetite), MUSCULAR WEAKNESS (weak in the legs), PAIN (felt achy), DISCOMFORT (felt yucky) and NAUSEA (felt queasy). On 12-May-2021, the patient experienced CEREBROVASCULAR ACCIDENT (Stroke) (seriousness criteria hospitalization, medically significant and life threatening) and MYOCARDIAL INFARCTION (Heart Attack) (seriousness criteria hospitalization, medically significant and life threatening). The patient was hospitalized on 12-May-2021 due to CEREBROVASCULAR ACCIDENT and MYOCARDIAL INFARCTION. At the time of the report, CEREBROVASCULAR ACCIDENT (Stroke), MYOCARDIAL INFARCTION (Heart Attack), DECREASED APPETITE (loss of appetite), MUSCULAR WEAKNESS (weak in the legs), PAIN (felt achy), DISCOMFORT (felt yucky) and NAUSEA (felt queasy) outcome was unknown. Treatment information was not provided. The reporter reported that the patient did not have any medical conditions to cause the events. This case was linked to MOD-2021-132255 (Patient Link).; Sender's Comments: This case concerns a 92-year-old male with serious unexpected events of cerebrovascular accident and myocardial infarction, and nonserious unexpected decreased appetite, muscular weakness, pain, discomfort and nausea. Latency 1 day after second dose mRNA-1273. Based on 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.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1354957-1	On 3/27/21 at around 9pm He felt tightness in chest which lead to heart attack and death
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1354978-1	He received the vaccine and had a heart attack on May 3, 2021 and passed away on May 4th. They did an full autopsy
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1355794-1	My mother has never had any heart issues, and suffered a heart attack on Thursday April 15. She had 2 stints put in late Thur evening. The surgery went well, but there was too much damage to her heart and she passed away on Sat April 17, 2021
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1358033-1	2 days after second shot blood clot in left arm. Hit while walking in my home. Could not lift my arm. 5 days later heart attack. Pilot with EKG yearly. Last EKG less than one month from my heart attack on April 29, 2021

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1361574-1	Patient called our pharmacy and stated she had a ?heart attack? after she received her first COVID 19 vaccination. She stated she was otherwise healthy before the vaccination and a subsequent heart cath showed no blockages. Her cardiologist recommended to report this incident and for her receive her second COVID-19 vaccine.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1362251-1	Upset stomach and vomiting. Shortness of breath. Pressure in chest. Heart attack and DEATH.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1362545-1	Visited Zoom urgent care with chest pains, heart complaints and fatigue. Bloodwork showed elevated heart enzymes, hospitalized to Hospital ER with heart attack suspicion, looks like heart inflammation? test results pending, currently hospitalized and monitored
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1362608-1	On 1/27/21, Patient took the 1st Moderna vaccine. She had flu like symptoms after for 3 days and then she broke out in hives. She continued to have flu like symptoms, and she felt very week. On 2/3/21 we took her to Hospital where the doctors indicated that she had a heart attached They released her from the hospital on 2/4/21. When she came home she was very tired and was disoriented. The following morning, she was running a fever and her eyes rolled back in her head. We called the ambulance who took her back to Hospital. The doctors indicated that had a stroke. They indicated that blood clots ?showered? her brain. She has lost her peripheral vision on the right ride. She has issues with her memory and executive decision making and reasoning.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1363983-1	Heart Attack; Panic attack; Couldnt breathe; Felt like chest caved in; Chest pain; Blood clot; Arm Pain; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Heart Attack), PAIN IN EXTREMITY (Arm Pain), PANIC ATTACK (Panic attack), DYSPNOEA (Couldnt breathe), CHEST DISCOMFORT (Felt like chest caved in), CHEST PAIN (Chest pain) and THROMBOSIS (Blood clot) in a 34-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 048B21A) for COVID-19 vaccination. The patient's past medical history included Flu vaccination (received about 5 weeks ago before he got the Covid Shot and had chest pain) and Sinusitis (the patient stated that he violently threw up and he was sick for 2 weeks; the doctors then said that it may have been a stroke or a heart attack but he definitely had sinusitis.). Concurrent medical conditions included Diabetes, Cholesterol high and Blood pressure high. On 13-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 13-May-2021, the patient experienced PAIN IN EXTREMITY (Arm Pain) (seriousness criterion hospitalization). On 15-May-2021, the patient experienced PANIC ATTACK (Panic attack) (seriousness criterion hospitalization), DYSPNOEA (Couldnt breathe) (seriousness criterion hospitalization), CHEST DISCOMFORT (Felt like chest caved in) (seriousness criterion hospitalization), CHEST PAIN (Chest pain) (seriousness criterion hospitalization) and THROMBOSIS (Blood clot) (seriousness criteria hospitalization and medically significant). On 15-May-2021 at 4:00 PM, the patient experienced MYOCARDIAL INFARCTION (Heart Attack) (seriousness criteria hospitalization and medically significant). The patient was hospitalized for 3 days due to CHEST DISCOMFORT, CHEST PAIN, DYSPNOEA, MYOCARDIAL INFARCTION, PAIN IN EXTREMITY, PANIC ATTACK and THROMBOSIS. The patient was treated with ACETYLSALICYLIC ACID (BABY ASPIRIN) ongoing since an unknown date at an unspecified dose and frequency; LISINOPRIL ongoing since an unknown date at a dose of 5 mg; METOPROLOL SUCCINATE ongoing since an unknown date at a dose of 50 mg; NITROGLYCERIN ongoing since an unknown date at a dose of 10 mg as required; PRASUGREL ongoing since an unknown date at a dose of 10 milligram; SPIRONOLACTONE ongoing since an unknown date at a dose of 25 mg and ROSUVASTATIN ongoing since an unknown date at a dose of 80 milligram. At the time of the report, MYOCARDIAL INFARCTION (Heart Attack), PAIN IN EXTREMITY (Arm Pain), PANIC ATTACK (Panic attack), DYSPNOEA (Couldnt breathe), CHEST DISCOMFORT (Felt like chest caved in), CHEST PAIN (Chest pain) and THROMBOSIS (Blood clot) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Concomitant medications were not reported. The patient reported that he had a heart attack on 15 May 2021, after football practice Patient was in the hospital for 3 days. Treatment also included catheter placement and then a stint in heart. 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.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1363991-1	Heart attack; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack) in a 45-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 017B21A) for COVID-19 vaccination. No Medical History information was reported. On 10-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 14-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criteria hospitalization, disability, medically significant and life threatening). The patient was hospitalized on 14-Apr-2021 due to MYOCARDIAL INFARCTION. At the time of the report, MYOCARDIAL INFARCTION (Heart attack) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. No concomitant products were reported. No treatment information provided. It was reported that three days after vaccination the patient had a heart attack. He was admitted to the ICU for three days, starting on 14-Apr-2021. He had seen his primary care doctor and his cardiologist multiple times since that incident and he was unsure of whether he should get the second vaccine dose or not.. Company comment: Very limited information regarding the event has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding the event has been provided at this time. Further information has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1364017-1	Heart Attack; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Heart Attack) in a 70-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 029A21A) for COVID-19 vaccination. No Medical History information was reported. On 04-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 04-Mar-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDIAL INFARCTION (Heart Attack) (seriousness criterion medically significant). At the time of the report, MYOCARDIAL INFARCTION (Heart Attack) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No relevant concomitant medications were reported. No treatment information was provided. 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

of the event, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1366843-1	"sick as a dog; Kidney's almost shut down both times; had 2-3 attacks; Unexplainable pain in lower stomach area; Health declined quickly; Heart issue after first shot of vaccine; Lungs have gotten worse since the first shot; grabbing and pulling at his chest; Unable to sleep; Foul smelling diarrhea; Terrible chest pain; Could not breath/Very difficult to breathe; Could not eat anything; didn't take the second dose of the Moderna COVID-19 vaccine; Sick as a dog; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of RENAL IMPAIRMENT (Kidney's almost shut down both times), MYOCARDIAL INFARCTION (had 2-3 attacks) and ILLNESS (sick as a dog) in a 66-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 011A21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Peanut allergy, Fruit allergy (citrus allergy was reported.), Milk allergy (Dairy allergy was reported.), Drug allergy (demerol), Kidney disorder (Kidney disease was reported.) since 2008, Chronic pancreatitis since 2012, COPD since 2001, Heart disease, unspecified since 2000, Drug allergy (tramadol), Drug allergy (lorazepam), Food allergy and Food allergy. Concomitant products included ONDANSETRON, PANTOPRAZOLE, BUPRENORPHINE and SALBUTAMOL SULFATE (PROAIR HFA) for Chronic pancreatitis, LOSARTAN POTASSIUM (LOSARTAN [LOSARTAN POTASSIUM]) for Hypertension, FLUOXETINE HYDROCHLORIDE (PROZAC) for Mood depression, AMMONIUM BROMIDE, POTASSIUM BROMIDE, SODIUM BROMIDE (BROMIDES), TIOTROPIUM BROMIDE (SPIRIVA) and DIAZEPAM (VALIUM) for an unknown indication. On 03-Mar-2021 at 10:30 AM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 03-Mar-2021, the patient experienced RENAL IMPAIRMENT (Kidney's almost shut down both times) (seriousness criteria hospitalization, medically significant and intervention required), MYOCARDIAL INFARCTION (had 2-3 attacks) (seriousness criteria hospitalization, medically significant and intervention required), PRODUCT DOSE OMISSION ISSUE (didn't take the second dose of the Moderna COVID-19 vaccine) and ILLNESS (Sick as a dog). On 06-Mar-2021, the patient experienced ILLNESS (sick as a dog) (seriousness criteria hospitalization, medically significant and intervention required), DYSPNOEA (Could not breath/Very difficult to breathe) and FEEDING DISORDER (Could not eat anything). 06-Mar-2021, the patient experienced CHEST PAIN (Terrible chest pain). On 19-Mar-2021, the patient experienced DIARRHOEA (Foul smelling diarrhea). On an unknown date, the patient experienced ABDOMINAL PAIN UPPER (Unexplainable pain in lower stomach area), GENERAL PHYSICAL HEALTH DETERIORATION (Health declined quickly), CARDIAC DISORDER (Heart issue after first shot of vaccine), LUNG DISORDER (Lungs have gotten worse since the first shot), CHEST DISCOMFORT (grabbing and pulling at his chest) and INSOMNIA (Unable to sleep). The patient was treated with TIOTROPIUM BROMIDE (oral) on 05-Mar-2021 at an unspecified dose and frequency; SIMETHICONE ongoing since an unknown date at an unspecified dose and frequency; PREDNISONE at a dose of 10 mg and OXYGEN at an unspecified dose and frequency. At the time of the report, RENAL IMPAIRMENT (Kidney's almost shut down both times) had not resolved and MYOCARDIAL INFARCTION (had 2-3 attacks), ILLNESS (sick as a dog), DYSPNOEA (Could not breath/Very difficult to breathe), FEEDING DISORDER (Could not eat anything), DIARRHOEA (Foul smelling diarrhea), ABDOMINAL PAIN UPPER (Unexplainable pain in lower stomach area), GENERAL PHYSICAL HEALTH DETERIORATION (Health declined quickly), CARDIAC DISORDER (Heart issue after first shot of vaccine), LUNG DISORDER (Lungs have gotten worse since the first shot), CHEST PAIN (Terrible chest pain), CHEST DISCOMFORT (grabbing and pulling at his chest), PRODUCT DOSE OMISSION ISSUE (didn't take the second dose of the Moderna COVID-19 vaccine), ILLNESS (Sick as a dog) and INSOMNIA (Unable to sleep) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Electrocardiogram: normal other. On an unknown date, SARS-CoV-2 test negative: negative negative. On an unknown date, Troponin: high (High) high. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Patient is on nebulizer treatment of tiotropium bromide and a lot of simethicone. Patient do not know if using either medication helped or not but that was my immidiate reaction. Now patient is on prednisone and feels like he's taking it just to breathe. Patient has had to go on 24 hr. oxygen since the first shot. Patient was negative for Covid-19 over the past 3 months at three different times. He continued to have terrible chest pain where he was grabbing and pulling at his chest, pain creeping up to his chest, could not breath or eat anything for 1 week after his first shot. Patient was in the ER on 10Mar2021. Caller stated he has chronic pancreatitis and breathing issues for which he was prescribed steroids, his doctor told him to decrease the prednisone to 10mg for 2 days prior and day of vaccination. Caller thinks he had a week long stroke since he had high Troponin level which resulted in visit to the hospital where the doctors thought he had septicemia. Caller stated he has not been able to sleep because he keeps having attacks of chest pains that last approximately 15 minutes in the middle of the sleep which occurs 4+ times per night. Kidney's have gotten worse since 1st shot vaccine. Doctors said ""the kidney's took a shot"" after the first shot of vaccine. Patient was admitted to the Hosp twice after the first shot because his kidneys almost shut down both times. Unexplainable, excruciating pain in chest and very difficult to breathe for approx. 10-15 minutes each attack. New, unexplainable pain in lower stomach area since 1st shot of vaccine. Doctors cannot explain. Patient is seeking legal action against Moderna. Most recent FOLLOW-UP information incorporated above includes: On 18-May-2021: Follow up received on 18 May 2021,included patient demography (Ethnicity, race, height, weight), allergy to peanuts, citrus, dairy, Demerol, tramadol, lorazepam. Current medical condition kidney disease was updated.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				concomitant medications were buprenorphine, pantoprazole, ondansetron, losartan, Prozac with product indications were updated. Laboratory information EKG was updated. Events Kidney's have gotten worse, unexplainable pain in lower stomach area, my health has declined, lungs have gotten worse was updated. On 23-May-2021: follow-up appended, conmeds added, NF added to events, new events added, new allergies coded, generated narrative.; Sender's Comments: This case concerns a male patient of unknown age who missed second dose due other adverse events experienced post first dose of mRNA-1273. The other events show temporal association with the use of mRNA-1273 and a causal relationship cannot be excluded. However, the patient has concurrent history that confounds the reported events to include chronic pancreatitis, COPD, kidney and heart disorder. Missed dose is assessed as not applicable"
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1366901-1	"heart attack; grand mal seizure episodes ""for the first time in over 2 years"", he didn't remember the episode; he was freezing and was cold; throwing up profusely; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (heart attack) and GENERALISED TONIC-CLONIC SEIZURE (grand mal seizure episodes ""for the first time in over 2 years"", he didn't remember the episode) in a 53-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 036C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history provided by the reporter. Concomitant products included LACOSAMIDE (VIMPAT) for Seizure. On 21-Apr-2021 at 3:30 PM, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) .5 milliliter. On 22-May-2021, the patient experienced MYOCARDIAL INFARCTION (heart attack) (seriousness criteria hospitalization, disability, medically significant, life threatening and intervention required), GENERALISED TONIC-CLONIC SEIZURE (grand mal seizure episodes ""for the first time in over 2 years"", he didn't remember the episode) (seriousness criteria hospitalization, disability, medically significant, life threatening and intervention required), NASOPHARYNGITIS (he was freezing and was cold) and VOMITING (throwing up profusely). The patient was hospitalized on 22-May-2021 due to GENERALISED TONIC-CLONIC SEIZURE and MYOCARDIAL INFARCTION. At the time of the report, MYOCARDIAL INFARCTION (heart attack), GENERALISED TONIC-CLONIC SEIZURE (grand mal seizure episodes ""for the last time in over 2 years"", he didn't remember the episode), NASOPHARYNGITIS (he was freezing and was cold) and VOMITING (throwing up profusely) outcome was unknown. Patient was admitted to hospital on 22-may-2021.patient lips were purple and had no pulse for 12 minutes, but was resuscitated.The hospital took out patient's breathing tube at on 23May2021, and hospital staff stated he will remain there for a while. Based on the current available information which shows a temporal association between the use of mRNA-1273 and the onset of the reported events, a causal relationship cannot be excluded. Vomiting is consistent with the known safety profile of the product.; Sender's Comments: Based on the current available information which shows a temporal association between the use of mRNA-1273 and the onset of the reported events, a causal relationship cannot be excluded. Vomiting is consistent with the known safety profile of the product."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1368298-1	Symptoms began around 8:30PM on 05/27/21. started feeling sick, getting chills and fever, back and joint pain. That went throughout the night and was the same all day Friday. Saturday at 4:00 am woke up vomiting and experiences chest pain. By 9 AM the chest pain was so extreme that I had my wife take me to the ER. Where they said I was having a heart attack. I have been at Hospital in the ICU since then.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1368559-1	3 weeks after receiving the first of the series of two injections, the patient developed SOB and CP. He presented to the ER with a R/O MI.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1368572-1	21 days later i was out walking my oxygen level began dropping down to 80 and I started throwing up. then i and took my blood pressure it was 125/80 and I tried to eat a cookie and I threw up. I went straight to ER. He gave me EKG, and he sent me straight to the Operating Room. 10 minutes after I saw the doctor he started the stint and that's when the oxygen dropped to 0, They knocked me out completely and I was in surgery and that is all I remember. I had a full blown heart attack on the table, called a widow maker- means the main arteries shut down completely, and my oxygen dropped to 0. The doctor put a stint in. Since then I started taking baby aspirin and brilinta 90 mg - 2x day, both are blood thinners. I took the 2nd Moderna shot on 5/18/21, which was advised by my doctor to wait 90 -100 day. I didn't have AE just a little swelling in the arm. I'm recovered from the AE from the 1st Dose, but my arms and legs are still a little. Not able to build up the muscles to were they were.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1368651-1	Patient's daughter came to the pharmacy today and said patient died of a heart attack. Patient thought that she was sick from the vaccine. Did not get help until five days after

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1370348-1	Muscle close to hip that gave me a lot of pain; I had a short heart attack. It was a pretty severe pain.; mid chest, left side pain; Felt lousy; Had flu-like symptoms; Cough; Sore throat; Headache; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (I had a short heart attack. It was a pretty severe pain.) in a 63-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 039B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Scarlet fever (Patient had as a child, about 13 or 14 yrs old.) since an unknown date. On 23-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 23-Apr-2021, the patient experienced MALAISE (Felt lousy), INFLUENZA LIKE ILLNESS (Had flu-like symptoms), COUGH (Cough), OROPHARYNGEAL PAIN (Sore throat) and HEADACHE (Headache). On 24-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (I had a short heart attack. It was a pretty severe pain.) (seriousness criterion medically significant) and CHEST PAIN (mid chest, left side pain). On 27-May-2021, the patient experienced MYALGIA (Muscle close to hip that gave me a lot of pain). At the time of the report, MYOCARDIAL INFARCTION (I had a short heart attack. It was a pretty severe pain.), CHEST PAIN (mid chest, left side pain), MALAISE (Felt lousy), INFLUENZA LIKE ILLNESS (Had flu-like symptoms), COUGH (Cough), OROPHARYNGEAL PAIN (Sore throat) and HEADACHE (Headache) outcome was unknown and MYALGIA (Muscle close to hip that gave me a lot of pain) had resolved. Concomitant medications were not provided.Treatment information was not reported. Very limited information regarding these events has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1370351-1	Heart attack; Stroke; Blood clots; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack), CEREBROVASCULAR ACCIDENT (Stroke) and THROMBOSIS (Blood clots) in a male patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criteria hospitalization and medically significant) and CEREBROVASCULAR ACCIDENT (Stroke) (seriousness criteria hospitalization and medically significant). an unknown date, the patient experienced THROMBOSIS (Blood clots) (seriousness criteria hospitalization and medically significant). The patient was treated with Surgery for Thrombosis. At the time of the report, MYOCARDIAL INFARCTION (Heart attack), CEREBROVASCULAR ACCIDENT (Stroke) and THROMBOSIS (Blood clots) outcome was unknown. Concomitant product use was not provided. It was reported that the patient experienced heart attack, stroke, and uncontrollable blood clotting after 5 days of vaccine. Patient was also admitted at hospital for surgery. 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. Further information has been requested.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1371450-1	myocardial infarction, pulmonary embolisms
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1371883-1	Tightness in chest. Shortness of breath. Sore jaw. Pain in left arm. Called 911 and paramedic took EKG and informed me I was having a heart attack on the way to the hospital. Once at the hospital they measured my TnT-Gen5 and the baseline was 2658 ng/L with another test taken an hour later showing 2873 ng/L which led to additional tests listed in box 19. Final diagnosis was perimyocarditis and I received a prescription of Colchicine 0.6 MG to be taken twice a day for 6 weeks and then follow up with a cardiologist.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1372066-1	Patient developed episode of diarrhea shortly after 1st shot in series, this was followed by lower extremity swelling and mild dyspnea on exertion, that quickly exacerbated after the 2nd shot on 5/15/2021, that resulted in severe dyspnea on exertion, severe lower extremity swelling with approximately 25 lb weight gain, orthopnea and hemoptysis. Patient reported temperatures of 99.2 F to 99.8 F. Outside CT chest abdomen pelvis angiogram showed moderate to large acute segmental/subsegmental pulmonary emboli with trace right heart strain and right lower lobe pulmonary infarction, moderate right pleural effusion, acute splenic vein thrombosis with extension to the proximal portal vein and associated splenic infarcts, bilateral renal infarcts, and evidence of portal hypertension. He was transferred to the Hospital for further management. Upon presentation here he was tachycardic but with stable blood pressures and requiring up to 5 L by nasal cannula. Initial laboratory studies were notable for WBC 21.0, INR 1.8, D-dimer 11653, NT pro-BNP 17684, troponins 603 to 579 to 574, CRP 127. He was started on a heparin infusion. He was admitted to the MICU for further management. Bedside ultrasound demonstrated reduced biventricular contractility. He was given two doses of 40 mg intravenous furosemide with about 3.5 L of urine output since admission (net negative 3.1 L). His oxygen was weaned to 1 L by nasal cannula. Lower extremity venous and arterial Dopplers were negative. Subsequent imaging demonstrated a transperineal inferior infarct with akinesis of the inferior septum, inferior and inferior lateral walls with apical and mid ventricle akinesis secondary to a complete occluded RCA. moderate pericardial effusion without tamponade noted. Upper extremity ultrasound demonstrated acute DVT in the lower right IJ, innominate, subclavian and proximal axillary veins. MRI venogram was negative for clots, but multiple acute and subacute enhancing infarcts within all 3 vasculature distributions consistent with embolic etiology were noted. TTE showed of mural thrombus along the septal and inferior walls of the LV apex, severely enlarged left ventricle with EF of 20%, severe hypokinesis. Patient was aggressively IV diuresis, with improvement in respiratory status. Maintained on high-intensity heparin for pulmonary emboli, DVT, and diffuse arterial and venous thrombosis. He was bridged to warfarin. Patient was prescribed LifeVest for primary prevention. Started on beta-blocker and ACE-inhibitor given EF. Patient planning on discharge 6/5-6/07, outcome pending.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1372320-1	Fatigue, feeling dizzy, not having good vision, leg cramping/hurting, HA, and SOB. She was diagnosed with myocardial Infarction in the ER with SOB adverse effect of the vaccine. She has no prior cardiac history

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				"had another heart attack¿; ¿Had 2 heart attacks¿; ¿Swollen feet¿; ¿Was very fatigued with little walking¿; ¿A lot of pain in the arm of the injection ¿(left arm); This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (¿Had 2 heart attacks¿) and MYOCARDIAL INFARCTION (had another heart attack¿) in a 41-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 014C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Automated external defibrillator user (HOSPITALISED (07-MAY-2021 - 13-MAY-2021)), Coronary artery bypass graft (HOSPITALISED (07-MAY-2021 - 13-MAY-2021)) and Catheterization cardiac (HOSPITALISED (07-MAY-2021 - 13-MAY-2021)). Concurrent medical conditions included Diabetes, Blood pressure high and Hypertension (not adequately controlled ""has high blood pressure levels but it is not constant so he doesn¦t take medication for that"".). Concomitant products included METFORMIN for an unknown indication. On 28-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 28-Apr-2021, the patient experienced VACCINATION SITE PAIN (¿A lot of pain in the arm of the injection ¿(left arm)). On 07-May-2021, the patient experienced MYOCARDIAL INFARCTION (¿Had 2 heart attacks¿) (seriousness criteria hospitalization and medically significant). On 13-May-2021, the patient experienced PERIPHERAL SWELLING (¿Swollen feet¿) and FATIGUE (¿Was very fatigued with little walking¿). On 20-May-2021, the patient experienced MYOCARDIAL INFARCTION (had another heart attack¿) (seriousness criteria hospitalization and medically significant). The patient was hospitalized from 07-May-2021 to 13-May-2021 due to MYOCARDIAL INFARCTIONThe patient was hospitalized from 07-May-2021 to 13-May-2021 due to MYOCARDIAL INFARCTION The patient was treated with TICAGRELOR (BRILINTA) from 07-May-2021 to 13-May-2021 at an unspecified dose and frequency; ATORVASTATIN CALCIUM (LIPITOL) from 07-May-2021 to 13-May-2021 at an unspecified dose and frequency; BROMAZEPAM (LAXYL [BROMAZEPAM]) from 13-May-2021 to 20-May-2021 at an unspecified dose and frequency; CARVEDILOL from 13-May-2021 to 20-May-2021 at an unspecified dose and frequency; CLOPIDOGREL from 13-May-2021 to 20-May-2021 at an unspecified dose and frequency; ACETYLSALICYLIC ACID (ASPRIN) from 13-May-2021 to 20-May-2021 at an unspecified dose and frequency; VALSARTAN from 13-May-2021 to 20-May-2021 at an unspecified dose and frequency and SPIRONOLACTONE from 13-May-2021 to 20-May-2021 at an unspecified dose and frequency. On 07-May-2021, VACCINATION SITE PAIN (¿A lot of pain in the arm of the injection ¿(left arm)) had resolved. On 20-May-2021, FATIGUE (¿Was very fatigued with little walking¿) had resolved. At the time of the report, MYOCARDIAL INFARCTION (¿Had 2 heart attacks¿) and MYOCARDIAL INFARCTION (had another heart attack¿) had resolved and PERIPHERAL SWELLING (¿Swollen feet¿) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Patient took the 1st dose of the vaccine on 28apr2021 and referred a lot of pain in the arm of the injection. On 07may2021 he was diagnosed with myocardial infarction and was hospitalized. On 13may2021 the patient got discharged to home with oral medication and an external defibrillator. During this period he had swollen feet and extreme fatigue. On 20may2021 the patient had another myocardial infarction, is currently hospitalized receiving Tridil as treatment and is requires a heart transplant. 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. However the patient's comorbidities (diabetes and hypertension) are risk factors for myocardial infarction and pose as confounders of this event. Since the most recent event of myocardial infarction is life-threatening further information was requested regarding the event outcome.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However the patient's comorbidities (diabetes and hypertension) are risk factors for myocardial infarction and pose as confounders of this event. Since the most recent event of myocardial infarction is life-threatening further information was requested regarding the event outcome."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1373287-1	
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1373299-1	Heart attack; Based on the current case data, this case has been classified as invalid. This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criterion medically significant). At the time of the report, MYOCARDIAL INFARCTION (Heart attack) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant product use was not provided by the reporter. Treatment information was not provided.; Sender's Comments: Very limited information regarding the event, Myocardial infarction, has been provided at this time. There is no patient information, no onset date and on outcome of the event. No patient information to further follow-up. This case was submitted via adverse event chatbot Text.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1374259-1	She got her vaccine, she came home and started noticing some pain and burning. She looked down and she had a big red bump the size of a nickel or a little large, flat. Then about an hour later it started to raise, and every 4 days they started going away and then come back with more of them. They are hot, red and raised and itchy when they come on. She is still getting them, popping up on her while I was talking to her. She subsequently got the 2nd vaccine on 3/26/21, LOT#028A21A. She said that now when they come since the 2nd vaccine they come in bunches 3-5 of them come up at a time. She did call her doctor and saw Dr. who gave her Triamcinolone cream to use. She then saw her provider and gave her some stronger cream to use. The one that she got from him last relieves the itching and pain and also takes hydroxyzine and he's also given her betamethasone diproprionate cream which again relieves the pain but does not get rid of anything according to her, they still continue to come back. They are now popping up every day. When it first started it was every 4 days, and then they would go away and then they would pop up again. Now, they are popping up every day. Her left side of her face swelled on one side and went numb on 4/25/21. She then went to the doctor on 4/27/21 and he told her that it came from the vaccine. Her face is still swollen on the left side. He did not give her anything for that. She went and had an echocardiogram on 5/19/21 and they called with the results yesterday and told her that she had a myocardial infarction, but she did not know when. Her PCP told her to just continue taking the medications that she is already taking. She is supposed to go back for a FU on 7/29/21. She cannot sleep and is getting aggravated that these bumps will not go away. They look bad and she has pictures of what they look like. She would like somebody to tell her doctor what to do to treat her symptoms so that they will go away and not come back.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1374655-1	Massive heart attack. Unusual and aggressive clot formation. Stent was place and almost immediately clotted again despite heparin infusions.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1376517-1	"INITIALLY: Patient described having Flu- like symptoms of fatigue, body aches, also nausea within hours of receiving the vaccine. She had to stay in bed for 2 days because of it and her arm was ""extremely"" sore, and the symptoms were on and off for the subsequent 2 weeks. THEN: Patient gets admitted to the hospital on 5/15/21 (two weeks from the shot) for a HEART ATTACK. She presented with atypical symptoms, describing a ""pulling sensation"" in the back of her head and extreme weakness where she couldn't stand. Patient was then hospitalized twice due to the heart attack, and will require open heart surgery which she is scheduled for later this month. Patient is on several new medications now."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1376953-1	After second dose, individual became weaker and needed to use of cane to walk around. Became progressively weaker over course of a few weeks, then on May 14th had chest pressure, nausea, and dizziness. This continued, Wednesday May 19th complained of trouble breathing, shortness of breath, but felt better Friday, May 21st, until Saturday May 22nd at 6:00 AM individual complained of more severe chest pressure. Taken to hospital, determined heart attack and kidney failure.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1377844-1	Pain radiating from the tips of one hand to the tips of the other along with chest pain like a truck was setting on it!
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1378165-1	Heart attack, stroke like symptoms
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1378780-1	2 heart attacks happened 2 days after first dose of vaccine. patient was hospitalized. It could have been not related to the vaccine.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1380753-1	"Had a stroke; Minor heart attack the same day as the stroke; Did not feel right; Could not lift her arm, it felt like a thousand pounds; Could not get up, her right leg gave out; Kidney disease; Felt tired; This spontaneous case was reported by a patient family member or friend (subsequently medically confirmed) and describes the occurrence of CEREBROVASCULAR ACCIDENT (Had a stroke) and MYOCARDIAL INFARCTION (Minor heart attack the same day as the stroke) in a 53-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced CEREBROVASCULAR ACCIDENT (Had a stroke) (seriousness criteria hospitalization and medically significant), FEELING ABNORMAL (Did not feel right), LIMB DISCOMFORT (Could not lift her arm, it felt like a thousand pounds), MUSCULAR WEAKNESS (Could not get up, her right leg gave out) and FATIGUE (Felt tired). an unknown date, the patient experienced MYOCARDIAL INFARCTION (Minor heart attack the same day as the stroke) (seriousness criterion medically significant) and RENAL DISORDER (Kidney disease). The patient was hospitalized from sometime in May 2021 to 28-May-2021 due to CEREBROVASCULAR ACCIDENT. At the time of the report, CEREBROVASCULAR ACCIDENT (Had a stroke), MYOCARDIAL INFARCTION (Minor heart attack the same day as the stroke), FEELING ABNORMAL (Did not feel right), LIMB DISCOMFORT (Could not lift her arm, it felt like a thousand pounds), MUSCULAR WEAKNESS (Could not get up, her right leg gave out), RENAL DISORDER (Kidney disease) and FATIGUE (Felt tired) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Around 8:30-9:00pm, the patient did not feel right, could not lift her right arm, could not get up and her right leg gave out. She was taken to the hospital where ""they said she had a stroke."" She was hospitalized then and was released 28-May-2021. The patient would require rehab for next 6-12 months. Additionally, it was also reported that the patient suffered a minor heart attack the same day as the stroke. It was reported that the patient suffered two strokes, however, there was no further information about the second stroke. At the hospital, in regards to patient's medical history, the doctors mentioned ""kidney disease"" and that the patient had ""blood pressure"" before. Concomitant medication use included ""blood pressure pills."" 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. No treatment information was provided.; 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
				Diabetes; Coagulation disorder; RESTLESNESS; Exposure to COVID-19; COVID-19 respiratory infection; Injection site warmth; injection site pain; injection site swelling; Heart attack; Coronary Artery Occlusion; This case was received via an unknown source (no reference has been entered for a health authority or license partner) on 27-Apr-2021 and was forwarded to Moderna on 28-Apr-2021. This case was received via an unknown source (no reference has been entered for a health authority or license partner) on 27-Apr-2021 and was forwarded to Moderna on 28-Apr-2021. This spontaneous case was reported by a physician and describes the occurrence of CORONARY ARTERY OCCLUSION (Coronary Artery Occlusion), MYOCARDIAL INFARCTION (Heart attack) and DIABETES MELLITUS (Diabetes) in a 55-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Co-suspect products included non-company products ADALIMUMAB (HUMIRA) for Rheumatoid arthritis, ADALIMUMAB (HUMIRA) for Rheumatoid arthritis and PREDNISONE for Rheumatoid arthritis. Previously administered products included for Product used for unknown indication: NSAIDS. Past adverse reactions to the above products included Itching with NSAIDS. Concurrent medical conditions included Non-tobacco user, Diabetes mellitus and Rheumatoid arthritis. Concomitant products included CETIRIZINE for Allergy, LISINOPRIL and HYDROCHLOROTHIAZIDE for Blood pressure increased, SEMAGLUTIDE (OZEMPIC) for Diabetes, VITAMIN D3 for Nutritional supplement, IBUPROFEN for Pain, ROSUVASTATIN and ASPIRIN [ACETYLSALICYLIC ACID] for an unknown indication. In 2017, the patient started ADALIMUMAB (HUMIRA) (Subcutaneous) 40 milligram every two weeks and ADALIMUMAB (HUMIRA) (Subcutaneous) UNK dosage form. On 24-Mar-2021, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient started PREDNISONE (unknown route) dosage form. In March 2021, the patient experienced CORONARY ARTERY OCCLUSION (Coronary Artery Occlusion) (seriousness criterion medically significant). On 20-Mar-2021, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criterion medically significant). On 24-Mar-2021, the patient experienced VACCINATION SITE WARMTH (Injection site warmth), VACCINATION SITE PAIN (injection site pain) and INJECTION SITE SWELLING (injection site swelling). On an unknown date, the patient experienced DIABETES MELLITUS (Diabetes) (seriousness criterion medically significant), COAGULOPATHY (Coagulation disorder), RESTLESSNESS (RESTLESNESS), EXPOSURE TO SARS-COV-2 (Exposure to COVID-19) and COVID-19 (COVID-19 respiratory infection). In March 2021, CORONARY ARTERY OCCLUSION (Coronary Artery Occlusion), VACCINATION SITE WARMTH (Injection site warmth) and INJECTION SITE SWELLING (injection site swelling) had resolved. At the time of the report, MYOCARDIAL INFARCTION (Heart attack) was resolving, DIABETES MELLITUS (Diabetes), EXPOSURE TO SARS-COV-2 (Exposure to COVID-19) and COVID-19 (COVID-19 respiratory infection) outcome was unknown, COAGULOPATHY (Coagulation disorder) had not resolved and RESTLESSNESS (RESTLESNESS) and VACCINATION SITE PAIN (injection site pain) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In March 2021, Blood test: unknown (abnormal) Diabetes.. In March 2021, Electrocardiogram: unknown (abnormal) Heart attack.. In March 2021, SARS-CoV-2 test: positive (Positive) positive. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. On an unspecified date, 3 weeks prior to the heart attack, the patient reported that she had covid-19 infection and she possibly contacted the infection from her husband. On an unspecified date, treatment included stent placement, metoprolol, prasugrel and Ativan (lorazepam). Based on the current available information and temporal association between the use of the product and the start dates of the events as (EXPOSURE TO SARS-COV-2 ,COVID-19 respiratory infection, VACCINATION SITE WARMTH VACCINATION SITE PAIN, and VACCINATION SITE SWELLING , a causal relationship cannot be excluded. Based on reporter's causality (On 20-Mar-2021, the patient experienced MYOCARDIAL INFARCTION and On 24-Mar-2021, the patient received dose of mRNA-1273) the events as CORONARY ARTERY OCCLUSION ,MYOCARDIAL INFARCTION, COAGULOPATHY,DIABETES MELLITUS, RESTLESSNESS and Rheumatoid Arthritis does not have temporal relationship with the vaccine and assessed as unlikely related to mRNA-1273. All these events are part of medical history of the patient. Most recent FOLLOW-UP information incorporated above includes: On 04-Jun-2021: Followup received on 07-JUN-2021 and contains NNI.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start dates of the events as (EXPOSURE TO SARS-COV-2 ,COVID-19 respiratory infection, VACCINATION SITE WARMTH VACCINATION SITE PAIN, and VACCINATION SITE SWELLING , a causal relationship cannot be excluded. Based on reporter's causality (On 20-Mar-2021, the patient experienced MYOCARDIAL INFARCTION and On 24-Mar-2021, the patient received dose of mRNA-1273) the events as CORONARY ARTERY OCCLUSION ,MYOCARDIAL INFARCTION, COAGULOPATHY,DIABETES MELLITUS, RESTLESSNESS and Rheumatoid Arthritis does not have temporal relationship with the vaccine and assessed as unlikely related to mRNA-1273. All these events are part of medical history of the patient.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1384852-1	
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1384955-1	Patient received the second Moderna vaccine shot on 041021.Wednesday morning at 6:15am , May 19 she felt bad that morning, She received a 4mm stent for the 100% blockage in the left anterior descending artery. She had a massive heart attck. She remained in the hospital for 3 days. She has 0 Risk factors for heart disease. Hospital. 3 day Stay May 19 before noon, released May 22 2021

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1388131-1	none
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1388332-1	Heart Attack on 4/29/2021, no artery blockage found by doctor. Elevated Blood Pressure.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1389069-1	Pt had heart attack 2 weeks after receiving the vaccine and passed away.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1391609-1	Patients mother called. Her some began having symptoms (I believe she said) the day after the vaccine. Fever, feeling under the weather. Began having chest pains and shortness of breath. He was admitted to the hospital 2 days after vaccine. An EKG was performed showing the patient was experiencing mini heart attacks.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1391896-1	4/14/21 12 hours post shot extreme dyspnea lasting 7 weeks now. Dizzy light headed.Emergency room visit 4/17/21 blood work indicated increase troponin and potential blood clot in lung. Heart attack 4- 27-21. Second ER visit 5/8/21 which showed additional increase in troponin levels. Second heart attack on 5/22/21. Intense back pain between shoulder blades over shoulders and on chest. Additional squeezing in chest and neck pain.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392103-1	Severe chest pain started Thursday evening, May 27th. Chest pain lasted throughout the night but went away. Friday, May 28th chest pain came back at 10:00am and progressively got worse. Chest pain was localized in the mid- sternum region.
MYOCARDIAL INFARCTION	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.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				"Patient declined second vaccination due to adverse; nausea; stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was have an arrhythmia and/or heart attack; stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was have an arrhythmia and/or heart attack; chest pain; blisters on head becoming infected; skin on entire body became red; skin on entire body became red, itchy; entire body having a burning sensation; scalp became purple and developed multiple blisters; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of ARRHYTHMIA (stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was have an arrhythmia and/or heart attack) and MYOCARDIAL INFARCTION (stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was have an arrhythmia and/or heart attack) in a 61-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included MRSA wound infection. Concurrent medical conditions included Anginal pain, Heart failure, Post-traumatic stress disorder, COPD, Neuropathy, Mucous discharge, Yeast infection (under breasts and abdomen fold), Acid reflux (esophageal), Cholesterol total abnormal NOS, Sleep problem, Depression and Cardiac assistance device user (implantable defibrillator). Concomitant products included RABEPRAZOLE SODIUM (ACIPHEX) for Acid reflux (esophageal), NITROGLYCERIN for Anginal pain, METOPROLOL and ISOSORBIDE DINITRATE (ISOSORBIDE [ISOSORBIDE DINITRATE]) for Anginal pain and Heart failure, IPRATROPIUM and MONTELUKAST for COPD, ROSUVASTATIN CALCIUM (CRESTOR) for Cholesterol, FLUOXETINE and BUPROPION for Depression, ACETYLSALICYLIC ACID (ASPIRIN 81) for Heart disorder, POTASSIUM and BUMETANIDE;POTASSIUM for Heart failure, GUAIFENESIN for Mucous discharge, GABAPENTIN for Neuropathy, CABERGOLINE for Pituitary disorder NOS, TERAZOSIN HYDROCHLORIDE (PROZOSIN) for Post-traumatic stress disorder, DULOXETINE HYDROCHLORIDE (DOXETIN) for Sleep disorder, NYSTATIN for Yeast infection. On 02-Apr-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 02-Apr-2021, the patient experienced ERYTHEMA (skin on entire body became red), PRURITUS (skin on entire body became red, itchy), SKIN BURNING SENSATION (entire body having a burning sensation) and BLISTER (scalp became purple and developed multiple blisters). On 05-Apr-2021, the patient experienced BLISTER INFECTED (blisters on head becoming infected). On 18-May-2021, the patient experienced CHEST PAIN (chest pain). On 30-May-2021, the patient experienced ARRHYTHMIA (stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was have an arrhythmia and/or heart attack) (seriousness criterion medically significant), MYOCARDIAL INFARCTION (stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was have an arrhythmia and/or heart attack) (seriousness criterion medically significant) and NAUSEA (nausea). On an unknown date, the patient experienced INTENTIONAL DOSE OMISSION (Patient declined second vaccination due to adverse). The patient was treated with NITROGLYCERIN (intravenous) on 30-May-2021 for Arrhythmia and Heart attack, at a dose of 1 dosage form and CEFRADINE (LINDEX [CEFRADINE]) (topical) for Scalp blister, at a dose of 1 dosage form. At the time of the report, ARRHYTHMIA (stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was have an arrhythmia and/or heart attack), MYOCARDIAL INFARCTION (stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was have an arrhythmia and/or heart attack), ERYTHEMA (skin on entire body became red), PRURITUS (skin on entire body became red, itchy), SKIN BURNING SENSATION (entire body having a burning sensation), BLISTER (scalp became purple and developed multiple blisters), BLISTER INFECTED (blisters on head becoming infected) and NAUSEA (nausea) outcome was unknown, CHEST PAIN (chest pain) had not resolved and INTENTIONAL DOSE OMISSION (Patient declined second vaccination due to adverse) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 18-May-2021, Troponin: normal (normal) normal. On 30-May-2021, Troponin: normal (normal) normal. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Patient reported that on 18-MAY-2021 she experienced chest pain and went to the emergency room via ambulance. Patient did not receive any medication in emergency room and was discharged 17 hours later because her Troponin levels were normal. On 30-MAY-2021 patient had stabbing pain in heart and her internal defibrillator sent the manufacturer a message that she was having an arrhythmia and/or heart attack. The patient was air lifted to the hospital. The patient stated that she was put on a Nitroglycerin IV drip and antiemetics in the emergency room. The patient's troponin levels came back normal and was discharged after 12 hours in the emergency room. At the time of report, on 02-JUN-2021, patient stated that she still had chest pain, and the pain remained 3 out of 10. Company Comment: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. further information has been requested. For the event ""Intentionally missed dose"" causality assessment is not applicable.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. further information has been requested. For the event ""Intentionally missed dose"" causality assessment is not aplicable."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1394057-1	

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1394575-1	Heart Attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1394685-1	He died suddenly on May 13th. Had just had thorough physical prior to vaccines. Perfect health, weight perfect. No prior health concerns. Heart attack or stroke in his yard. After his first dose on March 16, 2021 he ceased his several mile walk each day stating he was tired and lethargic. He was a military man that rose each day of his life to that walk. His second dose was 04/16/21 he still did not continue the walks and on May 13, 2021 died suddenly of heart attack or stroke.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1395189-1	Massive heart attack
MYOCARDIAL INFARCTION	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
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1395663-1	Massive heart attack and death
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1395851-1	Reporting today because the doctor at the hospital told me that he didnot understand what caused my heart attack. When he did the heart cath there were no clogged arteries or evidence of hypertension.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1395882-1	anterior STEMI admitted on 5/11/21 with left chest and arm pain. Underwent stent to LAD pt stated he developed chest discomfort and SOB a few days after his 1st moderna vaccine in Mid April
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1396772-1	Heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1398494-1	heart attack; Heart palpitations elevated; Heart rate went high; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (heart attack), PALPITATIONS (Heart palpitations elevated) and HEART RATE INCREASED (Heart rate went high) in a 66-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 041L20A) for COVID-19 vaccination. Concomitant products included MULTIVITAMINS [VITAMINS NOS] for an unknown indication. On 16-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYOCARDIAL INFARCTION (heart attack) (seriousness criteria hospitalization and medically significant), PALPITATIONS (Heart palpitations elevated) (seriousness criterion hospitalization) and HEART RATE INCREASED (Heart rate went high) (seriousness criterion hospitalization). At the time of the report, MYOCARDIAL INFARCTION (heart attack), PALPITATIONS (Heart palpitations elevated) and HEART RATE INCREASED (Heart rate went high) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Heart rate: high (High) High. Other concomitant product include high blood pressure medication. Treatment information was not reported. Action taken with mRNA-1273 in response to the event was Not Applicable 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
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1398501-1	Heart attack; Clots in my coronary arteries; Lot o itching especially on my arms and legs; Skin rashes; Based on the current case data, this case has been classified as invalid. This spontaneous case was reported by a health care professional (subsequently medically confirmed) and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack), CORONARY ARTERY THROMBOSIS (Clots in my coronary arteries), PRURITUS (Lot o itching especially on my arms and legs) and RASH (Skin rashes) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 11-Mar-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 30-Mar-2021, the patient experienced PRURITUS (Lot o itching especially on my arms and legs) (seriousness criterion life threatening) and RASH (Skin rashes) (seriousness criterion life threatening). On 28-May-2021, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criteria hospitalization, medically significant and life threatening) and CORONARY ARTERY THROMBOSIS (Clots in my coronary arteries) (seriousness criteria hospitalization, medically significant and life threatening). At the time of the report, MYOCARDIAL INFARCTION (Heart attack) and CORONARY ARTERY THROMBOSIS (Clots in my coronary arteries) was resolving and PRURITUS (Lot o itching especially on my arms and legs) and RASH (Skin rashes) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 28-May-2021, Angiogram: clots in findings (abnormal) Clots in coronary arteries. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medication provided. No treatment information mentioned. The patient received both scheduled doses of mRNA-1273 prior to the events, therefore action taken with the drug in response to the events was not applicable. Patient was discharged and is continuing the treatment as prescribed. Company comment:Based on the current available information; although the use of the product and the start date of the events were not temporarily closed, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information; although the use of the product and the start date of the events were not temporarily closed, a causal relationship cannot be excluded.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1398528-1	heart attack; Based on the current case data, this case has been classified as invalid. This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (heart attack) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) unknown. On an unknown date, the patient experienced MYOCARDIAL INFARCTION (heart attack) (seriousness criteria death and medically significant). The reported cause of death was Myocardial infarction. It is unknown if an autopsy was performed. Concomitant medications were not reported. No treatment information was provided. Patient reported a family member died from a heart attack shortly after getting your vaccine. Very limited information regarding this event has been provided at this time. Further information has been requested.; Sender's Comments: Very limited information regarding this event has been provided at this time. Further information has been requested.; Reported Cause(s) of Death: Myocardial infarction
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1402834-1	Strokes, very weak, vomiting, suffered mild heart attack.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1403424-1	Hospital Course: Complicated. Patient was brought in for ostomy reversal, had a colonoscopy performed through his colostomy which revealed the patient to have a right colonic mass, mass was an adenocarcinoma. Had a right colectomy performed , had a massive myocardial infarction and died. Complicated 1 year, started with COVID 19 - patient was admitted prolonged amount of time due to complications of COVID 19 , developed a large decubitus ulcer which was not healing. Was being followed by Dr wound care center. Multiple debridements. Failure to heal. Referred to me for a diverting colostomy to facilitate healing of the large decubitus ulcer. Diverting colostomy was performed September 2nd 2020. Patient had plastic surgery, flap surgeries, in December 2020 and January 2021. finally healed. Brought for a ostomy reversal, found large mass in the cecum attempted endoscopic removal, with micro perforation, taken to the operating room immediately from endoscopy suite had a right colectomy. Colostomy started functioning, patient was recovering, suddenly started having chest pain and had a massive myocardial infarction.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1403776-1	Three days after the vaccine I started to have tightness in my chest when exercising. On June 9, I had a mild heart attack. One June 10th, heart catheterization revealed that I had blockage in two arteries

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1407804-1	As per wife's account, patient died approximately 9 days after receiving vaccine on 4/21 of massive, unknown (suspected cardiac) event. Wife explained that patient was diagnosed with Wolff-Parkinson-White (WPW) syndrome prior to being vaccinated. PCP unaware of diagnosis, and patient did not disclose that on vaccine consent form. Patient reported to his wife that he was feeling unwell after receiving vaccine including unable to move legs well. Patient later diagnosed with thrush and supposedly treated by physician. Patient did not discuss concerns regarding vaccine or WPW with physician. Patient called his wife the day of death and asked her to bring him to the doctor the following day. Wife reported that patient experienced seizures but not concerned as it was similar to childhood seizure. Wife was done at work and drove home after phone call, arriving at house approximately 10-15 minutes after call. Patient supposedly dead when wife arrived. Wife performed CPR for ~15 minutes until EMS arrived, and EMS attempted for another 40 minutes for any electrical activity. Wife declined full autopsy from ME, suspecting that it was massive MI or clot. Wife and patient unaware that WCW could place patient at risk of clots and wondering if the vaccine was partially responsible.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1409932-1	"The evening of his second shot, he collapsed. He said he became light headed, but I believe he may have lost consciousness briefly. He rand a low fever for 12 hours. Afterwards, he complained that he had ""not felt right"" since the second shot. He died of a heart attack on May 27, roughly one month after his second shot."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0905774-1	Nurse reports that patient had no problems after receiving vaccination. Patient went home and EMS was called early the next morning and team administered vaccination was contacted physician that the associate works for stating the patient had a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0914917-1	Death by massive heart attack. Pfizer-BioNTech COVID-19 Vaccine EUA
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0923415-1	"A nurse got Bell's Palsy after the vaccine; heart attack; This is a spontaneous report from a contactable consumer. A female patient (nurse) of an unspecified age received single dose of BNT162B2 (batch/lot number and exp date not reported), via an unspecified route of administration on an unspecified date for immunization. The patient's medical history and concomitant medications were not reported. The consumer asked if Pfizer have more information if so then what's the ingredients. States that ""injury lawyers know how many deaths because of the vaccine. Bell's palsy, a nurse got Bell Palsy after the vaccine, she is all distorted, and 30 days later, that's the 2nd one to have a heart attack."" The outcome of the events was unknown. Information on the Lot/Batch number has been requested."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0923416-1	2nd one to have a heart attack; This is a spontaneous report from a contactable consumer. A female patient of an unspecified age received BNT162B2 via an unspecified route of administration on an unspecified date at a single dose as Covid vaccine. Medical history and concomitant medications were not reported. After stating Pfizer has submitted a request for Emergency Use Authorization for potential COVID-19 vaccine and it was now in the FDA's hands, the reporter inquired if Pfizer had more information if so then what's the ingredients. It was then reported that the patient's the 2nd one to have a heart attack on an unspecified date. The outcome of the event was unknown. Information on the Batch/Lot number has been requested.; Sender's Comments: The association between the event heart attack with BNT162b2 can not be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0928378-1	Congestion Shortness of breath Tachycardia Transferred out 911. Per hospital, patient had a myocardial infarction, is unresponsive, and on hospice services.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0930466-1	Fever, shortness of breath and chest pain that resulted in a heart attack a few hours after vaccination
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0930889-1	I had a myocardial infarction on December 27, 2020. I had received my first vaccination for COVID-19 on December 22, 2020. Not sure if these are related but I felt I should report it.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0931417-1	"Myocardial Infarction: patient began to complain of severe chest pain 3 hours after the vaccine was given .. Vaccine NDC # 59267-1000-1. 0.3 ml given by RN. Patient called his PCP: ""... I had very bad chest and shoulder pains, neck pains and slight fever from 9 pm until early this morning (Jan 8). My blood pressure was 155/95 mmHg. Should I see you today? Still feel sore all upper body. Above message received at 0720 am (Jan 8) and the patient was called back at 0757 am (Jan 8): patient was told that many of the side effects above were related to the vaccine but the chest pain was worrisome and the provider requested the patient go to the emergency room. Patient understood the importance to seek medical attention..... Emergency Room notes: seen by MD on Jan 9. Note at 0749: patient complained of chest pain on/off since received COVID vaccine on Jan 7. Pain was substernal and radiated to the left shoulder, assoc with some SOB. EKG obtained and revealed ST segment elevation and a ""cardiac alert"" was called."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0937444-1	Resident was found deceased at approximately 6pm in her apartment
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0944252-1	Myocardial Infarction; This is a spontaneous report from a contactable Other healthcare professional (patient). A 64-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Batch/lot number: 20201216-1), via an unspecified route of administration on 16Dec2020 08:15 at single dose for COVID-19 immunization, vaccine location provided as Left arm. Medical history included arthritis and sulfa allergy. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient's concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced myocardial infarction on 19Dec2020 23:00. The patient was hospitalized for myocardial infarction for 3 days. The patient underwent lab test which included Covid test via Nasal Swab post vaccination on 20Dec2020 with test result Negative. Therapeutic measure Cardiac cath procedure was taken as a result of myocardial infarction. The outcome of the event was recovering. This case was reported as Serious with seriousness criteria hospitalization.; Sender's Comments: The Company cannot completely exclude the possible causality between the reported myocardial infarction and the administration of COVID-19 vaccine, BNT162B2, based on the reasonable temporal association. However, more information is required, such as the complete medical history, clinical course, for the Company to make a more meaningful causality assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RA, IEC, as appropriate.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0949920-1	Tightness and pain in chest leading to hospitalization and diagnosis of heart attack at 3 am
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0951678-1	Heart attack death medical test
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0952483-1	On 01/13/2021 at about 11pm I began having pain in both arms and across my chest. Also nausea and vomiting. At midnight I went to the Emergency room and was diagnosed with a heart attack, underwent emergency catheterization and stent placement. I had complete occlusion of the right coronary artery
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0953922-1	The day following the vaccine, the patient complained of throat issues and anxiety. This was not new... however . That evening he reported difficulty breathing and was placed on oxygen; a COVID test was performed and was negative. On 12/30/2020, patient complained of sternal pressure and was transferred to the hospital. The patient died 12/31/2020 and records obtained from the hospital indicated the patient died from a massive myocardial infarction.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0961843-1	Heart attack / she had a MI / diagnosed as a NSTEMI; This is a spontaneous report from a contactable healthcare professional (patient). This 52-year-old female patient received the first single dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) in left arm, on 07Jan2021, for COVID-19 vaccination. Medical history included autoimmune thyroiditis (Hashimoto's thyroiditis) from 1998 and vitiligo from 1988. She was overweight. She had really no other risk factors. Concomitant medications were not reported. On 08Jan2021 the patient experienced heart attack and she had a MI, then a cardiac catherization that was normal and a normal echo as well. She said it was diagnosed as a NSTEMI and not a large MI, the smaller version. These events required hospitalization from 08Jan2021 to 12Jan2021. MI occurred after she finished clinic and she was not standing or doing anything, just sitting and she had chest pain. Her office was right next to the ER, so she received treatment within an hour and they were able to help her. She said that her hospital couldn't do a cardiac cath, so on 11Jan2021 they moved her to an hospital which was another treatment facility. When she had her MI they gave her acetylsalicylic acid (ASPIRIN) and sublingual nitroglycerin. They tested her troponin and did an EKG which was abnormal on an unspecified date in Jan2021. On 08Jan2021 troponin was increased. When they treated her with nitroglycerin and Aspirin, two hours later her EKG was normal and her troponin came down overnight on 09Jan2021, which was when they said for sure that she had a heart attack. The patient said it was very scary to have a heart attack, but thankfully there was not a lot of damage done and she was able to get treatment quickly. She did not think the event was disabling since they did not see much damage to her heart muscle, it was a near miss kind of thing. She said it was life changing in that she will now be on medication forever, she will be on at least a baby Aspirin and probably something like a statin for the rest of her life. She was recovering, it was unknown what the lasting effects may be, she felt normal but tired from her hospital stay. Heart attack resolved on 08Jan2021. Information on the lot/batch number has been requested.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the event acute myocardial infarction cannot be excluded. The contributory role of the patient age and background of obesity cannot be excluded as well. 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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0975184-1	The patient had a heart attack and died at a local hospital morning of 1/19/2021.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0979112-1	Left arm pain Hand pain left hand Numbmess from shoulder to hand left side Neck pain left side Chest pain left side Jaw pain left side Kidney pain left side Headache Was given Nitro pill and 3 1/2 baby aspirin by paramedics at testing site. Another Nitro pill in ambulance on the way to hospital. Treated for heart attack dueto Vaccine

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0986105-1	gastritis; heart burn; Chest pain; The EKG said she had a heart attack; This is spontaneous report from a contactable nurse (patient). A 38-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 29Dec2020 13:00 at single dose at right arm for covid-19 immunization. Medical history included heart attack from Apr2019 to an unknown date, covid-19 from Jul2020 to an unknown date (really sick with it). The patient's concomitant medications were not reported. Patient didn't receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient got the first COVID19 vaccine and a few days after started having chest pain on 02Jan2021 at 1:00AM, event was serious per medically significant. She went to the doctor and they did an EKG on 08Jan2021. The EKG said she had a heart attack. The heart attack was about the time she had chest pain after the first injection. Patient called her doctor on Monday, 04Jan2021. She had a televideo appointment on 06Jan2021. She went to the doctor's office and had EKG on 08Jan2021 and was sent to the hospital. She didn't get admitted because there were no beds. Outcome of the event chest pain, she would say she had recovered on 02Jan2021 with lasting effects because she was in the hospital again for the same thing. She went to the hospital the second time for chest pain that woke her up on 11Jan2021. It started at like 3AM. She thought it was heart burn. She tried to go back to sleep. It continued while she was at work. She told her supervisor who sent her to the hospital. They did not admit her. They did do an EKG on 11Jan2021 and it was abnormal, but not indicative of heart attack. Thought it was gastritis. Her doctor thought the heart attack was on the 02Jan2021. The same thing happened with her heart and she had a heart attack in Apr2019. History of all previous immunization with the Pfizer vaccine considered as suspect was none. No additional vaccines administered on same date of the Pfizer suspect. Patient stated she didn't go to the ER, but called doctor's office on the following Monday. There was no adverse event following prior vaccinations. Outcome of event chest pain was recovered with sequel, and outcome of other events was unknown. Information on lot/batch number has been requested.; Sender's Comments: Based on the available information, a possible contributory role of the suspect BNT162B2 in the development of the events chest pain and heart attack cannot be excluded. The events are confounded by the patient's underlying cardiovascular conditions. The impacts of this report on the benefit/risk profile of the 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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0986123-1	passed away-heart attack; This is a spontaneous report from a contactable consumer, the daughter of the patient from a Pfizer Sponsored program Pfizer First Connect. A male patient of an unspecified age received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN), via an unspecified route of administration on 19Jan2021 as a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. On 24Jan2021, the patient passed away due to a heart attack. It was not reported if an autopsy was performed. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.; Reported Cause(s) of Death: passed away-heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0989015-1	Myocardial Infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0993823-1	died due to heart attack; This is a spontaneous report from a contactable consumer (reporting for her son-in-law) from the Pfizer-sponsored program Pfizer First Connect. A male patient of an unspecified age received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on an unspecified date at a single dose for COVID-19 immunization. The patients medical history and concomitant medications were not reported. The patient died due to heart attack on an unspecified date. The patient died on an unspecified date. It was unknown if an autopsy was performed. Follow-up (28Jan2021): This follow-up is being submitted to notify that the lot/batch number is not available despite the follow-up attempts made. Follow-up attempts completed. No further information is expected.; Reported Cause(s) of Death: died due to heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1000227-1	heart attack; This is a spontaneous report from a contactable consumer (patient). A 67-year-old male patient received bnt162b2 (BNT162B2, lot # EL9263) at single dose at left arm on 23Jan2021 14:15 for Covid-19 immunisation. Medical history included hypertension, high cholesterol. No known allergies. The patient had not experienced Covid-19 prior vaccination. There were no concomitant medications. The patient had not received any other vaccines within 4 weeks prior to the BNT162B2 vaccine. On 24Jan2021 06:00, the morning after he received the COVID-19 vaccine, he had a heart attack. The patient was hospitalized for heart attack for 2 days and evet was considered life threatening. The doctor placed 2 stents in his arteries. The patient underwent lab tests and procedures which included Sars-cov-2 test: negative on 24Jan2021.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1000670-1	she was hurting at her chest/ Chest pain; on her left arm hurt real bad that's what the clot on her left arm; on her left arm hurt real bad that's what the clot on her left arm; She passed away; heart attack; This is a spontaneous report from a contactable consumer. An 87-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 19Jan2021 at single dose for COVID-19 immunisation. Medical history included diabetes mellitus, for which she was taking a pill like an hour before she would take her meal. On Monday (Jan2021) the patient experienced was hurting at her chest/ chest pain, her left arm hurt real bad as she had a blockage in her left arm/clot on her left arm, and they wanted to put in a stent and after the surgery it went well and she all go home in two days. The patient was hospitalized in Jan2021 due to the events. She had a heart attack and that the chamber between the dividers had a hole in it and her heart tissue was too thin so much thin she couldn't repair it. The patient passed away on 26Jan2021. The patient was tested negative for COVID-19 on unknown date. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: She passed away
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1000856-1	"Myocardial infarction Narrative: PMH significant for aortic valve stenosis, mitral valve stenosis, CKD, CHF, DM, HTN, obesity, hypothyroidism and dyslipidemia. Per report from primary care - the patients wife reports that the patient went on Saturday (1/30/21 - about 1050) morning to receive his COVID vaccine. He returned home and told her about the experience and denied any side effects. He then proceeded to sit in his easy chair for a while and around 1:30, she asked him if he wanted any lunch. The patient's wife reports he ""grumbled"" at her, and then got up to go to the bathroom. She then heard a loud crash and found him lying on the floor of the bathroom, with his head knocking hole in the wall as he fell. She could not detect a pulse. She called 911 and began compressions. First responders to the scene likewise tried to revive him but were not successful in her efforts. Per primary care documentation - Uncertain if related to Pfizer vaccine; vaccine administered on 1/30/21 and approximately 3 hours later suffered fatal MI at home."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1006641-1	Had Heart Attack like symptoms - sent to Hospital
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1017272-1	Myocardial infarction Pancytopenia
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1020399-1	Patient had vaccine on 1/29/21 and had STEMI on 2/4/21, started with back pain symptoms on 1/31/21 requiring hospitalization and MI occurred in the hospital

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1021998-1	Numbness in face, legs; Slight headache; Whole chest froze up; It has been an effort to talk, she was really working hard to talk; Muscle tightness around her whole face; Legs weren't steady enough; Didn't feel well; She was very weak; Could only stay awake for very short amounts of time; She never had trouble with her stomach like this before; Lip has a slight droop on left side of her face; Felt like she was having a heart attack; Felt extreme exhaustion; Not able to eat; She thought she has low blood sugar; This is a spontaneous report from a contactable consumer (the patient). An 86-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EL3249, expiration date not reported), via an unspecified route of administration (left arm) on 21Jan2021 14:50 at a single dose for COVID-19 immunization. Medical history includes therapy on her back from the past, from an unknown date. Concomitant medication included melatonin to sleep and, paracetamol (TYLENOL) to sleep. The patient received the first dose of the vaccine on 21Jan2021 at around 2:50 PM, the next morning on 22Jan2021, she felt extreme exhaustion, she'd get up and have to get back to bed, not able to eat, and she thought she has low blood sugar. She got up and had a bowl of cereal. On an unspecified date, the patient also reported numbness in face, legs and slight headache, and need to eat all of a sudden or pass out, and these has gone on for five days now (at time of report). The patient also reported that her lip has a slight droop on left side of her face which was concerning her. The patient reported that after numbness and not eating, she had some ice cream and her whole chest froze up, and it felt like she was having a heart attack. Her chest felt like ice which never had happened before. It has been an effort to talk, she was really working hard to talk. The patient explained she got the vaccine 5 days ago (from the time of report) and reported she had muscle tightness around her whole face, she had a slight droop on the left lip, a slight headache right across the eye brows, her legs feel a little numb off and on, she got feeling of tiredness but that passes, she had the need to go eat suddenly or she will get very weak. The reason for the call was she was wondering if she should she go for the second vaccine when 5 days after having the vaccine she was experiencing numbness. Slight droop on the left lip started but never looked close until the time of report, not a lot but the lower lip on the left side it is slightly droopy, with slight headache right across the eye brows. Her legs felt a little numb off and on, and she stated that about 3 days after the vaccine, she was afraid to take a shower because her legs weren't steady enough. They are still that way at the time of report, but this did go away for a while on a day and she was able to take a shower. She also didn't feel well after the vaccine. On the day of the vaccine, she had a good dinner and felt good; but the next morning she was very weak and could only stay awake for very short amounts of time. She was in bed and couldn't stay up and this is not like her, she did not like to be in the bed. She got the feeling of tiredness but that passes and she can stay up for longer periods of time. She had to go eat or she gets very weak, she didn't feel like eating in the beginning. It was on the 4th day after the vaccine she would have to get a bowl of cereal all of a sudden or she would feel like she was going to pass out. She never had trouble with her stomach like this before where she felt the need to have to go and eat. She explained she never had trouble with stomach, she never had headaches, and never had a vaccine before. Muscle tightness around her whole face started 2 days after getting the vaccine and was getting worse. Her face felt really tight almost numb feeling. The outcome of the events was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1022055-1	Had a mild a heart attack and mild stroke; had a mild a heart attack and mild stroke; urinary tract infection; Blood infection; A1C was 6.5; there was a little blood in his urine; he fell out of bed and couldn't get up; he was flushed; he had a fever of 101; This is a spontaneous report from a contactable consumer (patient's wife). A 74-year-old male patient (husband) received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number: EL1283) at 0.3 mL single on 20Jan2021 for COVID-19 immunization. Medical history included thyroid; hypertension, was under control with the medication; dementia, taking memantine as a treatment for dementia, no other impairment other than what he normally has from his dementia. Concomitant medications included levothyroxine; memantine for dementia; fish oil tablet; Vitamins. Patient had a mild heart attack and a slight stroke and he did have urinary tract and blood infection on 24Jan2021. They both had the first dose of the Pfizer covid vaccine on 20Jan2021, Saturday night into Sunday. He was a dementia patient, alert to his name. On 24Jan2021, he fell out of bed and couldn't get up, he was flushed, so patient's wife took his temperature, he had a fever of 101. Patient's wife couldn't move him, so called the paramedics and they took him to Hospital. Patient's wife just found out that he had a very mild heart attack and slight stroke, no impairment other than what he normally had from the dementia. Patient's wife was wondering should he get the second shot and what was the timing of the 2nd dose of vaccine. Reporter seriousness for mild heart attack, slight stroke, urinary tract and blood infection was hospitalization. They also have him on some sort of penicillin derivative for a urinary tract infection. Since he had been to the hospital, he had at his doctor's office about 2 weeks ago today, he had a blood test, a urine test. His A1C was 6.5, there was a little blood in his urine. For that since Sunday (24Jan2021) he was having MRI, he had a couple of PET scans, he had an electrocardiogram. The neurologist came in to check on him. He was in hospital now. Hospitalization date was 25Jan2021 early in the morning. The outcome of events was unknown.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1022127-1	One week to the day after patient's first vaccine he died of a heart attack; This is a spontaneous report from a contactable consumer and from a contactable physician. A 71-year-old male patient (husband) received first dose bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 12Jan2021 at single dose on the right arm for COVID-19 immunization. The patient medical history included past heart conditions. No known allergies. Patient took other medications in two weeks. Facility type vaccine was doctor's office/urgent care. No other vaccine received in four weeks. One week to the day after patient's first vaccine he died of a heart attack on 19Jan2021 18:30. Cause of death was heart attack. No COVID prior vaccination. No COVID tested post vaccination. It was unknown if an autopsy was performed. The physician reported that the patient arrived DOA. Physician signed the death certificate based on the patient's prior diagnosis. Physician would not provide additional cause of death medical background without consent. He was not aware of any adverse events experienced from the time of vaccination to the date of death. Follow-up (05Feb2021): This is a follow up spontaneous report from a contactable physician. This physician reported in response to HCP telephonic follow up activity which the following: patient death and cause of death were confirmed. Follow-up attempts are completed. No further information is expected. Information about Lot number is not available.; Sender's Comments: Based on the temporal relationship, the association between the event fatal heart attack with BNT162b2 can not be fully 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: One week to the day after patient's first vaccine he died of a heart attack
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1023344-1	"heart attack; kidneys were compromised; muscles were tightening; could hardly walk; cough; lethargic; chills; reflux in his chest; blood count went down; severe cramping in leg; Difficulty breathing; This is a spontaneous report from a contactable consumer (patient's wife). An 80-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date not provided), via an unspecified route of administration on 14Jan2021 at a single dose for COVID-19 immunization. Medical history cardiac bypass surgery years ago. The patient's concomitant medications were not reported. The reporter stated that on 14Jan2021, the reporter and the patient had the first Pfizer vaccine dose, their second dose is scheduled on 04Feb2021. She stated that 2 days after the first dose, on 16Jan2021, the patient's muscles were tightening, could hardly walk, had a cough, was lethargic, had chills and was compalaining of having reflux in his chest. She stated that they had appointments that day with their Internist and their Cardiologist. Both physicians felt ""all his symptoms"" were probably from the vaccine. That night she took him to the ER and he had had a heart attack. They did a cardiac cath and had one of two stents put in. His ""kidneys were compromised"" and the HCP couldn't give the amount of dye needed to add another stent. So he still needs another stent. Also the ""blood count went down."" She added that her husband had cardiac bypass surgery years ago. They were concerned that he had a heart attack and asked if he should get the second dose. She added that on 16Jan2021, the patient had severe cramping in the leg, lethargic, chills, and difficulty breathing and he ended up going to the doctor. They had the vaccine on the 14Jan2021. Saturday it just hit him like a ton of bricks. He got worse on Saturday and worse on Sunday and even more worse on Monday. She took him to the Internist and the Cardiologist, they checked him and found he was okay, just lethargic. He also complained of reflux in chest. Around 11:00 that night he had a heart attack and she had to get EMS. He ended up getting a stent and they have to do another one and they had to do something with his kidneys. She wanted to know if he should get the second vaccine. She would hate to put him in a tailspin again. They were trying to get over this huge problem with his heart and then kidneys. They had to hydrate his kidneys in order for dye to go through so it wouldn't damage his kidney during catherization. She knows that one of the things the vaccine does is it activates the immune system to keep you from getting Covid. She wanted to know if it activates other stuff in the body. She asked if it would be recommended for him to slow it down since he just had the first dose. He is going to the Cardiologist and they say to discuss with the Internist, but she would like to speak with someone. She declined report and asked about the wait time to speak with someone since she does not want to leave him alone for long since he just got home from hospital. The outcome of the events was unknown. Information on the lot/ batch number has been requested."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1025399-1	Systemic: Heart Attack-Severe
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1028452-1	The patient suffered embolic strokes and was admitted to the hospital the day after she received her first COVID-19 vaccination. She has a history of strokes, with atrial fibrillation, but was faithfully taking her Eliquis at the time she suffered these recurrent strokes.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1028476-1	She started having breathing problems/heart attack appearance. on 1/22/21 and went to the ER. Upon admittance was told it was an anaphylactic shock from the Covid shot. They kept her in ICU and released her 1/23/21. At 12:45 am on 1/24/21 she passed out and we called the ambulance. Hospital admitted her and worked through multiple organ failure issues and thought her numbers were under control. She was released on 1/27/21 and was driving on 1/28/21 around 4:15 pm and appears to have had heart failure and had a wreck. She passed away that day.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1029374-1	On 2/4/21, at around 3:00pm he began feeling very tired and he began burping in the evening. The following morning, he woke up early and was still burping and not feeling well. At around 5:00am, he collapsed. My mother called 9-1-1 and began giving CPR. The paradamics arrived and tried to revive him, and transported him to the hospital but at 6:11am, he was pronounced dead of a heart attack. He was healthy.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1030125-1	reddened area with bruising with nodule; reddened area with bruising with nodule; numbness and tingling in right thumb; numbness and tingling in right thumb; EKG abnormal; large bruise on right buttock/right thigh/right arm; Chest discomfort; Heart attack; This is a spontaneous report from a contactable nurse (patient). A 53-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration in the left arm, on 06Jan2021 (at the age of 53-years-old) at a single dose for COVID-19 immunization. The patient had no medical history or concomitant medications. The patient experienced electrocardiogram (EKG) abnormal and large bruise on right buttock/right thigh/right arm on 08Jan2021; numbness and tingling in right thumb on 10Jan2021; reddened area with bruising with nodule on 26Jan2021; chest discomfort and heart attack in Jan2021. The clinical course was reported as follows: Two days later after vaccination, she noticed bruising on various parts of body. The first bruise she noticed on the 08Jan2021. It was probably about 3.5 inches in length 2 inches in width. The patient stated that it did not necessarily have a shape. She had a large bruise on her right buttock. Two days later, she noticed a similar in size bruise on the front of her right thigh. Then a couple days later, she noticed three quarter size bruises on her right arm (two on the inner part of arm, and one on the outer, both on upper arm). The very next day, she developed the same sizing bruise. It was about the same size on her left upper arm. There were no other side effects besides the bruising. There was no itching or redness, no skin, respiratory, or neurological issues. The day before her second dose, on 26Jan2021, she noticed a 4 inch reddened area with a two centimeter nodule inside that bruise. The patient stated that the initial bruises began to heal. They are not as dark as they were. They were reported to have started out red and then turned black and blue. The patient also had numbness and tingling in her right thumb. She was having some chest discomfort after the initial vaccination that is still ongoing. The chest discomfort prompted her to go to urgent care on 08Jan2021, where she had an abnormal EKG on 08Jan2021. The patient was told to follow up with a cardiologist. The patient saw the cardiologist on 25Jan2021, where he did an EKG and ECHO. The EKG was abnormal and ECHO with unknown results on 25Jan2021, but the doctor was unable to determine when the heart attack occurred. The cardiologist also ran labs: a troponin to see if anything was acutely going on, and a D Dimer to evaluate her clotting factors; both were negative on 25Jan2021. The cardiologist recommended a computerised tomogram (CT) scan, which was still scheduled at the time of report. The clinical outcome of large bruise on right buttock/right thigh/right arm, chest discomfort, numbness and tingling in right thumb, and reddened area with bruising with nodule was not recovered and of heart attack and EKG abnormal was unknown. The batch/lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.; 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 reported events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1035897-1	Patient received her vaccine on 2/2/2021 in the morning. She was observed for over 15 minutes and had no history of any anaphylactic reaction of any sort. She felt fine and went home. 2/15/2021 we were notified by her family that she had passed away on 2/7/2021 at home. The cause of death was stated as myocardial infarct secondary to coronary artery disease. We do not think it had to do with the vaccine administration. The patient had many comorbidities.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1036174-1	At midnight developed heart burn, low BP but normal O2; at 4am took Antacid then felt better and BP was normal. Then around 7am asked to go to ER because the discomfort became pain and moved to the side. Went to ER, mild Cardiac issue and at 3pm had heart attack and passed away.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1040183-1	"Patient had swelling around her jaw after her second shot of the covid , Pfizer vaccine (.5 ml IM) on the Friday morning, January 29th, I took her to a follow up appointment with the cardiologist at 3:00 pm, as a follow up to a small heart attack event with hospitalization two weeks previously, at the cardiologist she was given the ok/all is well. That next morning early, she had a 911 event at her assisted living apartment and was sent back to the hospital, having had another heart attack. Patient died on the following Thursday, February 4, 2021. I do not know if the vaccination had any cause for my mothers death; but I feel it is necessary to report this series of heart attacks after she received the pfizer vaccine. Her Certificate of Death records the cause of death as ""Coronary Artery Disease""."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1042436-1	Heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1043831-1	Patient suffered a heart attack on 2/17/2021
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1047434-1	Patient died 3 days after receiving his first dose of the Covid vaccine. He saw his doctor 2 weeks prior to his death with absolutely no complaints, very healthy. He had no prior heart conditions and was pronounced dead of a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1047631-1	Two days after the 2nd injection I started to have chest pain and not feel right. I went to the Station where I volunteer. I did and EKG which showed Anterior Infarct. I went to the ER. They gave me 4 baby aspirin to take and some blood work. I was told the blood work showed elevated levels consistent with a blood clot as well. I had a CT scan to rule out a clot in my heart or lungs. Which it was negative. I was released and told to see a cardiologist in the next few days. I saw the cardiologist two days later who said I ended up with Pericarditis and that it should resolve on its own. I was feeling better until two days ago when I developed chest pain again. I again went to my fire station I volunteer for and did an EKG which showed Anterior Infarct. I am currently waiting for treatment from my cardiologist.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1047820-1	"37yo male with no cardiac risk factors had spontaneous dissection of rt coronary artery 5 days post vaccination w associated MI requiring 3 drug eluting stents and ""extreme"" clot burden on cath requiring tPA."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1051006-1	nauseous; severe stomach cramps; shortness of breath; chest tightness; diaphoretic; chilled; cold to the touch, ashen; cold to the touch, ashen; patient was treated as if a heart attack; This is a spontaneous report from a contactable healthcare professional (patient). A 70-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot/batch number and expiry date were not provided) solution for injection, via an unspecified route of administration on 29Jan2021 15:30 at a single dose for Covid-19 immunization. Medical history included high BP, and cholesterol. Patient had no known allergies. Concomitant medications included amlodipine and simvastatin. The patient experienced nauseous, severe stomach cramps, shortness of breath, chest tightness, diaphoretic, chilled, cold to the touch, ashen on 01Feb2021 at 15:30. Ambulance was called, patient was brought to the ER and was hospitalized on an unknown date for 2 days. Treatment of events: patient was treated as if a heart attack, nitro, baby aspirin. Patient was not diagnosed with Covid-19 prior to vaccination. Patient has not tested positive for Covid-19 after vaccination. Outcome of the events was recovered. Information on lot/batch number has been requested.; Sender's Comments: A causal association between BNT162B2 and the reported events cannot be completely excluded based on a compatible temporal relation. Case will be re-assess 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 RAs, Ethics Committees, and Investigators, as appropriate.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1051015-1	a heart attack; I had a blood clot in my lung; stabbing pain in chest; This is a spontaneous report from a contactable consumer. A 76 years old female patient first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection) on an unspecified date at single dose via an unspecified route of administration for COVID-19 immunization. Relevant medical history and concomitant medications were not reported. About 30 hours after 1st dose of vaccine the patient experienced stabbing pain in chest wall, quite persistent. At first she thought was having an heart attack. Hurt too much to move. Had to lay down. Thought she had a blood clot in her lung severe for 2 days, moderate for 2 day. It was dissipated after 6 days. The patient was scheduled for second dose on 20Feb2021. The patient recovered from the events on an unspecified date. Information about Batch/Lot number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1052372-1	The roof of my mouth shedded (was raw) and bleed for a few days; The roof of my mouth shedded (was raw) and bleed for a few days; I felt like I was having a heart attack; This is a spontaneous report from a contactable other healthcare professional (patient). A 57-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, batch/lot number and expiration date were unknown), intramuscularly on 29Jan2021 at 09:30 AM at a single dose for COVID-19 immunisation. The patient's medical history included asthma and known allergies to medication. Concomitant medications included paracetamol (TYLENOL) and metoprolol, which were reported as medications in two weeks. It was reported that other vaccines in four weeks were prescribed. On 31Jan2021 at 09:00 AM, the patient experienced the roof of her mouth shedded (was raw) and bled for a few days. A few days later (2021), she felt like she was having a heart attack. There was no treatment for the events. The patient did not have COVID-19 prior to vaccination and was not tested for COVID-19 post vaccination. The outcome of the events was recovered on 2021. Information about lot/batch number has been requested.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the event myocardial infarction 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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1052944-1	11/24/2021 Began with indigestion, chest discomfort and slight arm pain. then on 11/26/2021 symptoms worsened. Admitted to medical center for cath and stint placement.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1053673-1	did I have a heart attack. No doctor will see me to give me an EKG; Collapsed; Crushing chest pain; chest was killing me and hurting and I was sobbing and it lasted about an hour and 15 minutes; Side of my neck hurt; My back hurt; It was just awful; Lethargic; I ended up vomiting for 2 days after the chest pain receded; slept for 16 hours; This is a spontaneous report from a contactable consumer. This consumer reported similar event for 2 patients (husband and wife). This case refers to the wife with serious adverse events. A 70-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EL8982, expiration was not reported), via an unspecified route of administration on 18Jan2021 at single dose for COVID-19 immunization. Medical history included acid reflux. Concomitant medication included dexlansoprazole (DEXILANT) for acid reflux. Patient reported that she had terrible severe reaction on the 22Jan2021. They were vaccinated on the 18Jan2021 and on the night of the 22Jan2021, she had such crushing chest pain that she just collapsed. Her chest was killing her and hurting and she was sobbing and it lasted about an hour and 15 minutes. The side of her neck hurt and her back hurt. It was just awful. Patient reported that she have called everybody. She have called her doctor's assistant and she confused her. Patient reported that they just went in because they were 70 and 71 and got the vaccine but then she ended up vomiting for 2 days after the chest pain receded and they took baby aspirin and then she just vomited and vomited and slept for 16 hours. They were both very lethargic. She asked her what should she do. She does not know if this was a reaction to the vaccine or did she have a heart attack. No doctor will see her to give me an EKG. They say they are not seeing patients. The patient recovered from chest pain on an unspecified date; while outcome of the remaining events was unknown.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021115775 same reporter/drug, similar event, different patient.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1056660-1	Cardiac Event MI or Stroke; Cardiac Event MI or Stroke; This is a spontaneous report from a contactable consumer (Son in law). A 73-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration at left arm on 17Feb2021 14:00 at single dose for covid-19 immunisation. Medical history included atrial fibrillation (AFib), prostate cancer Survivor. Concomitant medication included alirocumab (PRALUENT), escitalopram oxalate (LEXAPRO), apixaban (ELIQUIS), nitroglycerin and Ca channel blocker. The patient received the first dose of BNT162B2 on an unknown date for covid-19 immunisation. The patient experienced cardiac event myocardial infarction (MI) or stroke on 17Feb2021. Adverse event result in Doctor or other healthcare professional office/clinic visit. It was unknown if treatment received for the events. Prior to vaccination, the patient was not diagnosed with COVID-19 and since the vaccination, the patient was not been tested for COVID-19. The patient died on 19Feb2021. It was unknown if an autopsy was performed. The outcome of the events was fatal. The reporter didn't know if this was associated or not. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: Cardiac Event MI or Stroke; Cardiac Event MI or Stroke

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1058703-1	"Excerpt taken from patient's medical record notes. Recreational Therapist was in room with patient who was at baseline mentation at that time, and was getting patient a cup of tea. Rec Therapist observed patient to ""all of a sudden slouch down toward left side"" and became unresponsive. Therapist called for help, and Registered Nurse (RN) and Certified Nurse Aide (CNA) came into room. Patient was initially non-responsive and profusely sweating and hot to touch. Vitals were taken (see below). The patient then slowly became responsive after approximately 4 minutes and was visibly nauseous and appeared like she was going to vomit, but ultimately did not. Patient was assisted into bed, APRN was called, order for vital signs to be taken every 4 hours for 72 hours, and Electrocardiogram (EKG) to be performed. EKG results were abnormal, indicative of infarct; APRN ordered transport to Emergency Department. Patient returned from Hospital ED at approximately 10:45 PM same day (1/28/21), with transfer paperwork documenting a Hospital diagnosis of ""Syncope"" without any additional lab results or any new medication or treatment orders in the documentation. Follow up the next day (1/29/21) by RN at the Nursing Facility--RN logged into the Hospital medical Charting system, only to find that there was no record whatsoever of the patient being in the Emergency Department on 1/28/21--no notes, no labs, no summary from a practitioner. Patient recovered and has resumed close-to-baseline activity and functioning."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1060401-1	Site: Pain at Injection Site-Mild, Systemic: Cardiac Disorder (diagnosed by MD)-Severe, Systemic: Chest Tightness / Heaviness / Pain-Severe, Systemic: DEATH-Severe, Systemic: Heart Attack-Severe
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1060751-1	Heart attack. Chest pain and numbness in both arms and back. The pain lasted from 3:00AM until 5:00AM at which time I as in the ER. Troponin levels were at 6.0 and I had a small abnormal finding on my EKG. The Cardiovascular physician on call said it could be something and they would do a cardiac cath to determine where a blockage may be. The angiogram cam back with no blockages. troponin levels reached a 10 by the end of the first day. The Echo the next day showed no issues in structure. The Cardiac MRI showed fluid and 4% of my heart had myocarditis from the issue. Troponin levels reduced to 7, then 6 by the end of the second day. On the third day I went home with new meds, an order for a follow up and cardiac rehab.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1064646-1	Minor arm pain on 2nd day of each vaccine Diarrhea 3 days after 2nd vaccine Massive heart attack (left ventricle) 8 days (2/24/21) after vaccine Home hospice 3:30pm 2/24/21 Stopped breathing 5:45 am, pronounced dead at 8:22 am on 2/25/21
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1065155-1	Heart attack; Myocarditis; Chills; didn't check her temperature but is sure she had one/She didn't check her temperature but she is sure she had a fever; was soaking wet when she woke up like her fever had broken and then she was fine/She woke up and was very sweaty; achy right side; Headache; This is a spontaneous report from a contactable consumer who reported for herself, a 60-year-old female patient who received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number: EL3246), via an unspecified route of administration in the right arm, on 06Jan2021 at 18:00 at the age of 60 years, at a single dose for Covid Prevention/COVID-19 immunization. The patient's medical history was not reported. There were no concomitant medications. The patient previously received the first dose of Covid-19 vaccine (Manufacturer: Pfizer, with Lot Number: EK5730) in the right arm, on 18Dec2020 at the age of 60 years for COVID-19 immunization. The patient reported that 13 days after the last dose of the vaccine, on 19Jan2021, she had a heart attack. She has no heart issues whatsoever. She had diagnostic testing such as a cardiac catherization, echocardiogram, both on 19Jan2021; and a heart MRI with contrast on 20Jan2021. The test results indicated that she had myocarditis caused by a virus. The cardiac catherization and echocardiogram also revealed heart attack because of myocarditis. She did not have any other issues with her heart. The patient asked if they would they let her know if anything comes up as far as information. The patient has recovered with lasting effects. She would be on medication for the next 3 years supposedly. The heart attack was caused by myocarditis which was caused by a virus. There were no other issues with her heart, arteries or anything. These events required a visit to the emergency room. She first went to a hospital in the city and was transferred via ambulance to another hospital in another city on the same day. Patient was hospitalized for the heart attack and myocarditis from 19Jan2021 to 22Jan2021. She had a lot of other symptoms the next day after receiving the vaccine on 07Jan2021. She also experienced chills. She didn't take her temperature but is sure she had one. She was achy on her whole right side and she had a headache. She started having chills at 1:30 PM (13:30) while at an eye doctors appointment. She laid down and was soaking wet when she woke up like her fever had broken and then she was fine. She didn't check her temperature but she is sure she had a fever. She woke up and was very sweaty. The outcome of the events heart attack and myocarditis was recovered with sequelae on Jan2021. The outcome of the remaining events was recovered on 07Jan2021.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1065436-1	small heart attack; myocardial/paracardial issues.; My injection location had redness, hardness; My injection location had redness, hardness; pains in chest; headache; chill; running nose; shortness of breath.; This is a spontaneous report from a contactable consumer (patient). A 44-years-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration in left arm on 19Feb2021 17:45 at single dose for COVID-19 immunisation at hospital. Medical history included coronary artery disease. The patient's concomitant medications were not reported. The patient previously received the first dose of bnt162b2 on unknown date for covid-19 immunisation. The patient did not have covid before vaccination. The patient experienced small heart attack and myocardial/paracardial issues on an unspecified date with outcome of unknown. These events were serious as life threatening, disability and requiring hospitalization from 21Feb2021 till 23Feb2021 at 14:00. On 20Feb2021 07:00 the patient experienced headache, chill, running nose, shortness of breath with outcome of recovering. The patient experienced also pains in chest on 21Feb2021 11:00 with outcome of recovering and injection location had redness, hardness on an unspecified date with outcome of recovering. Clinical course was as follows. 19Feb2021-5:45pm the patient went to receive vaccine shot. 20Feb2021 the patient had headache, chill, runny nose, and shortness of breath. 21Feb2021 11am still had shortness of breath and pains in chest. Went to clinic had a rapid Covid test come back negative, pain increased and he went to emergency room. The patient was admitted to the hospital with small heart attack and myocardial/paracardial issues. Inflammatory response seems to possibly triggered possible underlying issue of minor heart disease. Then induced heart attack and myocardial issue. The patient would gladly be admitted to a clinic for observation and testing to assist Pfizer in understanding this unfortunate situation. The injection location had redness, hardness. The events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care. The patient received treatment due to the event which included multiple lab tests, Angiogram, CR scan and pain medicine.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1068306-1	heart attacks; Collapse of lung; pulse was in the 130s/140s; passed away; nose and fingers turned gray and were cold to the touch; nose and fingers turned gray and were cold to the touch; his big toe had turned gray; his right foot was swollen; low grade fever; Shaking; extremely cold; This is a spontaneous report from a contactable consumer. An elderly male patient received the 2nd dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech), via an unspecified route of administration, on 18Feb2021, at single dose, for COVID-19 immunisation. Medical history included ongoing blood magnesium decreased (went to the hospital on 17Feb2021). Concomitant medications were not reported. Previously the patient received the 1st dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech), on 27Jan2021, for COVID-19 immunisation and experienced arm soreness. The patient experienced passed away (death, hospitalization, medically significant) on 23Feb2021, heart attacks (caused hospitalization, medically significant) on 20Feb2021 with outcome of unknown, collapse of lung (caused hospitalization) on 20Feb2021 with outcome of unknown, pulse was in the 130s/140s (caused hospitalization) on 19Feb2021 with outcome of unknown, low grade fever on 18Feb2021 with outcome of recovered on 23Feb2021, shaking on 18Feb2021 with outcome of unknown, extremely cold on 18Feb2021 with outcome of unknown, nose and fingers turned gray and were cold to the touch on 19Feb2021 with outcome of unknown, his big toe had turned gray on 19Feb2021 with outcome of unknown, his right foot was swollen on 19Feb2021 with outcome of unknown. The events his big toe had turned gray and his right foot was swollen required physician visit on 19Feb2021. They were reported as a result of the magnesium deficiency. On 19Feb2021 evening his fever increased and his nose and fingers turned gray and were cold to the touch. On 20Feb2021 he collapsed at home and was taken to the hospital by ambulance. He had several heart attacks prior to the collapse. They decided to put him in a medically induced coma and reduce his body temperature that evening and started dialysis on 21Feb2021. They returned his body to normal temperature on 23Feb2021, his pulse was in the 130s/140s. They were starting to reduce the sedatives on 23Feb2021. The patient passed away on 23Feb2021. It was not reported if an autopsy was performed. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Reported Cause(s) of Death: passed away
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1068803-1	38 hours after vaccine was given, patient awoke to a heart attack...says it felt like someone punched her between the shoulder blades and kept their fist there, pain then radiated down both arms to the elbows - more substantial on the rt side, pain also radiated up to the back of her jaw.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1070714-1	"she was hospitalized 2.5 days after having symptoms of a ""massive heart attack"" 2 days after the vaccine; blood clot; pain on the left side/pain so bad/ pain was so severe couldn't bent over and couldn't get up; pain was in the heart and underneath the rib; pain was in the heart and underneath the rib; had a little trouble breathing; broke out in a sweat; This is a spontaneous report from a Pfizer-sponsored program Pfizer First Connect from a contactable consumer (patient). A 77-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number/expiration date unknown), via an unspecified route of administration on an unspecified date in Feb2021 at a single dose for COVID-19 immunization. Medical history included asthmatic, had double pneumonia years ago, has ongoing atrial fibrillation and a pacemaker to control it as the only problem she has in her heart. The patient's concomitant medications were not reported. On an unspecified date in Feb2021, the patient was hospitalized for 2.5 days after having symptoms of a massive heart attack two days after the vaccine. It was reported that two days post vaccination, the patient was rushed to the hospital by ambulance as they thought she was having a massive heart attack. She added her symptoms lasted for hours, she had pain so bad that she was bent over and had a little trouble breathing. She said the pain was in the heart and underneath the rib, on the left side. She later mentioned she did not feel like it was AFib. She said they did every test possible and listed the following ones: ultrasound, stress test, x-ray (unknown results), and blood work in Feb2021. She specified that her blood work indicated a blood clot. She mentioned she was told by her personal friend, who was a doctor, that by having the shot sometimes it indicated you have blood clots when you really don't. The patient also specified that she broke out in a sweat, the pain was so severe that she could not bend over and could not get up; therefore, they treated her as if she was having a massive heart attack for 12 hours at the hospital. It was reported that they kept giving her stuff to stop the effect with her heart. She mentioned her second dose was scheduled on 25Feb2021. She asked if her experience was reported as a side effect to the vaccine and should she get the second dose of the vaccine. She explained the doctors did not know what she had, and she needed to determine if she can receive the second dose. She also asked if we could notify her if a similar reaction is reported. The outcome of the events was unknown. Information on lot/batch number has been requested."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1070750-1	very high Troponin levels (4.79 & 12.49); repeat episodes of chest pain; heart attack; thrombus formation; coagulopathy; myocardial infarction; This is a spontaneous report from a contactable nurse (reporting for herself). A 44-years-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot# ELI283), via an unspecified route of administration single dose on 12Jan2021 for covid-19 immunisation. First dose was received on 22Dec2020 10:00 left arm (lot# EJI695). Medical history included chronic skin condition. No other vaccine was received in four weeks. Concomitant medications included oxycodone for pain, colecalciferol (VITAMIN D). The patient experienced myocardial infarction on 10Feb2021 20:00, very high troponin levels (4.79 & 12.49) on 11Feb2021, repeat episodes of chest pain on 10Feb2021 20:00, heart attack on 10Feb2021 20:00, thrombus formation on 10Feb2021 20:00, coagulopathy on 10Feb2021 20:00. The patient was hospitalized due to the events from 11Feb2021. Patient reported to be a healthy 44 year old woman with no history of hypertension or high cholesterol. She was now on 7 different medications to protect her heart, including blood thinners and antihypertensives that result in daily headaches and fatigue. She had had several repeat episodes of chest pain which has required taking sublingual nitroglycerin. She was off work for an undetermined amount of time. Her primary care physician was baffled by her case and reached out to a number of experts who have agreed that her heart attack was caused by a thrombus formation/coagulopathy most definitely related to the Covid vaccines she received. The events outcome was recovered with sequelae.; Sender's Comments: Based on available information, a possible contributory role of the subject product, BNT162B2 vaccine, cannot be excluded for the reported event of myocardial infarction and other events. However, the reported events may possibly represent intercurrent medical conditions in this 44-years-old patient. There is limited information provided in this report. Additional information is needed to better assess the case, including complete medical history, diagnostics including EKG at baseline and during subject drug therapy, echocardiogram, electrolytes, chemistry panel and coronary angiogram, and concomitant medications. This case will be reassessed once additional 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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1070757-1	massive heart attack; This is a spontaneous report from a contactable consumer, the patient, via the Pfizer-sponsored program. A female patient of an unspecified age received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on Feb2021 (at an unspecified age) as a single dose for COVID-19 immunization. Medical history included a pacemaker and a heart condition. On Feb2021 (two days after the vaccination), she was rushed to the hospital by ambulance thinking she had a massive heart attack. The patient was hospitalized for two and a half days in Feb2021. The clinical outcome of massive heart attack was unknown. Information on Lot /Batch Number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1070761-1	"A very ""mild"" stroke/heart attack; A very ""mild"" stroke/heart attack; This is a spontaneous report from a contactable consumer. A male elderly patient of an unspecified age received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number not reported at the time of the report), via an unspecified route of administration from an unspecified date at SINGLE DOSE for Covid-19 immunization. The patient medical history and concomitant medications were not reported. It was reported that: ""I'm working on a story involving an elderly man whose family says he suffered a very ""mild"" stroke/heart attack about 4 days after getting the first dose of the Pfizer vaccine. The family says it took doctors a couple of days to confirm. They also said none of the doctors could say definitively that the vaccine had anything to do with what happened. The family says they still called the company to report it and have since received follow-up contact. While they were worried about him getting the second dose, they decided to proceed with that. He got the dose last week and the family says he's been fine. I wanted to reach out and see if you had a statement you'd like to provide. Also -Are strokes/heart attacks side effects of the Pfizer vaccine? If someone suffered a stroke or heart attack after getting the first shot and they believe it's related to the vaccine, should they get the second dose? "" The outcome of the events was unknown. Information on the lot/batch number has been requested."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1072536-1	severe asthma; trouble breathing; might have the coronavirus; My face is blood red; I am worried; Wheeze; she is also shaky; general malaise; heart attack; and last night she drank some water and choked on it then couldn't get her breath and; chest was hurting radiating to my arm down; fever; chills; exhausted/just felt very tired; her arm that was sore was the one where she had her injection; This is a spontaneous report from a contactable consumer (patient). A 70 -year-old female patient received her first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, lot number: EM9810), via an unspecified route of administration (on left arm) on 15Feb2021 (at the age of 70 -years-old), single dose for COVID-19 immunization. Medical history included asthma, sleep apnea, thyroid problem, prediabetes, cpap use, all from an unknown date. There were no concomitant medications. Patient reported her face is blood red. Last night her chest was hurting radiating to my arm down. It felt like someone was strangling her with water. She noticed my symptoms were what people experience after receiving the second dose. She had fever, chills, exhausted and just felt very tired after receiving the first dose. She still have trouble breathing. She had severe asthma. She was not breathing normally. When she put the mask on it's even harder to breath. She was worried. She thinks, she might have the coronavirus. Consumer says that she is still not feeling well after receiving her first dose of the Pfizer COVID-19 vaccine on February 15th. She says that the first day after getting it, she had pain in her arm, it was achy, it was not really painful enough to where she had to take Tylenol for it. She says yesterday on the second day she had fever, chills, tiredness, general malaise, and today she is not feeling well. Caller says she was having trouble breathing, and did a treatment with her nebulizer which she has because she has real bad asthma. She says her breathing is labored and she wheezes every once in a while. She says she would like to see if there is anything that she needs to do, because she works with children, and if she is coming down with the corona virus she doesn't want to be around them with it. She says that her breathing is problematic today. She says she doesn't think that she is having a severe reaction, she has no rash or those kind of symptoms. She says it seems to be just the asthma, and last night she drank some water and choked on it then couldn't get her breath and her chest hurt and she had pain down her arm and thought oh gosh she was having a heart attack.Caller says she has done no treatments other than the nebulizer treatment. No further details provided about the nebulizer treatment. Caller says the provider said no Tylenol right away, so she didn't take any yesterday with her fever, and she didn't have a thermometer to take her temperature, but her face was really hot and she was having chills, which usually means she has a fever. She says that her arm that was sore was the one where she had her injection. She says that never really was that bad, everyone said their arm had ached, and she has a high pain threshold so it never bothered her. Her wheezing and little trouble breathing was better, after she did some breathing treatments with the nebulizer, she is not breathing well but she is breathing better. She says she is also shaky and doesn't know if that is just nerves, or if this is also something going on. Caller says that it has been a while since she had blood work, which was the last time she went to see physician, but she doesn't know the results for what they found out. The outcome of the events Breathing difficult,wheeze was recovering, other events was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1072557-1	heart attack; severe chest pains; This is a spontaneous report from a contactable consumer (patient). This 72-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number=EN5318) on 08Feb2021 at 02:45 PM at single dose at right arm for Covid-19 immunization. Medical history included COVID prior vaccination. No known allergies. Concomitant medications included every day meds. It was reported that next night, on 09Feb2021 10:45 PM, patient had severe chest pains thought having heart attack went to hospital. Could not go back. The events were resulted in Emergency room/department or urgent care. Treatment was received for events and patient underwent lab tests included CT scan, blood test and etc on unspecified date with unknown results. Patient did not test COVID post vaccination. The outcome of events was recovered on unspecified date.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1073029-1	Referred from outpatient office for hypotension and diarrhea on 2/17/21. Diarrhea has been lasting for three weeks. Patient was to be admitted and was ordered a routine COVID test. COVID test came back POSITVE. Patient was not experiencing any respiratory symptoms and breathing well on room air. A few days later, patient developed wheezing and required albuterol nebulizer, but still was breathing on room air. Patient developed a NSTEMI during his stay, which required ICU level care. Patient recovered and was discharged to ECF on 3/3/21. PMH of afib, hypothyroidism, dementia, CAD, HTN, BPH, CABG, MVR,
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1075234-1	Massive Heart Attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1076919-1	died of an heart after the vaccine/Heart attack; This is a spontaneous report from a contactable consumer received from a Pfizer-sponsored program. This consumer reported similar events for 3 patients. This report is the 1st of 3. A female patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date at single dose for COVID-19 immunisation. The patient medical history and concomitant medications were not reported. The patient experienced heart attack on an unspecified date. The patient died of an heart attack after the vaccine on an unspecified date. It was not reported if an autopsy was performed. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: died of an heart after the vaccine/Heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1081266-1	Swelling of tongue, throat, face, eyes, nausea I dose from Epipen Swelling came down but then came back 911 was called- transported to ER. Given a 2nd dose of Epinephrine en route which caused me to have an immediate heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1087952-1	Resident fell out of her chair and was transferred to the ER with a diagnosis of a Mio cardial infarction and passed away in the ER.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1090220-1	extreme weakness; joint pain in neck; mouth pain; severe heart attack; 10 hrs after shot severe chills; 1 hr later explosive diarrhea; vomiting; severe joint pain in ankles, knees, hips, elbows; severe headache; This is a spontaneous report from a contactable nurse report for self. A 55-year-old female (not pregnant) patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6200), intramuscular in left arm on 21Feb2021 10:45 AM at single dose for covid-19 immunisation. The patient's medical history was not reported. No COVID prior vaccination. Concomitant medications in two weeks included atorvastatin, aspirin [acetylsalicylic acid], ergocalciferol (VIT D), cetirizine hydrochloride (ZYRTEC). No other vaccine in four weeks. Patient was allergy to morphine. Patient received first dose of bnt162b2 (lot number=EL9263) intramuscular in left arm on 30Jan2021 09:30 AM. On 21Feb2021, 1 hr later patient experienced explosive diarrhea and vomiting 1 time, severe joint pain in ankles, knees, hips, elbows, severe headache. 10 hrs after shot patient had severe chills. Next day joint pain in neck and mouth pain along with severe heart attack. On 23Feb2021 had extreme weakness. No treatment received. Patient was recovered from the events. Nasal Swab Covid test post vaccination on 22Feb2021 was Negative.; Sender's Comments: Based on the limited information provided it is unlikely that heart attack was related to suspect product in this patient on atorvastatin and aspirin. Case will be reassessed when additional information is received. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1090229-1	pulmonary embolism/Blood clots in the lung; heart attack; Shortness of breath; headache; jaw hurt; Shin hurt; heart burn; This is a spontaneous report from a contactable consumer (patient's son). A 63-year-old female patient (mom) received the second dose of BNT162B2 (Pfizer-Biontech Covid-19 Vaccine), via an unspecified route of administration in arm in Feb2021 (reported as in the first week of Feb2021) at single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. Patient previously received the first dose of BNT162B2 in Jan2021 for COVID-19 immunization. Reporter (patient's son) received his first dose of Pfizer COVID vaccine on Wednesday and wanted to know if this vaccine could cause blood clot. He stated his mom (patient) in the hospital due to pulmonary embolism from 24Feb2021, 2.5 weeks after her second shot. He stated his anxiety levels were higher than normal. He had strong response to flu vaccine this year and experienced chill, shakes, fever, received antibiotic, and loss sense of taste from the flu vaccine. Reporter read online that some people commented that they have DVTs (deep vein thrombosis) and blood clots from the Pfizer COVID vaccine. Patient experienced blood clots in the lung in Feb2021 and hospitalized on 24Feb2021. Patient got her second shot about 2 weeks before and she ended up in the hospital with pulmonary embolism. They looked at her lungs and found all the blood clots. Patient had really bad shortness of breath, headache, her jaw hurt, and her shin hurt. She was helping out at vaccine clinic and she was out of breath, she said the old people in strollers were passing her. Patient began to make complaints about how she was feeling in mid of Feb2021. Patient said in rare cases 2 weeks after the second dose reactions could happen. Patient got done working in ICU, and helped with PPE, then at 11 she left work at the hospital, she was experiencing heart burn for 3 days and so she thought had a heart attack drove to an ER (emergency room) on the way home, and then was admitted to the hospital on that same day 24Feb2021, she was supposed to be discharged today (26Feb2021). Patient had been feeling out of breath for past 2 month, it was possible it might seem like it was related to the vaccine but it could also not be related. Reporter stated that on the internet he saw how a 1000 deaths happened after the vaccine, it was all old people, but in the autopsies there was no link to the vaccine, they were going to die regardless. Lab data included: She did get a test before for Factor 5 Leiden but it was negative. They did test for COVID, it was negative, while in the hospital. In the hospital they were also testing her again for the Factor 5 Leiden, the results hadn't come back yet. They did test for blood clots, they did an MRI (magnetic resonance imaging) in Feb2021, it was positive for blood clots (blood clots in the lungs). When she was admitted her oxygen was 85%. Outcome of the events was unknown. Information on lot and batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1091427-1	"felt like she was having a ""heart attack""; extremely nauseous and dizzy; extremely nauseous and dizzy; reported stiffness in both legs and could not walk; reported stiffness in both legs and could not walk; This is a spontaneous report from a contactable pharmacist. An elderly (65+ Years) female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscular on 23Feb2021 at SINGLE DOSE for covid-19 immunisation. The patient was not Pregnant at Time of Vaccination. Facility type vaccine was Public Health Clinic/Administration facility. The patient medical history and the concomitant medications were not reported. The patient previously received first dose of bnt162b2 intramuscular on unknown date at SINGLE DOSE for covid-19 immunisation. After 2nd dose on 23Feb2021, the patient felt extremely nauseous and dizzy, felt like she was having a ""heart attack"" though no reported difficulty breathing or anaphylaxis. The patient also reported stiffness in both legs and could not walk and do could not reach phone to call anyone. No treatment received. The outcome was unknown. No covid prior vaccination. Information about lot/batch number has been requested.; Sender's Comments: Based on temporal relationship, the causal association between BNT162B2 and the reported ""felt like having a heart attack"" 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 RAs, Ethics Committees, and Investigators, as appropriate."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1099264-1	My brother received his second dose of the Pfizer vaccine on March 6, 2021. He called me that afternoon to show me the auditorium. On March 7, 2021 he was pronounced dead. He died in his sleep from an apparent heart attack. I believe it was from the second shot. He was healthy, and active. This never should have happened. We are all devasted. On the following page I put ? unknown vaccine ? I was unable to change it. He had no other vaccine prior to the Phizer

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1100510-1	heart attack; became ill; I became nauseous; vomiting; dry heaves; dizzy; tingling in my face and right hand; right hand didn't feel like I could get up on my own; This is a spontaneous report from a contactable consumer. A 95-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), via an unspecified route of administration on 10Feb2021 10:15 at SINGLE DOSE in left arm for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) with lot number: EL3249 on 20Jan2021 in right arm. After receiving the 2nd dose on 10Feb2021, the patient became ill on 11Feb2021, while sitting on the toilet, she became nauseous and vomiting repeatedly even dry heaves also then became dizzy and felt a tingling in my face and right hand didn't feel like the patient could get up on her own so the patient's son and daughter assisted her to her bed. She didn't know what was wrong and her daughter thought it was a side effect of the vaccine and called the nurse on call. After arriving at the emergency and was examined the patient was told she was being kept for observation since she had just had the vaccine. The patient was later told she also had a mild heart attack and to her knowledge I never had any heart issues. She could then no longer use her walker to walk because she couldn't bear weight on her right hand. She was hospitalized for 8 days and transferred to rehab and I'm still in rehab. The events were assessed as serious (hospitalized and disability). The outcome of the events was not recovered. The patient received treatment for the events.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1104693-1	Light-headedness for several hours following vaccine, followed by massive heart attack.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1105331-1	Pfizer-BioNTech COVID-19 Vaccine EUA There may be a connection between the Pfizer COVID-19 vaccine and a recent heart attack that I experienced. See Continuation Page There may be a connection between the Pfizer COVID-19 vaccine and a recent heart attack that I experienced. Some history: I have been experiencing pain in my upper back that frequently radiated to my chest for about four years. After visits to my primary care physician, a rheumatologist, an orthopedic surgeon, a cardiologist and a visit to the emergency room, the only consensus was that this was not cardiac related, but was probably caused by a pinched nerve in my spine. This pain occurred primarily while walking, but was light to moderate and disappeared as soon I as stopped. In December 2020, I consulted a cardiologist for heart palpitations. He recommended that I receive a calcium score test. Since this showed moderate risk in two arteries, he referred me for an echocardiogram and a nuclear stress test, both of which were normal. Based on these results, he felt that my condition was stable and recommended against catherization. I received my first Pfizer vaccine shot on 2/12/2021. The only initial side effect was a sore arm that lasted for a day. However, about two weeks after the first shot, I went for a two mile walk. Soon after I started, I experienced intense pain in my back that radiated to my chest and left arm. I returned home and the pain subsided quickly. Given my history, I attributed the pain to my supposed pinched nerve. I tried walking on a couple of successive days, with the same result. I received my second vaccination on 3/5/2021. I began to experience intense pain in my back that radiated to my chest and left arm about 16 hours later. This pain occurred despite resting the entire time. At first it was intermittent, but became steady after a couple of hours. I then decided to go to an emergent care center, where I was told that I was experiencing a heart attack. I was transferred to the emergency room at Hospital, and later admitted to the hospital where I underwent a catherization in which a stent was inserted in one artery and the other artery was unclogged. I may have contracted covid in July, 2020. At that time I experienced a mild sore throat, fatigue and body aches. A covid test (PCR) was negative. However, the sore throat persisted for several months. My primary care physician recommended against an antibody test.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1106925-1	I received my first vaccination on February 11, 2021. On February 17th I was rushed to my local ER with a massive heart attack. I was rushed by helicopter to second hospital where I underwent an emergency Heart Catherization. It was discovered that I will need a triple bypass surgery. However, there is a HUGE blood clot that formed in my heart, and further treatment is on hold for now, until the massive clot has safely dissolved.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1110878-1	Only received 1st round dosage of COVID vaccination, he seemed to handle vaccination okay. On January 17, 2021, he tested COVID positive on a resident screening test done in response to an employee positive case in days previous to the residents testing. Fifteen days after his first innoculation,his AM nurse found him non-responsive on early vital checks. Vitals at that time were normal range. The facility physician was contacted and advised that he should be taken to Emergency Room at local hospital for further evaluation. Blood work was taken and ER DR diagnosed Heart enzymes elevated indicating a heart attack. Advised additional testing should be done, and that monoclonal antibody treatment wasn't an option due to time lapse since diagnosis of COVID, The option of comfort care was chosen as the treatment plan.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1111281-1	Chills; aches and pains; chest spasms; a fever a little shy of 101; hard to breathe; feel ill; activated all that discomfort; she thought she was having a heart attack; This is a spontaneous report from a contactable consumer (patient) reported for herself. A 77-year-old female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscularly on 20Jan2021 12:30 at single dose in right arm to prevent covid. Vaccination Facility Type was Health department. Medical history included rotator cuff challenge. There were no concomitant medications. No other vaccine was administered on the same date. There were no prior vaccinations within 4 weeks and no adverse events were following prior vaccinations. Patient was calling about Pfizer Covid vaccine. She had the first shot on 20Jan2021. She did not have a reaction. She went to go get her monthly massage on Saturday (23Jan2021). On Sunday morning (24Jan2021) she started to feel ill and she had to go the hospital. She confirmed she was not admitted to the hospital. She had chills, aches and pains, it felt like an elephant was on her chest, she had chest spasms, a fever a little shy of 101. She went to hospital and the doctor there told her she had covid since she had all the symptoms. She confirmed she did not have covid and had a negative covid test. She had chest x-ray and an EKG since she thought she was having a heart attack. Reported her massage was primarily on her left shoulder, it was a deep massage on that area since she had a rotator cuff challenge, massage was focused on that shoulder. She was thinking that the vaccine activated all that discomfort since she felt it from the left part of shoulder, went down to her chest like a v, and back up to her right shoulder. Every time she took a breath she had a chest spasm and it was hard to breathe. The events required a visit to emergency room. For treatment, they gave her medication to take called robaxin, it was an anti-spasm, and 800mg of ibuprofen. She took robaxin Sunday night, Monday, and she took one on Tuesday since she was feeling better. She was sensitive to medication. She felt dizzy and nausea from Robaxin. The patient had recovered from the events completely by Wednesday on 27Jan2021. She had a reminder to return for the second dose on 10Feb2021. She was asking if she should get the second dose. Information about Batch/Lot number has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1113941-1	Seizures; throat swelled up; Troponin level increased; Mild heart attack; arm was hurting; breathing issues; Dry heaves; Mucus to come out; Nauseous; Dizzy; Headache; Ears became hypersensitive; Senses heightened; Throwed up; This is a spontaneous report from a contactable other health professional (patient). A 65-year-old female patient received the 1st dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech), via an unspecified route of administration in arm left, on 27Feb2021 (lot# EN6205), as 0.3 ml single, for COVID-19 immunisation. Medical history included seizure from 2017 (she hasn't had a seizure in 8 months), allergy (to a lot of things). Concomitant medications were not reported. The patient did not have other vaccinations in 4 weeks prior. Within 15 minutes from having the vaccination at the center the patient experienced the first seizure that lasted about an hour. The seizure was really bad, she had breathing issues, dry heaving like she was trying to throw up, mucus to come out. The paramedics checked her out, they stayed around until she came out of the seizure. The patient went home and then at 07:50 PM she started heavy shallow breathing, was nauseous, dizzy, had a headache, which also happened at the center. Ears became hypersensitive, it was so noisy like loud, but her husband and the paramedics said it wasn't loud but she could hear it, all of her senses were heightened. She had a second seizure and didn't known how long it lasted. Patient had another seizure at 08:25 PM, at 08:40 PM she had another one, at 09:00 PM patient was coming back around and had another seizure and her throat closed up and that's when she went to the hospital, when her throat started to close up. While the patient was in the emergency room (ER) she had another seizure, she had 6 total seizures, she has never had this many before so she knows it was an adverse event to this vaccination. The seizures also increased the patient's heart enzymes- troponin levels. The patient has an EEG, was given 4 baby chewable Aspirin, as she had a mild heart attack. She thought the seizure increased her troponin. The patient mentioned that during the first event at the center, she was so into the seizures, she remembers grabbing her left shoulder, her arm was hurting. She was so into the seizure and trying to throwing up that it didn't dawn on her. The hospital didn't tell her she had a mild heart attack, it just dawned on her because her troponin levels were up mildly and she thought the seizures were triggering something in her heart, not just her seizures. The patient got another headache and was dizzy and had shallowing breathing. Seizures recovered on 28Feb2021. The patient underwent lab tests and procedures which included chest x-ray: normal, it didn't show pneumonia or fluid on the lungs on 27Feb2021, electrocardiogram (EKG): normal on unspecified date, electroencephalogram (EEG): normal on 27Feb2021, troponin: increased on 27Feb2021. Follow-up attempts are completed. No further information is expected.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on reported events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1119974-1	heart was palpitating like having a heart attack; heart was palpitating like having a heart attack; throwing up; very weak; her legs won't work; This is a spontaneous report from a contactable consumer (patient). A female patient of unspecified age received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Solution for injection, unknown lot number and expiration), via an unspecified route of administration on an unspecified date at a single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient also received first dose of BNT162B2 (unknown lot number and expiration) on unspecified date for COVID-19 immunization. The patient experienced relatively severe reaction to the second dose. The patient mentioned that she couldn't get out of bed for 5 days, was throwing up, very weak, her legs won't work, and mentioned that her heart was palpitating like having a heart attack. The patient is feeling okay now. The patient is recovering from the events. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1121620-1	chest pains; chest pains; blood clot; light headedness; low fever; blacked out for about 5 minutes; onset of major body ache and fatigue; onset of major body ache and fatigue; Body aches at injection site and into upper back; Body aches at injection site and into upper back; This is a spontaneous report from a contactable consumer (patient). A 67-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN6200), via an unspecified route of administration, administered in left arm on 23Feb2021 10:30 AM (at age of 67 years old) as single dose for COVID-19 immunisation. Medical history included high cholesterol. Concomitant medications included atorvastatin; levobunolol (eye drops); latanoprost (LATANO). The patient previously received his first dose of BNT162B2 on 05Feb2021 for COVID-19 immunisation (brand=Pfizer; lot number: EL9269; administration time 03:30 PM; vaccine location=Left arm; dose number=1). 6 hours after injection on 23Feb2021, the patient experienced body aches at injection site and into upper back. After 24 hours after injection on 24Feb2021, started light headedness, low fever, blacked out for about 5 minutes, onset of major body ache and fatigue. Spent the next 36hrs in bed. 72hrs after injection recovered back to normal slowly. On 04Mar2021 at 8pm, started with chest pains called, admitted to Hospital with heart attack, immediately taken to Cardiac Cath Lab for coronary catherization in both legs, to partial remove blood clot and insert continuous balloon pump, IV Heparin infusion Troponin 6542.3 ng/l (critical), NO previous health issues for blood clots. Discharged 07Mar2021, Apixiban 5mg twice a day, Clopidogrel 75 mg /day. AE resulted in: Emergency room/department or urgent care, Hospitalization, Prolongation of existing hospitalization (vaccine received during existing hospitalization), Life threatening illness (immediate risk of death from the event. Number days hospitalization: 3 days. The outcome of events was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1122155-1	Two days following vaccine infection, noticed severe heart arrhythmia, for several days. Very sore arm where vaccine was done. This seemed to pass, then a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1123137-1	"massive heart attack; This is a spontaneous report from a contactable consumer or (patient's daughter-in-law). A 71-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (Lot number EL9267) via an unspecified route of administration at single dose in right arm on 19Feb2021 3:30PM for COVID-19 immunisation. Medical history included diabetes, high blood pressure. Concomitant medications included meloxicam at 15 mg one tablet per day in morning by mouth, metformin at 1000 mg twice daily by mouth, hydrochlorothiazide, valsartan (VALSARTAN + HIDROCLOROTIAZIDA) at 320 mg/12.5 mg once a day in morning by mouth, all from unspecified date and ongoing for unknown indication. On 03Mar2021, the patient experienced massive heart attack with outcome of unknown. The event required a visit to the emergency room. The patient was hospitalized for massive heart attack from 03Mar2021 to ongoing. Reporter stated that ""Patient is in the hospital right now as he had a massive heart attack on Wednesday 03Mar2021. She reports they do not think its an adverse event related to the COVID-19 vaccine because 3 of his 4 valves were clogged, but she did fill out a form online with the state of (state withheld). The patient's second COVID-19 vaccine was rescheduled to 13Mar2021 and she is asking if the second COVID-19 vaccine can be rescheduled to the 31Mar2021, since the patient will have a long recovery. She's not sure how far they can go with the scheduling of the second vaccine before the 1st one will expire and he will have to start the series all over again"".
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1124822-1	heart attack one week after 2nd dose of pfizer vaccine. mild. 3 days in hospital, now on long list of heart medications. She already is suffering from demensia and these heart medications cause her more confusion.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1127372-1	The background is he was hospitalized for 5 days in November 2020 for coronavirus, admitted with fever, chill, weakness, and inability to walk. Discharged with 3 weeks physical therapy to regain his strength. First vaccine on 2/4/2021 and within 24 hours experienced similar symptoms, profound weakness and fever. Second vaccine on 2/25/2021 and within 12 hours he was unable to walk, with weakness, fever, and confusion. He was taken by ambulance to the hospital on 2/26/2021. I did question his internist and the person at HealthCare facility on whether or not to proceed given prior reactions. During this admission determined to have heart attack with cardiac cath and stent placement. Brain MRI showed new 1cm occipital left infarct and developing pneumonia. Started on anticoagulation with Plavix and ASA 81mg. Readmitted to the hospital on 3/8/2021 with suspected GI bleed. Had colonoscopy and endoscopy with gastric erosion cauterized.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1127866-1	Patient died in his sleep the night of getting dose 1 COVID -19 he had a massive heart attack and died
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1129260-1	"Stood up to go to the bathroom and could not put her right leg down; thought she was having a heart attack or a stroke or something; Fell on her right side; Cerebrovascular accident; Diarrhea; Nose running; Her calves were so sore, like having charley horse where her calf muscles were so tight it hurt; like having charley horse where her calf muscles were so tight it hurther calf muscles were so tight it hurt; her calf muscles were so tight it hurt; This is a spontaneous report from a contactable consumer. A 79-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in right arm on 18Feb2021 (Batch/Lot Number: EN6201) as single dose for COVID-19 immunisation. Medical history included family history of glaucoma from 2019 (Her mother has Glaucoma); memory ain't that good (she puts everything on her calendar because her memory ain't that good); ongoing irregular heart beat since 2006 (periodically when she goes to the doctor they have her walk the treadmill and stuff like that); ongoing diabetes since 2011; and was allergic to Penicillin (as a kid she was bitten by a dog, she must have been about 12 years old, went to hospital they gave her a shot of penicillin, her head blew up, she looked like a monster, she went back they gave her Streptomycin). Concomitant medication(s) included brimonidine taken for glaucoma from 21Feb2021 to 01Mar2021; latanoprost taken for glaucoma; apixaban (ELIQUIS) taken for arrhythmia, and dyspnoea from 2019 and ongoing; and metoprolol taken for arrhythmia. The patient was administered with her first dose of COVID-19 vaccine on 18Feb2021. It went beautiful, she did not have any aftereffects or anything initially. On 01Mar2021, while in her own apartment she stood up to go to the bathroom and could not put her right leg down; she thought she was having a heart attack or a stroke or something and she fell on her right side. She went to the hospital where she was hospitalized overnight for observation and testing. MRI performed during that hospitalization had result of Cerebrovascular Accident-CVA. She also reported onset of diarrhea and nose running around 01Mar2021. When she went to the hospital on 01Mar2021 she was laying down, and when the doctor moved the blanket to test her legs her calves were so sore, like having charley horse where her calf muscles were so tight it hurt. The events were reported to have required a visit to the emergency room. They did not find anything else during hospitalization with testing. The only thing she can think of related to these events was the COVID-19 vaccine. She called to ask if she should or should not get the second dose of the COVID-19 vaccine as scheduled for 11Mar2021 relative to these events. She was scheduled for second dose on 11Mar2021, but she is scared because of events that occurred 01Mar2021. The outcome of the events diarrhea, ""Nose running"", ""Her calves were so sore, like having charley horse where her calf muscles were so tight it hurt"", ""her calf muscles were so tight it hurt"" was recovering, and for other events was unknown."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1129801-1	RECEIVED REPORT THAT TWO WEEKS AFTER HIS SECOND DOSE, HE DIED OF A MYOCARDIAL INFARCTION.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1130720-1	Tiredness Death 03/19/2021 Cause of death: Ruptured Myocardial infarction

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1132480-1	symptoms of heart attack; chest pain; hands and fingers tingly; dizzy; blurred vision; Vision decreased; extreme tiredness; lethargic; hurting all over; This is a spontaneous report from a contactable consumer (patient). A 70-year-old male patient received BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot # EN6198) intramuscularly in left arm on 01Mar2021 05:45PM (at the age of 70-year-old) at single dose for COVID-19 immunisation. Relevant medical history included 5 back surgeries, Barrett's esophagus and H. pylori. Known allergies included Eliquis. Concomitant medications included dexlansoprazole (DEXILANT), hydrocodone, atorvastatin (LIPITOR), famotidine and chondroitin sulfate sodium, glucosamine hydrochloride (TAZAN). For 4-5 days after vaccine the patient had extreme tiredness, was lethargic and hurting all over. On day 5 chest pain started, hands and fingers tingly, dizzy, blurred vision both eyes off and in, vision decreased by 50% right eye. He experienced all symptoms of heart attack. Onset date for extreme tiredness, lethargic and hurting all over was 02Mar2021, while all the other events occurred on 06Mar2021. The patient was hospitalized for 1 day. No treatment was received. The patient underwent COVID test post vaccination, nasal swab on 07Mar2021 and it was negative. The events resolved in Mar2021.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1133023-1	Back hurt a tremendous amount; Lower back, hips, knees, neck pain; Lower back, hips, knees, neck pain; When she would go to move her eyes left or right or up or down it seemed like her eye sockets just hurt to move her eyes.; Very sore, uncomfortable stomach; Exhausted; Chills; Felt like she was having a heart attack; a bit congested; Aches; jaw pain; facial pain; Quite a bit of saliva in her mouth, it filled up quite a lot; sore on the injection site; Bit of a sore arm/left arm pain; This is a spontaneous report from a contactable consumer (patient). A 76-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Right Arm on 02Mar2021 14:26 (Batch/Lot Number: EN619G) as single dose for vaccination. Medical history included joint replacements (specified as 1 hip done in 2007; right knee done in Jan2013; another knee was done in Feb2017; another knee was done in 1986); and in 2011, neck fracture. There were no concomitant medications. The patient had the 1st dose of the PFIZER-BIONTECH COVID-19 VACCINE and on 02Mar2021, she had sore on the injection site, experienced excess saliva production. On 05Mar2021, she experienced chills, feeling of heart attack: left arm pain, jaw pain, facial pain. She is worried to take the 2nd shot as she might have more symptoms on the 2nd dose. On an unspecified date, the patient had lower back, hips, knees, neck pain, eye socket hurts when rolling her eyes, sore stomach, and exhausted. It was also reported as follows: on 02Mar2021 after she got home from being administered the Pfizer-BioNTech COVID-19 Vaccine she had quite a bit of saliva in her mouth, it filled up quite a lot; and a bit of a sore arm for a couple of days but that was about it at that point. On Friday, 05Mar2021 she started getting chills and aches; and felt like she was having a heart attack: her left arm hurt and her left side of face hurt down in her jaw. She was afraid and considered going to the hospital but thought she was going to wait it out see what it is and it passed. She then once again got a lot of saliva in her mouth again. Over the next few days she developed aches that were primarily located in her joint replacements, it seemed like the aches attacked those areas of joint replacements in her hips, knees and where she had a neck fracture. She had a lot of pain and a lot of chills. She was never bedridden, but would lay down because she was exhausted. Her back hurt a tremendous amount. Another thing that happened is her eyes, when she would go to move her eyes left or right or up or down it seemed like her eye sockets just hurt to move her eyes; she did not have a headache; this whole indentation there with her eyes hurt to move them from one side to another. She also had a very sore, uncomfortable stomach; it was not an upset stomach; just seemed very sore, uncomfortable. At first that first part of 05Mar2021 she seemed a bit congested. She is very worried about second dose of Pfizer-BioNTech COVID-19 Vaccine because of the first dose creating all of these difficulties. She does not know what she should be doing. She is scheduled to get her second dose of the Pfizer-BioNTech COVID-19 Vaccine on 24Mar2021 because she is leaving by plane on 29Mar2021. That only gives her like 4-5 days before she leaves and she knows that the other symptoms after the first dose of the Pfizer-BioNTech COVID-19 Vaccine did not start until 3 days later. She is concerned about that, because she is flying to take care of her sister; she is worried about the second dose because she does not like what she experienced with the first dose because she heard that the second dose will be terrible; she is worried about leaving and experiencing those horrible things. She reported that there are no tests/investigations relative to this report to provide. The only thing recently done was having X-rays of her neck on 24Feb2021 because of her neck issues with the fractured neck she had in 2011. Outcome of the events was unknown.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1133040-1	died from heart attack; This is a spontaneous report from a contactable consumer via a Pfizer Sponsored reported for a male patient (Husband). A male patient of an unspecified age received first dose of COVID-19 vaccine (UNSPECIFIED TRADE NAME), via an unspecified route of administration on an unspecified date as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient died from heart attack exactly 1 week later after vaccine on an unspecified date. Never had any heart issues or anything. It was not reported if an autopsy was performed. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: died from heart attack

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1135550-1	experienced symptoms similar to a heart attack; This is a spontaneous report from a Pfizer Sponsored Program received from a contactable consumer. A male patient of an unspecified age received second dose of BNT162B2 (BNT162B2) 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 symptoms similar to a heart attack on an unspecified date. The outcome of the event was unknown. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1135594-1	Heart attack; she might have a little bit of heart cell damage; tired; This is a spontaneous report from a contactable nurse (patient). A 73-year-old female patient received second dose of bnt162b2 (BNT162B2, Formulation: Solution for injection, Lot number: EN6207, Expiration date: Jul2021, NDC number was unknown), via an unspecified route of administration, in right deltoid on 10Mar2021 14:10 as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. Family medical history relevant to adverse event was not provided. The patient received historical vaccine of first dose bnt162b2 (Lot number: EL9267, Expiration date: May2021) right deltoid on 12Feb2021 for covid-19 immunisation. Patient did not receive prior Vaccinations (within 4 weeks). Caller is a retired Registered Nurse who states she felt it was important to report, that she had a heart attack 70 hours after receiving the Covid vaccine on 13Mar2021. Her doctor informed her she probably should report it. Caller states she's not 100 % sure it's the Covid vaccine. Informs she has no other cardiac issues, health issues or problems with medications, stating they narrowed it down. Patient was taken by ambulance and then to the Emergency Room. States she was admitted to the hospital and had testing done on heart, stress test echo, on heparin IV drip, aspirin. Hospitalized for 4 days. Patient states supposedly she will have a complete recovery, right now she is just tired. Was told she might have a little bit of heart cell damage on an unspecified date in Mar2021, but not anything really significantly. History of all previous immunization with the Pfizer vaccine considered as suspect (or patient age at first and subsequent immunizations if dates of birth or immunizations are not available. As per the reporter for the heart attack seriousness criteria reported as Life threatening and Caused/prolonged hospitalization. patient was in hospital for Heart attack from 13Mar2021 to 16Mar2021. As per the reporter drug result reporter as related. The patient underwent lab tests and procedures which included testing done on heart and stress test echo with unknown results in 2021. Therapeutic measures were taken as a result of heart attack. The outcome of the events was unknown.; Sender's Comments: Based on known drug safety profile, there is possibility of causal association between the reported events Heart attack,Heart injury and the suspect vaccine BNT162B2 cannot be Excluded.Also there is limited information in the case provided,Consider also possible contributory effects from patient's medical history and surgical history.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
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1137278-1	Severe chest, back pain starting 1 1/2 hrs after injection, culminating in mild heart attack early Wednesday a.m.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1137340-1	Vaccine administered 12/31/20. SCAD heart attack on 01/21/21.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1139597-1	Heart Attack: taken by ambulance to hospital ER: symptoms were weakness, pounding, racing heart, uncontrollable shaking

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1140670-1	heart attack; pass blood clots in his urine; nauseous; really tired; knocked him on his butt/did not get out of bed, did not do anything for 2 weeks; couldn't stay awake/ slept for two weeks; couldn't eat anything; the sight or smell of food made him gag; bruise on his arm about the size of a half dollar where he got the shot; This is a spontaneous report from a contactable consumer. A 69-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; solution for injection, Lot Number: EN6201), via an unspecified route of administration, administered on the right arm at the age of 69 years, on 18Feb2021 16:00 at a single dose for COVID-19 immunisation. Medical history included known for a history of heart disease, stage 4 kidney failure and polycystic disease. He had been bleeding from the kidneys for a week prior to receiving the vaccine, heart attack and cholesterol. He stated he needs some reassurance and added he has Stage 4 kidney failure with polycystic disease. He already consulted with his heart doctor and kidney doctor and they say get the vaccine. He mentioned that every now and then he gets blood from a cyst rupture. On the day of the first shot he was having a little bit of bleeding in his urine. Concomitant medications included acetylsalicylic acid, ascorbic acid (ASPIRIN [ACETYLSALICYLIC ACID;ASCORBIC ACID]) taken for cardiac disorder; atorvastatin (ATORVASTATIN) taken for blood cholesterol abnormal; amlodipine (AMLODIPINE) taken for blood pressure abnormal and multivitamins. The first shot knocked him on his butt. He slept for two weeks then he started to pass blood clots in his urine. He read that the vaccine can cause clotting and he doesn't know if that might have caused the clots right after the shot. He just needs someone to hold his hand about getting the second shot. He has to leave in a couple of hours to get it. He was asking do we see a pattern where people have had a bad first reaction with the first shot and they don't have a bad a reaction the second time around. He clarified he received the first dose of the Pfizer COVID 19 vaccine on 18Feb2021 at 1600 in the right arm. He was fine until Saturday (20Feb2021) when he woke up nauseous; really tired; could not get out of bed; and then really didn't do anything for two weeks. He added he couldn't stay awake even sitting up in his chair. He couldn't eat anything because the sight or smell of food made him gag, even in the grocery store. He added he also noticed he started to get the blood clots in his urine the second day after the shot (20Feb2021). On 19Feb2021, he mentioned he had a bruise on his arm about the size of a half dollar where he got the shot and he usually does not bruise. He stated he felt like he had all the symptoms of COVID. All of these symptoms lasted two weeks. When he finally felt better the only thing he wanted to eat was a burger and fries. He is still bleeding but it is not clotting anymore. The clots only lasted about a week. He also thought he was having a heart attack, but was too tired to go to the hospital. After speaking to his physician/specialist, they encouraged him to go ahead and get the 2nd dose. The patient would like to know whether the benefits outweigh the risks for him to receive the 2nd dose of the Pfizer covid vaccine based on his medical history. The patient would like to know whether one dose of the Pfizer covid vaccine provides some protection. The patient was asking whether he might die from receiving the 2nd dose of the Pfizer covid vaccine. The outcome of the events heart attack was unknown; events bruise on his arm about the size of a half dollar where he got the shot and blood clot in urine was recovered on 27Feb2021 while other events were recovered on 06Mar2021.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1140690-1	I thought I was having a heart attack; I had severe left arm pain; I didn't get much sleep that night; This is a spontaneous report from a contactable consumer (patient). An 86-year-old male patient received his second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6206), via an unspecified route of administration at left upper arm on 08Mar2021 at single dose for COVID-19 immunization. Medical history included atrial fibrillation (AFib) and high blood pressure. Concomitant medications included unspecified medications. The patient was taking loads of medications. The patient received his first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date were not provided) at the age of 86-years-old, via an unspecified route of administration on 08Feb2021 at single dose for COVID-19 immunization and reported that he had no problems with the first dose. The patient experienced severe left arm pain at the arm where the shot was given on 08Mar2021, the night after he received his second COVID vaccine dose. He almost called a number because he thought he was having a heart attack. What he did was he got up to walk around and the pain went away and when he sat down on his recliner, the pain came back so he didn't get much sleep that night. He was fine the next day. The patient took an ASPIRIN 325 mg coated pill because he thought he might be having a heart attack. If he had known, he would have taken the vaccine on his right arm. His arm hurt the night of 08Mar2021 until 6:00 AM the following day. The patient then stated that his recommendation was to tell the people who are administering the shot that a left arm pain may possibly occur because anybody who has the left arm hurting is afraid and can think they have a heart attack. The outcome of the event pain in arm was recovered on 09Mar2021 at 06:00 AM, and recovered on 09Mar2021 for all other events.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1141547-1	3 phases- within 24 hrs of shot - low grade fever and chills lasting 24 hours; during the following 2 weeks, strong pain in arm muscle that travelling under arm into lymph nodes. Approximately 30 days after injection experienced a mild heart attack and unexplained pericarditis. Symptoms at onset were major pressure in chest and elevated blood pressure 210/99. Prescribed blood pressure medication, blood thinners and 4 does of indomethacin for pericarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1143490-1	heart attack; This is a spontaneous report from a contactable consumer. A 84-years-old male patient 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 (at age of 84 years old) for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient experienced heart attack on an unspecified date within 15 minutes after taking the Pfizer COVID-19 vaccine. Outcome of the event heart attack was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1145196-1	Patient was found deceased by her son 2 days following vaccination. Coroner stated heart attack was the likely cause of death. However, a autopsy was not performed before the body was cremated.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1146761-1	"""widow maker"" type heart attack where the LAD artery suddenly became 100% blocked by a blood clot; ""widow maker"" type heart attack where the LAD artery suddenly became 100% blocked by a blood clot; ""widow maker"" type heart attack where the LAD artery suddenly became 100% blocked by a blood clot; Cardiogenic shock; Anterior myocardial infarction; This is a spontaneous report from a contactable consumer. An 81-years-old female patient received BNT162B2, dose 2 via an unspecified route of administration, administered in left arm on 06Feb2021 (Batch/Lot number was not reported) as single dose for COVID-19 immunisation. Medical history included very sensitive to medication effects (usually takes only 1/2 dose with strong efficacy to avoid side effects). Breast cancer survivor (2014 onset, 2019 declared permanent remission) and mild blood pressure treated successfully with medication for about 10 years. Concomitant medications included spironolactone and valsartan, both taken for blood pressure. The patient previously received first dose of BNT162B2 on 16Jan2021 in left arm for COVID-19 immunization. The reporter's mother died 3 weeks and 6 days after having received the second dose of the Pfizer covid vaccine. The cause of death was a ""widow maker"" type heart attack where the LAD artery suddenly became 100% blocked by a blood clot; the event began about 11:45pm on 04Mar2021. The blockage was confirmed via cardiac cath procedure performed within 2 hours of the onset by Doctor, he removed the clot and placed a stent. However her heart was too damaged and could not recover. Doctor confirmed to us that she did not have excessive or evidence of any prior blockage and not excessive plaque. The blood clot likely came on and caused the cardiac event within roughly an hour, he explained. The patient had no prior symptoms and no comorbidities for blood clotting and was full of life and energy on 05Mar up to when she went to bed that night. She died 06Mar at 4:04 am at hospital. The strat date of the events was reported as 04Mar2021 at 11:45 PM. AE resulted in emergency room/department or urgent care, life threatening illness (immediate risk of death from the event). The patient died on 06Mar2021. An autopsy was not performed. The death cause: Triggered by the sudden 100% blockage of the LAD by a blood clot, the cause of death is listed as (A) Cardiogenic shock (B) Anterior myocardial infarction. Treatment was received for the events which included multiple resuscitations and angioplasty surgery. No covid prior vaccination, no covid tested post vaccination. The outcome of the events was fatal. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: ""widow maker"" type heart attack where the LAD artery suddenly became 100% blocked by a blood clot; ""widow maker"" type heart attack where the LAD artery suddenly became 100% blocked by a blood clot; ""widow maker"" type heart attack where the LAD artery"
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1147210-1	Massive heart attack, yelled for help to wife, 10 seconds later no pulse, called EMT, could not revive, DOA at hospital
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1148204-1	My husband died on Feb 5. 2021. I do not know if the vaccination had any effect but he died of heart attack from Coronary Artery Disease which was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1148449-1	Patient received COVID Pfizer vaccine at approximately 0955 and reported back to unit. Medical was called to unit at approximately 1030. Upon arrival to unit patient was laying down on floor and stated she felt hot and achy all over. Patient's vitals in unit: bp 156/126, hr 135, R 22, 02 sat 98% on room air. Patient has strong history of anxiety. Patient brought to medical for further evaluation: Face/chest flushed, hyperventilation, tachycardia, skin diaphoresis/clammy. No skin hives. No wheezing. No vomiting/diarrhea No swelling lips/face. 02 @ 2 L given, blood sugar 126, last bp 129/77-hr 109 EPIPEN given via R thigh, EKG shows sinus tachycardia, possible inferior infarct, Abnormal ECG. Will send pt to local ED. *Report from ED received: indeterminate troponin and elevated WBC count, also with elevated BUN and creatinine. Pt will likely be held overnight for observation for suspected cardiac issues. Vaccine reaction not suspected at this time.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1148542-1	"My father woke up 16 days after Pfizer medication was injected. According to his story, he briefly exercised, developed extreme chest pain. His significant other was present and took him to the ER and Medical Center. After obtaining EKG, the ER determined he was having an MI. Appropriate medication were initiated, he was stabalized, and transferred by ambulance to hospital. He received 2 stents in the LAD and an angioplasty for a blockage ""further down""."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1148858-1	UNKNOWN. PT'S WIFE CALLED US TODAY 3/30/2021 TO INFORM US THAT PATIENT PASSED AWAY ON 3/29/2021 DUE TO MASSIVE HEART ATTACKED
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1149350-1	2 days after 1st shot I felt extreme fatigue and shortness of breath for several days. Got tested for COVID with negative results. Went to hospital on 16th of February and was admitted due to heart condition and recent heart attack. I told them my next vaccine was due on the 18th and they gave it to me while I was admitted. Within 24 hours I had another heart attack. I was sent to another hospital for an Angiogram where they expected to find blockage and prepared to install a stint. They found no blockage. There is no medical explination.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1149770-1	Aches, fevers, chills-within 24 hrs Nausea and vomiting-within 48 hrs Heart attack and death on third day
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1149920-1	Heart attack; Asthma attacks; This is a spontaneous report from a contactable consumer (the patient). An 82-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), via an unspecified route of administration, administered in Left Arm on 16Mar2021 10:00 (Batch/Lot Number: EN6206; Expiration Date: 30Jun2021) as single dose for COVID-19 immunization. Medical history included asthma from an unknown date (she has had Asthma for about 14-15 years), broke back from an unknown date (she broke her back about 3 years ago); stent placement from an unknown date (she had 2 heart stents placed about 2 years ago), and then she said she was allergic to a couple of fairly common medicines (statins and NSAIDs) from an unknown date. There were no concomitant medications. The patient received her first Pfizer COVID-19 Vaccine on 16Mar2021. She said she would really like to know if the COVID-19 Vaccine possibly caused her to have the worse asthma attack she ever had in her life on 17Mar2021. She clarified she was talking to her friend on the telephone when she had her asthma attack at 3:30PM. She said that on 18Mar2021 at 5:00AM, she had a second asthma attack. She said her second asthma attack was not as bad as the one she had on 17Mar2021. For her first asthma attack on 17Mar2021, she took 2 puffs from her inhaler, and then an additional 2 puffs (4 puffs total). She said her doctor told her if she had a bad asthma attack, she could take 2 more puffs from the inhaler. She said she normally takes 2 puffs from her inhaler. She said for her second asthma attack on 18Mar2021 she took only 2 puffs from her inhaler. After she took her 2 puffs from her ProAir HFA Albuterol Sulfate inhaler, she flopped back into her bed. She reported she normally has 3-4 asthma attacks a year. She reported that her doctor did a complete blood workup on 03Mar2021 and told her she was doing just lovely. The patient also reported she had a very mild heart attack and she can't even take low dose aspirin. The patient also reported she had another question about the COVID-19 Vaccine. She said she was allergic to a couple of fairly common medicines (statins and NSAIDs) and wanted to know if anything in the list of the COVID-19 Vaccine ingredients would indicate her having a possible allergy to the vaccine. The events did not require a visit to Emergency Room and/or Physician Office. The outcome of the event asthma attack was recovering, and for the heart attack was unknown.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				his blood pressure reading that was taken in the ambulance on his way to the hospital Emergency Room was 190/114; Sweating; he woke up in the morning, and the room was spinning / Vertigo symptoms; dizzy/extreme dizziness; he felt lightheaded, and was afraid he might fall; things were a little fuzzy in his head, and he couldn't remember exactly when he had gone to the Emergency Room; things were a little fuzzy in his head, and he couldn't remember exactly when he had gone to the Emergency Room; he was only nauseous when he was dizzy; Reported he eyes were not that good while he was reading the paperwork from the Emergency Room; he thought he had a heart attack; This is a spontaneous report from a contactable consumer (patient) A 67-year-old male patient received the first dose of the bnt162b2(PFIZER-BIONTECH COVID-19 VACCINE, Lot Number:EN6198, Expiration Date: Unknown), via an unspecified route of administration, left arm at single dose for Covid-19 immunization On 03-MAR-2021 (between 11:30-12:00). Additional vaccines administered on Same Date of the Pfizer Suspect was none. The patient medical history included depression reported he was diagnosed with depression years ago and has been on Wellbutrin for a while. No further details provided, Tinnitus he self-diagnosed himself a hissing sound mostly in his right ear for less than a year. He said he looked up his symptom on the internet and found someone else who had the same symptom as him, and that person said it was Tinnitus, Seizure he had a seizure about a year ago. Reported he had a seizure about a year ago. He said he had a brain scan afterward, and the doctor didn't find anything wrong. No further details provided. Concomitant medications were not reported. On 03Mar2021 Patient received his first Pfizer COVID-19 Vaccine (on) and was fine. He said about a week after getting his first COVID-19 Vaccine, he woke up in the morning, and was sweating, and the room was spinning, and he was dizzy. Little fuzzy in his head, and he couldn't remember exactly when he had gone to the Emergency Room: He said the room spinning and him being dizzy had been continuing to go on. He said he thought he had a heart attack, and went to the hospital (Emergency Room). He said his blood pressure was high. He said he was nauseous too. He said his dizziness hadn't stopped. He said the dizziness gets so bad, he can't get around, if he lowered his head below his shoulders, the dizziness gets really bad. the dizziness won't go away. the Emergency Room doctor thought his dizziness may be due to his inner ear. The Emergency Room doctor told him he should see an ear doctor about his dizziness. He said the his dizziness happened directly after he got his first COVID-19 Vaccine. Reported he went on the internet, and read that other people who got the COVID-19 Vaccine were experiencing same thing he was. No further details provided. It was Reported patient blood pressure was very high. He clarified his blood pressure reading that was taken in the ambulance on his way to the hospital Emergency Room was 190/114. He said he believed his blood pressure was taken again, and his blood pressure was a little bit better. He said his dizziness hadn't stopped. He said the dizziness gets so bad, he can't get around. He said if he lowered his head below his shoulders, the dizziness gets really bad. He said the dizziness won't go away. He said he was nauseous too, but only when he was dizzy. He said his dizziness was fine last night, but then he got up this morning and the room started spinning out of control. He said he felt lightheaded, and was afraid he might fall. He said if he tried to pick up something off the ground, his dizziness really comes on. He said the Emergency Room doctor thought his dizziness may be due to his inner ear. He said the Emergency Room doctor told him he should see an ear doctor about his dizziness. He had an EKG done in the Emergency Room, and since the doctor didn't say anything about his EKG, he assumed there was nothing wrong with the EKG results. He stated that he went to hospital as he was fearful he was having a heart attack; it was determined that he was not. However, he was advised him to consult a specialist as he may be suffering from vertigo. Treatment was given a low dose of oral Lorazepam 0.3mg to calm him down. He stated he did not have the Lorazepam 0.3mg NDC. He said his paperwork from the Emergency Room listed his diagnosis as Vertigo symptoms, and it was recommended he go for a hearing test because his dizziness maybe caused by his inner ear. The outcome of event was unknown.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1151399-1	heart attack; This is a spontaneous report from a contactable consumer via a Pfizer-sponsored program. A female patient of an unspecified age received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date were not reported), via an unspecified route of administration on 31Jan2021 at a single dose for COVID-19 immunisation. Medical history and concomitant medications were not reported. The consumer wanted to schedule her second dose since she missed her second dose due to heart attack two weeks after the first dose. She was taking heart medications (unspecified). The outcome of the event was unknown. Information about the Lot/batch number has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1154112-1	she is a heart attack survivor; This is a spontaneous report from a contactable consumer (patient). A 65-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE lot/batch number and expiration date not reported) via an unspecified route of administration on 10Mar2021 at a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient had her first vaccine ended up being a Pfizer vaccine. She received her Pfizer vaccine on 10Mar2021 and the next is scheduled 07Apr2021. She was wondering if she should schedule somewhere else to get another vaccine sooner. The patient was a heart attack survivor on an unspecified date. Outcome of the event was unknown. Information on the lot/batch number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1154141-1	loss of appetite, abdominal pain, weight loss, death Narrative: 02/12/21: GI VISIT-ASSESSMENT: 1-R/O Gastric or Cecal Cancer with Peritoneal Carcinomatosis is most the cause of his weight loss and early satiety. Liver and Pancreas on CT Scan unremarkable. 2- Weight loss and early satiety may be due to Gastric Mass with metastasis or Colon Mass. 02/17/21: ED VISIT AND ADMISSION w/ CC 4 weeks of poor appetite and 2 weeks of inability to hold down food and abdominal pain, decreased BM and decreased urination Assessment on admission: acute kidney insufficiency, Possible partial Gastric outlet obstruction 2/2 malignancy, GI malignancy with peritoneal carcinomatosis as per CT scan 2/11, asymptomatic bacteruria hyperkalemia and AKI during admission 02/21/21: pt signed out of hospital AMA due to 'personal problems' 02/22/21: pt returned to hospital for continuation of care and was readmitted with same c/o 02/24/21: pt tachycardic and hypotensive w/ altered mental status; rapid response team called, transferred to icu; impression: acute severe sepsis with uremia; during procedure to place nephrostomy tubes, pt goes into wide complex vtach then vfib and ACLS done w/ compressions, ROSC @ 2255 w/ BP 70-41, Norepi started; pt intubated 02/25/21: pt extubated 02/25/21@2106: pt with inferior lateral stemi 03/01/21: pt w/ sudden deterioration with decreased LOC and increased WOB., intubated, found to be profoundly hypoxemic, developed severe metabolic acidosis and hyperkalemia, severe refractory hypotension 03/02/21: pt unresponsive without pulse or respirations, NOK declined autopsy no prior covid infection noted, no immediate reaction after covid vaccine, pt was hospitalized leading up to death with unrelenting abdominal pain, AKI, metabolic abnormalities. It is unlikely that vaccine led to patient's death.
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1157204-1	Patient developed chest pain at about 3:30AM the following morning. Ultimately diagnosed with anterior STEMI requiring stent placement.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1157626-1	Heart attack; sore where the pacemaker was put in; sore at the injection site; This is a spontaneous report from a contactable consumer (patient). An 87-year-old female patient received bnt162b2 (Pfizer-Biontech Covid-19 Vaccine), first dose via an unspecified route of administration, administered in Arm Left on 31Jan2021 14:30 (Batch/Lot Number: PAA156051) as SINGLE DOSE for covid-19 immunization. Medical history included thyroid disorder (reported as thyroid) from an unknown date and unknown if ongoing. It was not provided if there were prior vaccinations (within 4 weeks), if there was any patient's Medical History (including any illness at time of vaccination) and if there was any family history. The patient is vaccinated at a medical office (reported as). There was no history of all previous immunization with the Pfizer vaccine considered as suspect and no additional vaccines administered on same date of the Pfizer Suspect. There was no history of all previous immunization with the Pfizer vaccine considered as suspect and no additional vaccines administered on same date of the Pfizer Suspect. Concomitant medication included levothyroxine taken for thyroid disorder (reported as thyroid) at 75mg; take once daily by mouth from an unspecified start date (reported as taking for 10 years) and ongoing. It was reported that the patient had the first vaccine 31Jan2021 at 14:30PM in the left arm. She was scheduled for the second dose 21Feb2021 but she had a heart attack and a pacemaker put in and had to cancel the appointment. She is trying to reschedule the second dose. It was mentioned she doesn't know who to call. Adds she called the number and was transferred here. Advised caller this is Pfizer DSU and we document our patient's experience with our products. Caller agreed to report. Mentions her daughter is a teacher and set up the first dose for the caller because the caller is her mother-in-law; so the caller plans to contact her daughter about getting the second dose. The patient stated that she did have a very bad reaction to the vaccine, she noticed after an hour after the shot on 31Jan2021, it was very sore at the injection site for about 10 minutes and then she got the same thing the next day. The pain came and went for 5 to 10 minutes at a time. They don't know if she was getting a heart attack or if it was the vaccine. The pain at the injection site went away when she went to the emergency room on 15Feb2021 and the put oxygen on her. She was admitted 15Feb2021 for a heart attack and then had a pacemaker put in. She was discharged 25Feb2021. Adds she is slowly recovering but the site where they put in the pacemaker is still sore on Feb2021. The outcome of the event heart attack was recovered with sequelae on 15Feb2021, for the event sore at the injection site was recovered on 15Feb2021 and for the event sore where the pacemaker was put in was not recovered. The patient did required a visit to emergency room for the event heart attack. The patient was hospitalized, for 10 days (from 15Feb2021 to 25Feb2021) for heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1158135-1	Got a sudden heart attack after developing chest pain/discomfort while walking outside on 3/20 afternoon time. Went to ER and shifted to hospital. Treated with 2 stents in heart. Arteries were found blocked and blood clot was removed.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1162123-1	it felt like she was having a heart attack; anaphylaxis; her blood pressure was 160/110; she had a rash on her neck and chest; chest pain; heart palpitations; chest pressure; her arm was numb; her heartbeat was ridiculous/heartrate went over 150; dizziness could be a symptoms of this type of reaction and she stated she was dizzy; She swelled up the first time but yesterday it felt like she was having a heart attack; She swelled up the first time but yesterday it felt like she was having a heart attack; she got the shakes; This is a spontaneous report from a contactable consumer (patient). A female patient of unspecified age received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, batch/Lot number was not reported) via an unspecified route of administration on an unspecified date as single dose for COVID-19 immunisation. The patient medical history included Drug allergy (had lot of drug allergies) and anaphylaxis (it was different than what she experienced yesterday). The concomitant medication was not reported. The caller stated she had the first dose of the vaccine and was in the emergency room with chest pain, heart palpitations, and her blood pressure was 160/110 all day. They gave her nitroglycerin and Benadryl because she had a rash on her neck and chest, had chest pressure, her arm was numb, and her heartbeat was ridiculous. They got it under control, and she was sent home. She stated she read that if you have had a severe allergic reaction you should not get the second dose and saw that dizziness could be a symptom of this type of reaction and she stated she was dizzy. She asked what would be considered a severe allergic reaction. she was scared about getting her second dose. She asked how many other people have had a rapid heartbeat, dizziness and a rash and still got their second dose? Is there treatment if you get the second dose and have a reaction? How many got the second dose with these symptoms and survived? How does she know she will live through it if she gets the second dose. It was also reported that patient experienced anaphylaxis. She swelled up the first time but yesterday it felt like she was having a heart attack. She stated the HCP wants her to go to an allergist. She said when they gave her Benadryl she got the shakes and her heartrate went over 150 with this medication. She asked if the second was worse than the first dose. Therapeutic measures were taken for the events it felt like she was having a heart attack, anaphylaxis, her blood pressure was 160/110, she had a rash on her neck and chest, chest pain, heart palpitations, chest pressure, her arm was numb, her heartbeat was ridiculous/heartrate went over 150, dizziness could be a symptom of this type of reaction and she stated she was dizzy, She swelled up the first time but yesterday it felt like she was having a heart attack. The outcome of the events was unknown Information on the lot/batch number has been requested
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1162124-1	"Death; Heart attack; Shortness of breath; This is a spontaneous report from a contactable consumer. A 72-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration at age of 72 years, at single dose on 23Mar2021 at 10:00 (Lot number was not reported) for COVID-19 immunisation. Medical history included asthma, penicillin allergy and she was diagnosed with COVID-19 prior to vaccination. Concomitant medications were not reported. The patient experienced death, shortness of breath and heart attack on 23Mar2021 at 20:30. And it was reported that the adverse event result in ""Emergency room/department or urgent care"" and patient was treatment with CPR. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine and did not been tested for COVID-19 since the vaccination. Event outcome of events shortness of breath and heart attack was not recovered. The patient died on 23Mar2021 at 20:30. It was unknown if an autopsy was performed. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: Death"
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1162130-1	heart attacks; bad immune system; lethargic; mild headache; feeling not well; soreness in the arm initially; may be dehydrated; This is a spontaneous report received from contactable consumer (patient) via medical information team. A 52-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection), via an unspecified route of administration at the age of 52-years, on 20Mar2021 at a single dose for immunisation. The patient's medical history and concomitant medications were not reported. The patient stated that on 20Mar2021, he had the Pfizer covid vaccine and experienced lethargic, mild headache, feeling not well, soreness in the arm initially on an unspecified date. The patient also stated that he had heart attacks, has a bad immune system on an unspecified date and may be dehydrated. The outcome of the events was unknown. Information on the lot/batch number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1162136-1	"Had I expected LAD heart attack on 15Feb after cardiologist said that heart is clear and risk is low; This is a spontaneous report from a contactable consumer (patient). A 72-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), first dose via an unspecified route of administration, administered in Arm Right on 12Feb2021 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation, at 72 years old. Medical history included diabetes mellitus, high blood pressure, hypothyroidism, and Known allergy: Sulfa from an unknown date and unknown if ongoing. Patient did not have COVID prior vaccination. Patient is not pregnant. Concomitant medication included metformin; metoprolol; amlodipine besilate (AMLOD); insulin degludec (TRESIBA); and clonidine hydrochloride (CLONIDIN) taken for an unspecified indication, start and stop date were not reported (other medications in two weeks). The patient experienced ""had i expected lad heart attack on 15feb after cardiologist said that heart is clear and risk is low"" on 15Feb2021 05:00. The patient was hospitalized due to the event for 7 days on an unspecified date in 2021. The event required emergency room visit and physician office visit. Treatment was given for the event which includes Emergency Stent placement and update to medication. The patient underwent lab tests and procedures which included sars-cov-2 test (blood test): negative on 15Feb2021. Therapeutic measures were taken as a result of had i expected lad heart attack on 15feb after cardiologist said that heart is clear and risk is low (myocardial infarction). Outcome of the event was recovered with sequelae on 2021. Seriousness criteria was reported as hospitalization, medically significant, and life threatening. Information on lot number/batch number has been requested."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1162604-1	severe diarrhea, heart attack within 39 hours
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1162861-1	Heart Attack (NSTEMI) and 3 strokes
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1164186-1	I received my second shot of the Pfizer coronavirus vaccine on Saturday, March 20th at noon. Saturday at midnight, I woke up in full body sweats and aches. I took two ibuprofen and tried to go back to sleep, but I would toss and turn in full body sweats and aches for the next 8 hours. I took another 2 ibuprofen around 400am. Sunday morning I woke up feeling OK, not great, but OK. Sunday night ? it was very strange ? the full body chills and aches came back. Not as bad as Saturday night, but they returned nevertheless. I had another restless night of sleep, and I took another two rounds of ibuprofen to try and help me sleep. Monday I woke up feeling OK again. Monday evening, around 8:00pm, I could feel the full body chills and aches coming back again, creeping up slightly. This time, I also felt a mild burning in my upper chest and throat. I went to bed around 8:00pm, then woke up at 9:00pm, this time in a lot of pain. It felt like burning and a stabbing sensation in my throat and upper chest. I took some ibuprofen, and tried to fall asleep. I tossed and turned in agony for the next few hours, apparently falling asleep at some point around 1:00am. At 2:00am I woke up in severe pain again. It was very bad, like an 8 out of a 10. It felt like a burning and stabbing sensation in my lower throat and upper chest. I had my wife call 911, and I was brought to hospital in an ambulance. I would stay in the hospital for the next 3 days, getting discharged Thursday at around 5:00pm. I had peak troponin levels of 5, so I basically had a moderate heart attack. I had a cardiac catherization procedure done, as well as a cardiac MRI. The cardiac catherization procedure showed I had no blockages at all in my arteries. The cardiologists diagnosed me with myocarditis. The cardiologists told me they believe the vaccine triggered a heavy response from my auto immune system. The response from my auto immune system in turn caused my heart to become inflamed, giving me myocarditis. It was a horrible experience, and my doctors are convinced that it was brought on by the second coronavirus vaccine shot that I received.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1166778-1	Patient had chills the night after the vaccine and throughout the night pulse ox dropped to 88, given 3L O2. Pt had little sleep and the next day had no appetite pulse ox between 88-90. After dinner had severe chills, no fever ,extreme SOB , pulse ox down to 79, coughing up blood tinged sputum, fluid in lungs, anxious. EMT called sent to hospital confirmed to have had an MI and new onset CHF, enzymes elevated, creat 1.8. Transferred to hospital and was stable. The next day still SOB, enzymes lessening, trying to wean from O2. The nurse attempted to get the pt to the bathroom he became extremely SOB and became unresponsive. They attempted CPR and the pt expired shortly thereafter due to another MI.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1169181-1	"Wife reported that no side effects from vaccine noted until 3/16/2021 when patient had arm and back pain and wanted to go back to bed and she noted he was extremely sweaty at that time. He was lifted back to bed and was reportioned several times because he could not get comfortable. She went to get him a drink from the kitchen and heard a guttural sound and rushed back to find him unresponsive and blue in color. She called ""911"" and patient was dead upon arrival (and a DNR) so the Medical examiner arrived and pronounced him dead. She states sx started at about 4pm and he was pronounced dead at about 5pm. Medical examiner determined a heart attack cause of death. The family not sure that the vaccination had anything to do with death but wanted it to be reported."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1172456-1	Numbness, tingling, HA, body aches, shingles vesicles next day
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1173972-1	Tiredness; Headaches; Chills; Fever; Nauseated; Dizziness; Weakness; felt sick; can't see as good, her eyes are weak; Difficulty breathing; thought she was having a heart attack; dehydrated; fast heart beat that felt like her chest was full; fast heart beat that felt like her chest was full; Injection Site Pain; blood pressure fluctuated; This is a spontaneous report from a contactable consumer (patient). A 70-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), dose 1 via an unspecified route of administration, administered in left arm on 27Feb2021 12:00 (lot number: EN6202; expiration date: 30Jun2021) as single dose for COVID-19 immunisation. Medical history included ongoing high blood pressure and stroke from 2012 to an unknown date. Concomitant medications included aspirin [acetylsalicylic acid] (ASPIRIN) taken for stroke from 2012 and ongoing; clopidogrel bisulfate (CLOPIDA) and simvastatin both taken for high blood pressure from 2012 and ongoing; ongoing amlodipine, lisinopril, and metoprolol all taken for high blood pressure. On 27Feb2021, she took the first vaccine. From that day, for 2 days, she had injection site pain. On 07Mar2021, she started having tiredness, headaches, chills, fever, felt nauseated, had a fast heart beat that felt like her chest was full and thought she was having a heart attack, dizziness, weakness, felt sick, and difficulty breathing. The patient added that she can't see as good, her eyes are weak. She was going to make an appointment to get her eyes checked. For dizziness event, she has to sit on the side of her bed for 10 minutes and she was still dizzy. She has to hold on to something because she feels like she is going to fall. She was given meclizine three times a day for this event. For tiredness event, she stated that it fluctuates during day. After she takes a paracetamol (EXTRA STRENGTH TYLENOL) and lays down for a while, she feels ok and then she feels tired again. For fast heart beat that felt like her chest was full and thought she was having a heart attack event, it comes and goes, she had it yesterday (21Mar2021) but hasn't had it today (22Mar2021) but she doesn't know if it is gone. Her symptoms were usually in the morning when she first gets up. She has been to the emergency room (ER) on 07Mar2021 and on 13Mar2021 and they say that nothing is wrong. On 07Mar2021, they gave her an IV because they thought she was dehydrated. On 13Mar2021, she went back to another hospital ER. She felt worse and her son came and got her and took her to the ER. They did a whole workup MRI of her head, x rays, blood work and everything. They didn't know what was causing it because it had it been over a week since her vaccine and they sent her home. She has been laying down and staying hydrated. She couldn't hardly get up and they asked her what has she done different and the only thing different was the vaccine. Everything listed on the risk factors [side effects] is how she is feeling. She was not hospitalized, they gave her medicine and told her to stay hydrated and sent her home and was told to follow up with her physician. She finally got an appointment for tomorrow (23Mar2021) with her physician. She can't drive because of the dizziness. All of her tests came back normal. They said her blood pressure fluctuated on 2021 but that is normal. Outcome of the injection site pain was recovered on 01Mar2021, of the difficulty breathing was recovering, of the headache, chills, fever, dizziness, weakness, and felt sick was not recovered, while of the remaining events was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1175911-1	He has a bad /slow heart, he had a heart attach after 1st dose. He doesn't feel it's related to the vaccine. It was the heart attack was why he missed his 4 week window. He called the Dept. of Health and they said he needed to start the series over. I explained the series is now complete.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1176228-1	Mild heart attack 3/25/21 3:15 Shoulder and back pain, nausea, heart bypass surgery 3/29/21 8:30 am, surgery successful In recovery
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1179310-1	I had heart attack about 2 weeks after the 1st dose. I was almost lost my life. Doctor still could not diagnose the cause because I am a healthy women; This is a spontaneous report from a contactable consumer (patient). A 38-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6208), dose 1 via an unspecified route of administration at the age of 38-years, administered in arm left on 14Mar2021 15:15 as single dose for covid-19 immunisation. The patient medical history was not reported. There were no concomitant medications. The patient had heart attack about 2 weeks after the 1st dose (25Mar2021 09:00). I was almost lost my life. Doctor still could not diagnose the cause because I am a healthy women. I will provide more detail if you need them for research. The patient did not receive other vaccine in four weeks, did not receive other medications in twoweeks, she received treatment (Emergency room, hospitalized, cardiac procedure) for the event. The patient did not received Covid prior vaccination, she tested Covid post vaccination (Covid-19 PCR test) via Nasal Swab on 28Mar2021, Covid test result was negative. There is no known allergies. The outcome of the event was unknown.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1180089-1	He presented to hospital ED with new onset chest pain. He reports that he woke up this morning nauseous and he vomited after which he has started developing retrosternal chest pressure and some shortness of breath for which he came to the emergency room for assessment. In the emergency room he was given both a GI cocktail and nitropaste with wheeze the symptoms improved. He was transferred to a medical center for higher level of care. At present he is essentially symptoms free. The EKG showed right bundle branch block and all septal myocardial infarction. The right bundle branch block is new compared to his last EKG. The initial troponin was mildly increased at 0.18 and BNP was 118. The renal function is normal with a creatinine of 0.8 and the chest x-ray shows bilateral interstitial opacities which might represent pulmonary edema. He remains admitted
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1192054-1	"moderate heart attack; myocarditis; my heart to get inflamed; Monday evening, 22Mar, I started getting pain in my upper chest; getting pain in my upper chest and throat; I had full body chills; I had full body chills and aches; This is a spontaneous report from a contactable consumer. A 37-years-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), , administered in Arm Left on 20Mar2021 (Batch/Lot Number: ER2613) as SINGLE DOSE for covid-19 immunisation. Age at vaccination :37 years.The patient received the first dose on 27Feb2021 (Brand Pfizer,Lot number EN6203 , administration time 12:00 PM, Vaccine location Left arm).Medical history included none. There were no concomitant medications.The clinical course was reported as follows: ""I received my second covid vaccine shot Saturday at noon, 20Mar. I had full body chills and aches Saturday and Sunday night. Monday evening, 22Mar, I started getting pain in my upper chest and throat. I woke up at 2:00am with severe chest pain. I called # and rode in an ambulance to the hospital. I spent 3 days in the hospital. I was diagnosed with myocarditis. The cardiologist believes my auto immune response to the vaccine attached my heart and caused my heart to get inflamed. I had a moderate heart attack from the vaccine"".Th Adeverse events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event.The patient received treatments for the events (ae treatment medication, cardiac MRI, cardiac catherization).The patient was recovered with sequel from all events.No Covid prior vaccination , No Covid tested post vaccination: Yes (covid test type post vaccination Nasal Swab on 23Mar2021:Negative)"
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1192660-1	My father received the vaccine on Friday 3/5/21. He noted that he wasn?t feeling well following the vaccine. On 3/7/21, he passed away from a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1192997-1	1630: Participant presented after getting stuck twice by vaccinator and questioned if she received two doses of the vaccine. Per the vaccinators, this participant was the sixth and final dose of the vial. Vaccinator initially went to administer the dose and noted that there was nothing in the syringe when he went to push the plunger. After reviewing the vial with the pharmacy staff, there is still vaccine in the vial with enough volume for a possible seventh dose. With this information I discussed with the participant that participant did not receive two doses. Participant started crying and developing chest pain which prompted an evaluation by EMS team in house at the vaccination center. Due to chest pain, she was given nitroglycerin x 1, and sent to local hospital via ambulance for further evaluation. We received report from hospital that participant had an MI and was sent to catheterization lab.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1196478-1	MASSIVE HEART INFARCTION

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1197555-1	death Narrative: 70 yo male received COVID19 vaccine on 2/16/2021 (first dose) without complications. Patient was admitted to the facility on 3/12/2021 and transferred out to a hospital on 3/15/2021. Patient died on 3/24/2021 due to acute respiratory failure at a medical center. This report is being written because patient received Pfizer covid19 vaccine, Facility requires we report to VAERS if death occurs within 42 days of vaccination. Prior to his hospital admission, his previous one was 5/11/2020-5/14/2020. Please see below for hospital course at the Facility: 70 yo male with PMHx of COPD, CHFrEF 20%, CAD s/p MI and CABG in 1999, HLD, HTN, DM2, GERD, Anxiety and Depression who presented with increased shortness of breath to facility. Transfered on 3/13 to the facility. Noted increased SOB without CP, palpitations, cough, orthopnea or PND. No history of home O2 use but required 2-3L O2 during this hospital stay. Was noted on admit to Facility to have troponin elevation with unchanged EKG. Was started on NSTEMI protocol with heparin ggt, ASA, BB, and statin. Initially received one dose ceftriaxone/azithro for possible PNA. On admission, primary team held home BB. On arrival to Facility, troponin at 3.998 trended to 4.442 and then trended down. underwent CTA to evaluate for PE that was negative. CXR and CT showed pulmonary edema consistent with HF exacerbation and a proBNP 8613. Patient was given 40mg IV lasix x2. RRT was called twice, once for BP 80/50 treated with 500ml IVF, and second for CP that resolved with NTG and tramadol. Cardiology was consulted with goal to cath patient, however some concern for medication adherence going forward so they will reevaluate. Patient began to have tachycardia with rates in the 150s sustained and hypotension. EKG showed likely sinus tachycardia with wide QRS similar to prior EKGs. Patient has ICD in place that was interrogated and showed good function. IV metoprolol 5mg given x3 with rated decrease to upper 120s. Patient remained asymptomatic, awake, and alert. Per discussion with wife after transfer, patient BP has been in the 50s systolic at home for the last month. Cardiac cath was performed showing 99% stenosis of LCX. Did not tolerate procedure with nausea, vomiting, and altered mental status. RRT was called after cath procedure. He is nauseous, diaphoretic. He complained of chest pressure. STAT EKG obtained. Noted ST depressions in the septal leads significant from before. Cardiology concerned pt was having an inferior MI. STEMI call was activated and hospital cath lab was called and report given to the cardiologist on call. Pt was then transported to the Facility and he passed away on 3/24/2021.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1198152-1	Massive Heart Attack. Was given stent and Dr believed the injection possibly pushed me over the edge with blockage
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1204579-1	Jan 13 first dose received...Jan 30th collapsed at night by herself. Was able to get up and go back to bed. Next day was taken to urgent care and sent by emergency to hospital. Suffered large blood clot in the leg that broke off and traveled to the lungs. Acute saddle pulmonary embolism with acute cor polmonale. Was put on blood thinners and released from hospital on 2/2. As soon as we got home from the hospital she suffered from a massive gastrointestinal intestinal bleed and had to be rushed back to the hospital. Two days later while still in the hospital she suffered a mild heart attack and had a stent inserted.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1205632-1	My MOTHER had a health condition, diabetes and heart problems, she was at home with palliative care, due to her condition, she was fine in the last month she was able to walk, shower, eat alone, she felt happy to be able to recover, she got the vaccine because the doctor advised her, the same day she got fever, and began to feel fatigued, 3 days later my mother died, she had heart attack from shortness of breath.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1207509-1	Lethargy, impaired cognitive function began on 3/29. By the morning of 3/30, the lethargy and cognitive function is back to normal. Slight headache, low fever and slight chest pain began. Felt better by the afternoon of 3/30 once I took ibuprofen. That evening at approximately 7 pm, I noticed my heart rate was high. My resting HR is about 70, but my HR was at 125 - 130 and I was not exerting myself and was sitting. My HR remained high after I went to bed, and chest pain became worse. By 12:30 am on 3/31, chest pain was getting severe and had pain in both arms. Went to ER at around 3 am on 3/31. Later learning I had a mild heart attack. Had EKG, Blood work, ECG, and Heart Catheritazion. No blockage and normal results except blood work. Blood work showed elevated enzymes. While in the ER, I was given blood thinner and glycerin tablets, aspirin. Since 4/2, my heart rate and blood pressure have returned to their norm without medication. I once again have perfect blood pressure readings and perfect HR. I have returned to normal daily activities as of 4/4.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1207571-1	er visit turned into a hospital stay in ICU....due to blood clots that were in the lungs that were so pervasive a heart attack ensued due to the pressure from the lungs
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1207792-1	Blood clotting resulting in blockage of LAD artery, precipitating an Myocardial Infarction.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1210794-1	Cold sweats starting Thursday evening, Friday sweating at night, and Saturday morning ~6:00 am with chest pain and sweats. Pain intensified and brought to Urgent Care at 8 am where an EKG was completed and showed signs of a heart attack. Was rushed to Hospital Emergency room. Admitted and examined. Completed an angiogram and noted that there was a blood clot that appeared to dissolve. Troponin levels were high showing damage to the left artery. Spent the night in the hospital. Prescribed medication for cholesterol, blood thinners, and seeing a cardiologist.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1213988-1	Eight days after receiving the second vaccine, I had a heart attack. The reason is unknown as I have none of the markers: high blood pressure, high cholesterol, obesity.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1218263-1	Patient presented to Hospital 5 days after second Pfizer dose with myocardial infarction involving the Left Anterior Descending artery. He had no significant risk factors for coronary artery disease. He reports feeling very fatigue and dyspneic after first dose, and started to have chest pain after second dose.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1219293-1	On 2/22/21 I was walking on our treadmill. Became dizzy, passed out. Taken to Hospital . Had a HEART ATTACK.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1219312-1	3 days later I was in the hospital with a heart attack. I was in CCU for 3 days. The muscle above my heart was inflamed and caused my heart not to do it?s job. I had tests run on my heart and my body and all conclusions came to the vaccine.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1221329-1	My Dad was healthy no symptoms on first shot . On Second shoot just slight pain in arm , he felt sick on Sunday the 4 of April at around 7pm he had a upset stomach. He got worse at night. in the morning Monday the 5 April we decided it was time to take him to the hospital. Due to the covid 19 restriction we were not able to go in with him He was stable until 1 pm when he suffered 4 heart attacks . He Died . He was healthy he exercise and was active every day . We were told to report this because it was close to dates of vaccination.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				"hoped she wasn't having a heart attack; Elevated Pulse/high pulse/pulse was 165 beats per minute/climbed up to 195; Drenched in sweat/sweating/sweating like a dog in the middle of the night; Wasn't feeling well; Tightness in chest; Cough; Sinuses congested; Sore; Puffy, bubbled up arms, inflamed; Puffy, bubbled up arms, inflamed; Feverish/felt hotter than usual; Really, really tired/wiped out tired; so sleepy; Sore Arm/her arm started to hurt; Nauseous; Sore Throat/throat hurts; eyes half closed/eyes closing; Puffy Face; blood clot; This is a spontaneous report from a contactable consumer (patient). A 72-year-old female patient received the first dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number ER8733, expiry date: unknown), via an unspecified route of administration, on 29Mar2021 11:45, as single dose, for COVID-19 immunisation. Medical history included ongoing latex allergy (developed welts where the straps met the skin) diagnosed 20-30 years ago; ongoing dye allergy (developed warm soreness to leg, tightness in the chest, could not breathe) diagnosed many years ago; sulphite allergy (diagnosed about 1975-1980; cannot eat processed foods, bleached foods, frozen pre-made foods; tries to eat only single item foods; last anaphylactic reaction after eating olive oil at a restaurant because it had sulphites in it; Mother was possibly allergic to sulphites; Son also allergic to sulphites); and blood pressure that runs low. The patient previously took epinephrine and experienced epinephrine allergy; ciprofloxacin (CIPRO) and experienced Cipro Allergy (eyes closed, got puffy, couldn't breathe); amoxicillin for abscessed tooth and had a reaction because of the sulphites in it; epinephrine (EPIPEN) and experienced epinephrine allergy (does not use it anymore); plantago ovata (METAMUCIL) which she then found out the orange one had sulphites. Historical vaccine included flu shot for immunization and she experienced 104-degree temperature and was sick as a dog and she went to the emergency room (she had flu shot maybe 3 times). Ongoing concomitant medication included multivitamins. The patient got her first dose of BNT162B2 on 29Mar2021 at 11:45. On the same day, once she got home, she became really, really tired/wiped out tired; was so sleepy; experienced sore arm/her arm started to hurt; was nauseous; had sore throat/throat hurt; eyes half closed/eyes closing and puffy face. On 30Mar2021, the patient experienced elevated pulse/her pulse got too high/pulse was 165 beats per minute/climbed up to 195. Her heart rate was 194 at some point for a couple of minutes then stayed at 165 for a long time. She hoped she wasn't having a heart attack. She had tightness in her chest, wasn't feeling good and was coughing. She stayed in her bed to wait out her symptoms. These lasted for 10 minutes (as reported). She started meditating hoping her heart rate would decrease and it did after about 15-20 minutes. The patient also felt feverish/felt hotter than usual. Before she took the vaccine on 29Mar2021, her temperature was at 96. She stated that her temperature usually runs low as 95-06 degrees. She also felt like her sinuses were congested; was sore; had puffy, bubbled up arms, inflamed. The patient hoped it was not a blood clot she developed. At the time of the report, the patient stated that her heart rate was 61 beats per minute, earlier it was in the 70s; and her temperature was at 96.3. Her second dose is scheduled on 19Apr2021 and mentioned that if these were her reactions with the first dose, she is questioning getting the second dose. The outcome of ""blood clot"", ""hoped she wasn't having a heart attack"", ""Wasn't feeling well"", ""Tightness in chest"", cough, and sinuses congested was unknown. The patient recovered from ""Drenched in sweat/sweating/sweating like a dog in the middle of the night"", and ""Elevated Pulse/high pulse/pulse was 165 beats per minute/climbed up to 195"" on 30Mar2021; and was recovering from ""Sore Arm/her arm started to hurt"", and ""eyes half closed/eyes closing"". The outcome of the remaining events was not recovered. Information on the lot/batch number has been obtained. Additional information is expected."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1224396-1	chest pain; heart attack; headache; blood pressure was high; This is a spontaneous report from a contactable consumer (patient). A 59-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 28Mar2021 09:15 at single dose in left arm for COVID-19 immunization. Medical history included Irregular heart beat. The patient had no Allergies to medications, food, or other products. Concomitant medications included acetylsalicylic acid (BAYER ASPIRIN), and metoprolol. The patient was not diagnosed with COVID-19 Prior to vaccination. The patient had not received any other vaccines within 4 weeks prior to the COVID vaccine. On Monday morning (29Mar2021 06:45), when the patient got out of bed she started having chest pain, took a shower and the pain got worse like she was having a heart attack, she was admitted to the hospital and treated for the pain and had EKG, stress test done, blood pressure was high, and she had a very bad headache; The events resulted Emergency room/department or urgent care. Tuesday morning (30Mar2021) the pain started to decreased and after another EKG and her blood pressure went down she was released and advised to follow up with her primary doctor as well as the cardiologist. Lab test included Nasal swab negative on 29Mar2021. Treatment was received for all events. The outcome of all events was resolved. Information on the lot/batch number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1224523-1	Soreness to left arm, hurts in chest around breast, back, shoulder blade; Soreness to left arm, hurts in chest around breast, back, shoulder blade; Soreness to left arm, hurts in chest around breast, back, shoulder blade; Soreness to left arm, hurts in chest around breast, back, shoulder blade; Unable to lift arm, pain makes her catch her breath/ Difficult to take a deep breath; Thought she was having a heart or panic attack; Stress, heart rate, panic; soreness from the shot; Stress, heart rate, panic; Stress, heart rate, panic; Stress, heart rate, panic; Tingling in hands and down the arm; crying; This is a spontaneous report received from contactable consumer (patient). A 66-year-old female patient received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration at the age of 66-years-old on 22Mar2021 13:57 (Lot Number: EN6208) as single dose for COVID-19 immunization. Medical history included migraine. Concomitant medication included topiramate taken for migraine from 15Mar2021 and ongoing. The patient had her shot last Monday afternoon and had some soreness from the shot on Mar2021. On Tuesday, 23Mar2021, it began getting sore back behind her shoulder blade; it has gotten progressively worse, and now she can barely lift her arm. She does not know if it's a muscle or has to do with the vaccine, or if she pulled a muscle although she has not done anything. It's difficult to take a deep breath, she can't lift her arm, it is sore. It hurts down into her chest and around her breast; also, hurts around on her back where her shoulder blade is. She has tried heat compress, cold compress, and massage the area. It seems like the pain will ease up but then it starts again. She becomes stressed about it and her heart rate starts panicking. She gets tingles down the arm. Thought she was having a heart or panic attack. It has gotten worse as the week has progressed. It was worse on Sunday; even worse on Monday; worse yesterday and she was crying. She has also been stressed at work. Doesn't know whether to go to the doctor or an urgent care, or if she needs to. The patient is 66 years old and says she is in fairly good health. Right now she is unable to lift her arm and has tingles in the hand and down the arm. The pain makes her catch her breath. If this gets much worse she is going to go have it checked out. Again mentions that she has been having stress. It does seem to be a little worse. The patient experienced thought she was having a heart or panic attack on Mar2021, stress, heart rate, panic on Mar2021, soreness from the shot on Mar2021, soreness to left arm, hurts in chest around breast, back, shoulder blade on 23Mar2021, unable to lift arm, pain makes her catch her breath/ difficult to take a deep breath on Mar2021, tingling in hands and down the arm on Mar2021, and crying on Mar2021. The outcome of the event Soreness to left arm, hurts in chest around breast, back, shoulder blade was not recovered while for the rest of the events was unknown. Prior Vaccinations (within 4 weeks) was None. She had an unspecified shot but reiterated no vaccines. No AEs following prior vaccinations.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1224525-1	she and they thought she was having a heart attack; she must have passed out because she didn't remember all the tests; she got a sharp pain underneath her left rib cage/pain was number10/still had pain off and on, periodically; broke out in sweat, real bad, number 10, she broke out in a clammy sweat; hard to breath, she got a sharp pain underneath her left rib cage; the muscle that goes around her heart, it was having like a charley horse; heart rate, She says 102, 103, it went up to 200 in the ambulance.; chest pain; Nausea; hard to breath, she got a sharp pain underneath her left rib cage; This is a spontaneous report from a contactable consumer (patient). A 77-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number EL3246), via an unspecified route of administration, administered in left arm on 04Feb2021 09:00 as single dose for COVID-19 immunization. Medical history included ongoing atrial fibrillation for a about 6 years , ongoing anemic for the last 20 years, glaucoma from 1998, had both eyes operated on and in 2016 she was operated on again, cataract had this 4 years ago in she says, in 1918, 1919, she clarifies 2018, Cardiac pacemaker insertion which pacemaker that controls her heart so the pulse does not drop below 65. She says that pacemaker was implanted, she thinks, 2014 maybe, blood pressure, arthritis throughout her body and had 30 operations, body doesn't absorb what she eats, anxiety, asthma, muscle spasms; she reported she has had a lot of surgeries, both of her ankles have had triple fusions, these were in 2005, 2010, 2014, 2018, both her ankles were fused, she had 5 surgeries on her feet; she has had both of her knees replaced because of arthritis, 2012 and 2015 she believes, had numerous other surgeries and she doesn't want to go through all of them, a right shoulder reverse rotator cuff repair, she had a rotator cuff put in, she doesn't have a rotator cuff, this happened in 2019, her left shoulder, because of an automobile accident, rotator cuff was so damaged that they couldn't repair it, she has minimum use of her left arm and has had operations on her left shoulder in 2005; had a pacemaker put in about 6 years ago, the next morning they kept her overnight, they came in, they took an Xray, she had to go back 2 days later because the lead had come of the heart, they had to go back in an reattach the lead to the heart; 2 years ago her pacemaker was going all over her chest, the doctor did not believe her and it landed under her armpit, it was the size of an orange, the doctor thought it was a lump, she went to the hospital, her pacemaker started falling apart, they took it out and put a new one in, it was about 4 years ago; a lump in her breast, she has been put under 30 times, they were all necessary, nothing for glamorizing; had surgeries in her left arm and some fingers than were numb. There was no prior vaccinations within 4 weeks, no events prior vaccinations and no family history. Ongoing concomitant medication included baclofen taken for muscle spasms for about 2 years, calcium for arthritis and her bones degenerate for 30 years, ergocalciferol (CALCIFEROL VIT D) taken for gets anemic real easy for 20 years, duloxetine taken for anxiety, taking this about 3 years ago; ferrous sulfate taken for anemic real easy for about 20 years; folic acid taken to

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	rebuild cells taking this she thinks in 2015, furosemide taken for a diuretic to **Adverse Event Description**
				get rid of fluid for 2 years, metoprolol tartrate taken for atrial fibrillation, and blood pressure, taking this since she had her pacemaker put in; montelukast for asthma for 20 years; hydrocodone bitartrate, paracetamol (NORCO) taken for arthritis for 20 years, and warfarin taken for blood thinner/thin the blood out so she doesn't get blood clots; and adults vitamins for bone supplement and metabolism for 20 years as her body doesn't absorb what she eats. She says she takes a lot of medications and when she does blood bloodwork she was low so they make her take them. The patient previously took rivaroxaban (XARELTO). On 06Feb2021, the patient experienced she thought she was having a heart attack. The patient reported that she had to call an ambulance at 11:30 at night, she thought she had a massive heart attack. She had chest pain, nausea, it was hard to breath, she got a sharp pain underneath her left rib cage. She stated that when the ambulance got here they thought she was having a heart attack, they did nitroglycerin, when they got to the house, when in the ambulance on the way to the hospital they did another pill of nitroglycerin when they got to the hospital. The pain was a number 10. She stated she broke out in sweat, once they got her all hooked up they got to the hospital 6 miles away to the hospital. She was there for 2 full days, they did Xrays, dye in her, checked her hears, and did bloodwork. When she had chest pain, she reported they gave the morphine, it lasted about 6 hours; she still had problems breathing, they took her, she must have passed out because she didn't remember all the tests, she was in and out of it, the severe pain stopped after 6 hours, still had pain off and on, periodically. When she got pain in the ambulance then the nausea went away. After the hospital nitro and another shot for the pain, the nausea stopped. After the hospital after this they gave morphine and the pain subsided a little but didn't totally go away until 6 o'clock in the evening, she still had problems breathing because every time she breathed she got pain under her left rib cage. She says the sweat was at home, real bad, number 10, she broke out in a clammy sweat, on the 6th when she was having pain. She says that after the hospital, a couple days after that, she saw her cardiologists, he told her what happened, it was related to vaccine, it was the muscle that goes around her heart, it was having like a charley horse, he says it felt like you're having a heart attack, her tests said her heart was good. She talks about her blood pressure and heart rate, and says 102, 103, it went up to 200 in the ambulance. She says they thought it was a heart attack, her blood pressure was usually low blood pressure and all the symptoms she was having was because of her muscle having a charley horse that felt like it was coming from the heart, if they had contacted him, he said she would have just needed a massive amount of anti-inflammatory and it would have stopped the pain. The events required an emergency room visit. She wanted to know if anybody else has been hospitalized for massive heart attacks and says that's what she was having. The patient had her second shot on 22Feb2021. Outcome of event nausea was recovered on an unspecified date; and outcome of the rest of events was unknown.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1224866-1	heart attack; back pain; felt very bad; This is a spontaneous report from a contactable consumer (patient's wife). A male patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. On an unspecified date, the patient thought like he was having a heart attack in the first day or two after having the back pain. He stated 12 hours after getting the back pain. He woke up in the middle of the night he felt very bad. The outcome of the events was unknown. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1224916-1	admitted to ER Saturday morning with massive heart attack; feeling unwell Friday evening; This is a spontaneous report from a contactable consumer (patient). A 68-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), Batch/Lot Number: EN6208), dose 2 via an unspecified route of administration, administered in Arm Left on 26Mar2021 13:30 (at the age of 68years) as single dose for Covid-19 immunization. The patient received the first dose of BNT162B2 (lot number: EN6200) on 02Mar2021 (at the age of 68years) for Covid-19 immunization. The patient's medical history was not reported, no known allergies. Concomitant medications included rosuvastatin taken for an unspecified indication, start and stop date were not reported. The patient was not diagnosed with COVID-19 prior to vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. It was reported that the patient was feeling unwell on Friday evening (as reported); patient admitted to ER (emergency room) Saturday morning with massive heart attack. Onset date for both events was reported as 26Mar2021 21:45. The events resulted in Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event), Disability or permanent damage. The patient was hospitalized for both events from 27Mar2021 to 01Apr2021 (as reported duration of hospitalization: for 5 days). Treatment of events included 2 Stents. The patient had Covid test post vaccination on an unspecified date: Nasal Swab =Negative. The outcome of events was recovering. The outcome of events was recovering.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1226463-1	04/01/2021 around 5:00 PM: 1. Sore Arm, Shortness of Breath, Chest Pains, Fatigue. | Thought was Heartburn, took tums and had a little relief 04/02 to 04/05/2021: Same Symptoms throughout those day, had No appetite, increased fatigue. and Tums No longer gave relief. 04/06/2021 6:00 AM: Went to emergency room and had to receive emergency heart surgery as I was diagnosed with blood clogged arteries and had been having a heart attack for the past several days

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1227257-1	the contractions and cramping sensation went trough out her entire chest region and her back (like heart attack symptoms); the contractions and cramping sensation went trough out her entire chest region and her back (like heart attack symptoms; in the left arm it was cold and tingling; in the left arm it was cold and tingling; experiencing contractions and cramping in her arm and the left side of her torso in the ribcage area that continued for 24 hours; diarrhea on the weekend; strong cramps in her stomach (stomach flu-like symptoms); This is a spontaneous report from a contactable consumer or other non hcp (patient). A 53-years-old female patient received bnt162b2 (BNT162B2, PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection) dose 1 via an unspecified route of administration in Arm Left on 23Mar2021 (Lot number and Expiry date was not reported) as single dose for covid-19 immunisation. Medical history included ischemic colitis in the past and she thinks that maybe the cramping started triggering it again. The patient's concomitant medications were not reported. On 02Apr2021 strong cramps in her stomach (stomach flu-like symptoms) and on an unspecified date, the patient experienced the contractions and cramping sensation went trough out her entire chest region and her back (like heart attack symptoms), in the left arm it was cold and tingling (vaccination site coldness), (paraesthesia), experiencing contractions and cramping in her arm and the left side of her torso in the ribcage area that continued for 24 hours (muscle spasms) and diarrhoea on the weekend. Her second dose is scheduled on 13Apr2021, she would like to know if there are recommendations for her second dose because she heard that with the second dose the side effects are worse, she would like to know if someone else has reported these symptoms. She would like to know if she should possibly receive the vaccine in her thigh instead of her arm and if that would be helpful. The outcome of the events diarrhoea was recovered on 05Apr2020 and outcome of contractions and cramping sensation went trough out her entire chest region and her back (like heart attack symptoms) was not recovered and rest of the events was unknown. Information on the Lot/Batch number has been requested
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1227258-1	possible heart attack; High pain in left arm; This is a spontaneous report from a contactable consumer (patient). An 86-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), first dose via intramuscular, administered in left arm on 08Feb2021 13:00 (Batch/Lot Number: EL9264) as SINGLE DOSE for covid-19 immunisation. Medical history included atrial fibrillation from 2010 to an unknown date, hypertension from 1971 to an unknown date, both knees replace from May2011 to an unknown date, left shoulder replaced from Nov2011 to an unknown date, left eye cataract removal from Jun2013 to an unknown date, right eye cataract removal from Oct2013 to an unknown date, L4 & L5 disc repair from Aug2014 to an unknown date, Gall bladder removed from Sep2014 to an unknown date, Right shoulder, Kidney disorder, cramps, Virus fighter, Heart disorder, eye disorder, General Health, Blood thinner, R. shoulder pain, sleep disorder, constipation, Clear vessels. No any other vaccinations within four weeks prior to the first administration date of the suspect vaccine. The patient's concomitant medications were not reported. The patient experienced possible heart attack on 08Feb2021 with outcome of not recovered, high pain in left arm on 08Feb2021 with outcome of not recovered. High pain in left arm-possible heart attack on 08Feb2021. Reported it was not caused by shot, but result is possible pitched nerve- X-ray and CT scan Being done. AE required Scheduled X-Ray and then CT scan on neck. Treatment included the event did require the initiation of new medication/other treatment/procedure. Seriousness criteria reported as not serious. COVID-19 testing had not been conducted.; Sender's Comments: A contributory role of the vaccine BNT162B2 to the event possible heart attack cannot be fully excluded based on the temporal relationship. Patient's advanced age, underlying hypertension, atrial fibrillation, kidney disorder and other comorbidities provide alternate explanation for the event. Case will be reassessed if additional information is received. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.,Linked Report(s) : US-PFIZER INC-2021277193 same patient, same product (second dose), similar events.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1227278-1	heart attack; stroke; This is a spontaneous report from a contactable consumer. A 67-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), dose 1 via an unspecified route of administration on 24Jan2021 13:00 (at the age of 67-years-old) (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation. Medical history included hypothyroid, sleep apnea, known allergies: Shellfish, Sulfa, Possible Tree Nut allergy. Concomitant medications included levothyroxine sodium (SYNTHROID); ascorbic acid, ergocalciferol, nicotinamide, retinol, riboflavin, thiamine hydrochloride (VITAMINS [ASCORBIC ACID;ERGOCALCIFEROL;NICOTINAMIDE;RETINOL;RIBOFLAVIN;THIAMINE HYDROCHLORIDE]); clarithromycin (CLARITIN [CLARITHROMYCIN]). In Feb2021, Exactly 3 weeks after the first dose, the patient had a heart attack and stroke. The events were assessed as serious (hospitalized, life-threatening, disability). The event resulted in emergency room and physician visit.The patient was hospitalized for 10 days. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on an unspecified date. The outcome of the events was unknown. Information about lot/batch number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1227279-1	heart attack; stopped breathing; This is a spontaneous report from a contactable consumer. A 67-year-old female patient (mother) received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number and expiry date: unknown), via an unspecified route of administration on 14Mar2021 (67-year-old) as single dose for COVID-19 immunization. Medical history included Hypothyroid, Sleep Apnea, Known allergies: Shellfish, Sulfa, Possible Tree Nut allergy. Patient is not pregnant. Concomitant medications included levothyroxine sodium (SYNTHROID); apixaban (ELIQUIS); senna [senna alexandrina]; valsartan; clopidogrel; metoprolol; atorvastatin; macrogol 3350 (MIRALAX). The patient previously took vitamins, Claritin , first dose of bnt162b2 on 24Jan2021 01:00 PM (67-year-old) for COVID-19 immunization and exactly 3 weeks after the first dose, the patient had a heart attack and stroke. Exactly 3 weeks after the second dose (04Apr2021), the patient stopped breathing and died. It was reported that death cause was unknown but also likely heart attack (unspecified date). Ae resulted in: [Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event), Disability or permanent damage, Patient died]. Number of days hospitalization is 10. Patient had no covid prior vaccination. The patient was covid tested post vaccination. The patient underwent lab tests and procedures which included covid test (Nasal Swab): negative on an unspecified date. The patient died on 04Apr2021. An autopsy was not performed. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: stopped breathing; death cause: likely heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1227946-1	Patient had a heart attack; This is a spontaneous report from a contactable consumer. This consumer reported for a 66 year old male patient received BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Solution for injection), via an unspecified route of administration in the left arm on 29Mar2021 at 09:00 (Batch/Lot number was not reported) as a single dose for covid-19 immunization. Medical history included thyroid. The patient did not had any allergies. The patient's concomitant medications included levothyroxine sodium (THYROXINE) from an unknown date. The patient did not receive other vaccine in four weeks of vaccination. Patient was not diagnosed with COVID, prior vaccination. Patient has not been tested for COVID, post vaccination. On 04Apr2021 at 08:00, the patient had a heart attack (hospitalized (Emergency room/department or urgent care), medically significant) for which treatment was ongoing and scheduled angiogram. The outcome of the event was not recovered. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1230230-1	Fatigue, dizziness, heart attack and death
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1231243-1	I took my first shot on March 24th, 2021, and I had a heart attack on April 3rd, 2021 from a blockage in LAD with a 99% blockage. I was to my PCP on March 10th, 2021 for a routine check-up and there were no issues. I wanted to report it so if anything has to be done can be done or at least the matter can be looked into.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1231447-1	Myocardial infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1232239-1	Onset ~3/24/21 c/o SOB, DOE, intermittent fever and N/D. SOB/DOE worsened. Sought care at Medical Center 3/31/21 and admitted to another hospital hypoxemic on room air and tachycardic w/ respiratory distress. CHF Dx w/ EF 15-20% on 4/1/21. OGT placed 4/6/21. Multiple infarcts 4/15/21. NGT placed 4/16/21. Acute Motor Axial Neuropathy (variant GBS) on 4/19/21.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1233483-1	Resident was given the vaccine on 4/8/21. She had a stroke/heart attack when she was being taken to the bathroom on 4/13/21 around 8:30pm. She was admitted to the hospital and at this time I believe she is still hospitalized. We were unsure if this was related to the vaccine or her general health condition as she is recently started dialysis and they discovered a pituitary cancer when doing a scan for the stroke on 4/13/21 or 4/14/21. We talked with our Medical Director and thought it would be best to report this since it happened shortly after her first vaccine dose.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1235705-1	"heart attack; underling condition neurologic condition not diagnosed yet but she gets migraines often; pain; dizziness; headache; chest, arm pain; chest, arm pain; fatigue; water retention; This is a spontaneous report from a non-contactable consumer (patient). A female patient of an unspecified age received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number and expiration date were not reported), via an unspecified route of administration on an unspecified date as SINGLE DOSE for COVID-19 immunisation. The patient's medical history was not reported. The patient was taking a lot of concomitant medications (unspecified). The patient reported that she has an underling condition neurologic condition which was not diagnosed yet but she gets migraines often on an unspecified date. It was also reported that patient had extreme episodes of tightness, pain, dizziness, headache, chest, arm pain that led her thought had a heart attack and also extreme fatigue on an unspecified date. She mentioned that she was taking a lot of medicines at the time this happened. The patient also experienced water retention on an unspecified date. She said that if she would know what the vaccine would do to her, she would have not been vaccinated wit the Pfizer vaccine. She wanted to know how does the vaccine work so to know if ""it overrides your system to product antibodies."" The outcome of all events was unknown. Follow-up attempts are completed. No further information is expected."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1235710-1	"immune system was low; shingles; heart attack; This is a spontaneous report from a contactable consumer (patient) via Medical Information, also received via Pfizer-sponsored program. A 45-year-old female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), via an unspecified route of administration on 23Mar2021 as SINGLE DOSE for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Within 5 hours after receiving the dose, she developed shingles on 23Mar2021. She stated the pain was so bad she thought she was having a heart attack on an unspecified date in 2021. Her medical doctor (MD) told her that she should get the second dose of the vaccine and that the shingles was dormant in her system and because her ""immune system was low"" she developed the shingles outbreak. The patient further stated that she developed shingles 4 hours later after receiving the first dose. She stated that the eruptions have stopped but it was still painful. She was asking if she should get the second covax or wait. The patient had not yet recovered from shingles while outcome of the rest of the events was unknown. Follow-up attempts are needed. Further information on the lot/batch number has been requested."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1235753-1	27MAR2021 had heart attack; This is a spontaneous report from a support program, received from a contactable consumer. A 66-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number not reported), on 18Mar2021 at single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. Patient stated that received first dose on 18Mar2021, scheduled to receive second dose on 08Apr2021. On 27Mar2021 he had heart attack. He was asking if he should receive second dose. He was taking LIPITOR and PLAVIX. The outcome of the event was unknown. Information about lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1235760-1	my right leg was still bothering me, It feels a little bloated, so I am walking slower than usual; my right leg was still bothering me, It feels a little bloated, so I am walking slower than usual; I was afraid I was having a heart attack; Initial hyperactivity; tiredness; chest pains; urge to vomit; body aches all over; This is a spontaneous report received from a contactable consumer (patient herself). A 49-year-old non-pregnant female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection, Lot number was unknown), via an unspecified route of administration in left arm on 01Apr2021 at 16:00 (at the age of 49-year-old) as a single dose for COVID-19 immunization. The patient's medical history included issues with anemia in the past and known allergies: Tree nuts was all that I am aware of (allergies to medications, food, or other products: Tree nuts was all that I am aware of). Concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient did not receive other vaccine within four weeks of vaccination. The patient did not receive other medications within two weeks of vaccination. Since the vaccination, the patient has not been tested for COVID-19. No COVID prior vaccination. The patient was not tested for COVID post vaccination. It was reported that the, initial hyperactivity on 04Apr2021 (patient think it was the anticipation of the shot), followed by tiredness that evening on 04Apr2021, Friday, Saturday, and Sunday. With the exception of having lunch with a friend on Saturday and stopping by to check on her mom, patient stayed home all weekend because she was feeling very tired. Late Sunday night after going to bed she awoke with chest pains and the urge to vomit on 04Apr2021. Patient was up and down vomiting for several hours and began to experience body aches all over on 04Apr2021. At one point she was afraid she was having a heart attack on 04Apr2021. On Monday morning and throughout the day she was still experiencing body aches and stayed home from the office. Patient slept propped up on the living room sofa Monday night because lying down made her body aches worse. Today, Tuesday 06Apr2021, her right leg was still bothering her, it feels a little bloated, so she was walking slower than usual. Otherwise she feel normal. The events were considered as serious (life threatening, hospitalization) by the consumer. No treatment medications were received for the adverse events. The outcome of the events was recovering. Information on the lot/batch number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1236693-1	Pfizer vaccine , 2 doses. Second dose on Friday 4/16. On Saturday had a strong chest pain, spend all day Sunday with upper back pain and chest pain. Monday pain got stronger, Tuesday on and off chest and upper back pain. Went to the hospital and he had suffered a heart attack. No primo medical conditions of anything cardiovascular related. Only medical hx he has is kidney stones. He is currently at the hospital pending catheterization.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1236770-1	Heart Attack, 100% blockage with blood clot. I had to have three stents put in, but survived. I was in hospital for 2 days,
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1237878-1	This 70 year old white female received the Covid shot on 2/25/2021 and died of a heart attack on 4/13/21. 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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1244382-1	Blood clot causing heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1252678-1	I had stroke and a heart attack three days apart from the vaccination.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1254617-1	felt like they were having heart attacks in the middle of the night.; This is a spontaneous report received from a contactable consumer. The consumer reported similar event for two patients, this is the 1st report of 2. A patient of unspecified age and gender 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 immunization. The patient's medical history and concomitant medications were not reported. The consumer stated she knew 2 other people had the Pfizer vaccine that were having same thing, they all felt like they were having heart attacks in the middle of the night. The outcome of the event was unknown. Follow-up attempts are completed; information about lot/batch number cannot be obtained.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021378116 Same reporter/product/event, different patient
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1254618-1	they all felt like they were having heart attacks in the middle of the night; This is a spontaneous report received from a contactable consumer. The consumer reported similar event for two patients, this is the 2nd of 2 reports. A patient of unspecified age and gender 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 immunization. The patient's medical history and concomitant medications were not reported. The consumer stated she knew 2 other people had the Pfizer vaccine that were having same thing, they all felt like they were having heart attacks in the middle of the night. The outcome of the event was unknown. Follow-up attempts are completed; information about lot/batch number cannot be obtained.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021378115 Same reporter/product/event, different patient
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255308-1	she thought she had a blood clot; maybe it is MS (multiple sclerosis); possible septal infarct; weakness in her left arm; losing her balance; vaccine was given up high on her arm, not 2 fingers down. She thought they had hit bone; less range of movement in her left foot; trouble walking; like someone who had a stroke; numbness; legs felt heavy climbing stairs; immediate pain when needle went all the way in and worse when vaccine went in; pain in shoulder joint; This is a spontaneous report from a contactable consumer (patient). A 49-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot Number: Ep6955), dose 1 via an unspecified route of administration, administered in Arm Left on 25Mar2021 18:00 (at the age of 49years) as single dose for Covid-19 immunization. The patient is not pregnant at the time of vaccination. Medical history included anemia that is treated, living kidney donor, gastric bypass in 1999, gallbladder removal, hysterectomy, intussusception x2, migraines, high heart rate, and smoking. Concomitant medications included omeprazole (OMEPRAZOLE), amfetamine aspartate, amfetamine sulfate, dexamfetamine saccharate, dexamfetamine sulfate (ADDERALL), and albuterol [salbutamol] (ALBUTEROL [SALBUTAMOL]); all taken for an unspecified indication, start and stop date were not reported. The patient previously received Flu vaccine and Tetanus vaccine. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient has not been tested for COVID-19 since the vaccination. She got the shot on 25Mar2021 on Thursday evening at 1800. She is 49 years old and has had all the flu shots and tetanus shots. She has never had one hurt so bad. She stated that the vaccine was given up high on her arm, not 2 fingers down. She thought they had hit bone. It was reported that the patient experienced immediate pain when needle went all the way in and worse when vaccine went in. The whole time it hurt really bad and her arm hurt severely for 2 days from 25Mar2021. She still has pain in shoulder joint. That aside wasn't a big deal, it went away even though the joint is sore. The following Monday 29Mar2021 in the evening, her legs felt heavy and she had trouble going up the stairs. Then she had complete numbness of her left leg, from her hip or butt crack to the tip of her toes. It was on the same side she had the shot. It was further reported that the patient's legs felt heavy climbing stairs then she woke

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				reported that the patient's legs felt heavy climbing stairs then she woke Thursday morning with her left leg numb. She couldn't feel herself starting to have a bowel movement because the numbness went all the way up to that area. She went to the ER (emergency room) on Saturday night (03Apr2021) because she was afraid of a blood clot. An ultrasound was done on her left leg, CT of head and neck, and blood work with nothing found. She has numbness and less range of movement in her left foot with trouble walking and have had no improvement with calf being numb. It was further clarified that when she was Easter shopping, there was numbness in her foot was causing her to drag her foot around the store. It was like someone who had a stroke, with slight impairment on one side. Her foot slaps the floor. She doesn't have control of it, she can't flex her foot up and down at all and she has little movement in her toes, even now. When she went to the emergency room, she thought she had a blood clot. She is a kidney donor and is healthy over all except for anemia that gives her tingly toes since she was 30, off and on. She never had a body part felt so numb, other than when she sits on her leg wrong. They did a bunch of tests there. They did a doppler, CT scan, and an EKG (unspecified date) which was abnormal. Her EKG has never been abnormal before. It said possible septal infarct undetermined time. The doppler showed no deep or superficial blockages noted from her groin down to her toes/ankle. The doppler was to check for blood clots. They referred her to her primary care provider who said that she will do a neurological exam. She has weakness in her left arm as well. The weakness in her left arm was only told by the neuro touch test. The patient further clarified that she doesn't have less range of motion, it is really just pain (arm). She can still move her arm all the way. Her left side is weaker or less sensitive as far as the neuro test. She wasn't aware she had less feeling on her arm until the nurse said she did. Her arm pain is nothing significant, it can hurt when moving her arm. She had no leg pain or anything like that until later in the week. She still had symptoms of losing her balance. Getting in and out of the chair she almost fell down. She didn't realize the numbness. Monday, she felt heaviness going up the stairs. For 2 days she had the worst pain ever in her arm. She had the tetanus shot and didn't have anything like that. It went away, when she raises her arm off from the side, she still has pain in the joint. She has migraines, it is nothing that is causing difficulty. She is more concerned something else happened. Patient thought maybe it is MS (multiple sclerosis) and asked if it is peripheral artery disease. She did smoke half a pack every other day. She is 49 but didn't start smoking till she was 36. It is a terrible habit and her doctor is aware. She also had her good and bad cholesterol which was just over 100. She is just reporting it because it happened on only the left side and she is a healthy person. She never had high blood pressure and never been treated for it, but she has had high heart rate before. It is not something that has ever caused any issue. She doesn't have something like peripheral artery disease, when she (software company name withheld) that is said plaque in the arteries. The doppler showed no signs of blockage superficial or deep on that side. She doesn't have an appointment until 29Apr2021. She doesn't know what to do to get more urgent care. The pain in her arm was better after the first 2 days. It is like a tooth ache, a dull ache. It is not all the time, just when moving her arm. Her legs were worse to where Thursday, she woke, and she was numb from the top of her leg to the tip of her toe. She can still lift her leg, but when she walks the tip of her second toe which is longer will drag on the ground. When she walks it is hard to hold her shoe on the left foot or put her shoe on. She can't maneuver her foot. When her foot hits the ground, the ball area of her foot smacks the floor because she doesn't have control over it. It is laboring to walk and is hard. She was kind of limping and pulling that leg on the left side. Her laboratory tests were BMP, CBC auto diff, CBC with diff, CT, angiogram of the head and neck, EKG 12 lead, and they did a venous doppler of the left lower extremity. It all came back good except the EKG which says septal infarct undetermined date, which has never come up on any tests before. The events resulted in Emergency room/department or urgent care, Disability or permanent damage. There was no treatment received for the adverse event. The patient has not been tested for COVID-19 since the vaccination. The outcome of events was not recovered.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1255462-1	Her husband got a heart attack a week after the first dose; there are blood clots on his legs; This is a spontaneous report from a Pfizer-sponsored program. A male patient of an unspecified age received his first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration on 24Mar2021 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The reporter stated that her husband got a heart attack a week after the first dose and there are blood clots on his legs on an unspecified date. Outcome of the events was unknown. Information on the Lot/Batch number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255607-1	Whole blood is rushing to my heart after that I had attack; All my feet and hands were numb; Dizzy; When I have the attack I think am going to die because the attack was so intense I cannot breath like doing run; My hands are burning and numb/ patient is burning; heart beat 115; high blood pressure; This is a spontaneous report from a contactable consumer (patient). A patient of unspecified age and gender received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), first dose via an unspecified route of administration, administered in Arm on 13Jan2021, single dose for covid-19 immunisation. The patient's medical history was not reported. The patient was taking unspecified concomitant drugs. Patient experienced that a week or so after the vaccine, patient started having blood pressure going down and it went down to like 102/64 so that was a concern, went to a cardiologist not to family physician and he said that patient has high blood pressure so he said start taking half of the Blood pressure medicine. Patient would think whole blood is rushing to the heart after that patient had attack, all the feet and hands were numb and patient would feel dizzy so that was concern and patient went to cardiologist after a week or so, had a stress test, after test had an ultrasound they all came clear. Patient had unpleasant attack it's like all of sudden, whole blood is boiling then patient would feel my heart beat like patient have been doing have a blood pressure instrument would go to 110, heart beat 115 and then heart come out of my mouth it was so bad and then blood pressure instead of going down its started going up, in morning its up after 4hours it go down to 106/100 but all the tests, stress test, ultrasound all came clear so then family physician he has also done blood test, my blood test came all clear and then he said he need MRI of Brain even that came clear patient don't know, there is no change in the life it only after having the vaccine patient started having these effects and then my doctor said I am need to have anxiety test now after one month the duration and the intensity that before and I went to hospital 3 times and family physician 5 times.Patient have the attack, thinks patient going to die because the attack was so intense, patient cannot breath like doing run, patient misses patient's breath. So after having all this for a month he gave me medication Zenith, it didn't help, then he gave me something 'Hydrol', that's not working too (further clarification unknown). Tomorrow, patient will see neurologist, till now, hands are burning and numb, cannot feel my leg from knees to my foot. Patient feels like the air conditioner is at 74 because patient is burning. The outcome of the events was unknown. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255612-1	Heart attack and death; This is a spontaneous report from a contactable Nurse. A 49-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number: Ej1685) intramuscular in left arm on 18Dec2020 at 11:00 AM at single dose for COVID-19 immunisation. Medical history was none, no known allergies. No other concomitant medications in two weeks. No other vaccine in four weeks. The patient experienced heart attack at 05:30 pm on 06Apr2021 and the event caused patient death. No treatment for the event. Autopsy results was available. Autopsy remarks: heart attack. No COVID prior vaccination, no COVID tested post vaccination. The patient died on 06Apr2021. An autopsy was performed and the reported cause of death was heart attack.; Sender's Comments: Myocardial infarction occurred 3 months and 19 days after BNT162B2 vaccine administration. The event is considered unrelated to suspect drug being rather an incidental occurrence. 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: Heart attack and death; Autopsy-determined Cause(s) of Death: Heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255691-1	Heart attack a two weeks after 1st dose of vaccine; This is a spontaneous report from a contactable consumer (patient). A 48-Year-Old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: Er8727) via unspecified route of administration in the left arm on 21Mar2021 at 12:45 PM at single dose, for COVID-19 immunization. The relevant medical history included diabetic and high blood pressure from unspecified date. Concomitant medications included insulin, empagliflozin (JARDIANCE), atorvastatin, lisinopril. No other vaccine in four weeks. The patient experienced heart attack a two weeks after 1st dose of vaccine on 06Apr2021 at 08:00 AM. The event resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization and life threatening illness (immediate risk of death from the event). The patient had hospitalization for 3 days. The patient received treatment including stent for the event. No covid prior vaccination and no covid tested post vaccination. The outcome of the event was recovered with sequel.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1255715-1	This is a spontaneous report from a contactable consumer. This 81-year-old female consumer (patient) reported that she received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number unknown) at single dose for COVID-19 immunisation on 13Jan2021. Relevant history included mild dementia, high cholesterol. Relevant concomitant drugs included memantine 10MG,donepezil 5MG,atorvastatin, cetirizine hydrochloride (ZYRTEC). The patient was not pregnant. No known allergies. On 30Jan2021, the patient fell and became unconscious after getting up from bed to use bathroom, was able to get up and go back to bed. Next day, 31Jan2021, she told her daughter at 2pm what had happened and daughter took her to urgent care. Urgent care was performed EKG and called ambulance as EKG suggested suspicious activity. She was coughing with blood. Cat scan of the lung revealed acute saddle pulmonary embolism with acute cor pulmonale and a large blood clot in the calf. On 02Feb201 then placed her on blood thinner and discharged her. As soon as arrived home, she began to suffer a massive gastro intestinal bleed and was rushed back to the hospital. On 04Feb2021, she began to have heart issues and suffered a mild heart attack and underwent a procedure to have a stent inserted. She developed the shingles the next day (05Feb2021). The events assessed as serious due to Hospitalization, Life threatening illness (immediate risk of death from the event), Disability or permanent damage. The patient visited Emergency room/department or urgent care. The outcome of events was resolved with sequel. Treatment therapy involved. The patient was not diagnosed with COVID prior vaccination. The patient had Nasal Swab/Fast Test/PCR (for COVID) in Apr2021 with negative result. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1255727-1	Heart attack; This is a spontaneous report from a contactable consumer (patient). A 37-year-old male patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE) on 24Mar2021 (at the age of 37-years-old) at single dose for COVID-19 immunisation. Medical history and concomitant medications were not reported. No COVID prior vaccination. The patient experienced heart attack in 2021. The adverse event resulted in emergency room/department or urgent care, hospitalization in 2021, life-threatening illness (immediate risk of death from the event), disability or permanent damage. No COVID tested post vaccination. The outcome of the event was unknown. Information on lot/batch number has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1258085-1	patient admitted for chest pain and code MI. elevated troponin with normal coronary, 0.5-1 mm ST elevation in inferior leads and V5 when troponin was positive at 0.5. MD stated patient is diagnosed with myocarditis.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1260292-1	on April 2 nd i had to go to family walk in clinic over chest pains and contractions. The clinic ran vitals with EKG letting me know a ambulance had to be called cause i was having a heart attack. I was not aloud to leave . In the ambulance i was giving Asprin ,Nitros and a blood clot remover with high blood pressure meds. Takin to hospital.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1260614-1	I had a heart attack 2 weeks after my second shot...got 3 stents
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1261805-1	"stroke; heart attack; nauseated; normal bp of 110/65 was 204/110; pain in my jaw and neck; pain in my jaw and neck; entire left side of my face and left side of my neck felt like they were being jack-hammered; my teeth on my left side started to hurt; This is a spontaneous report from a contactable consumer. A female patient of an unspecified age received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration on 17Feb2021 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation. Medical history and concomitant medications were not reported. Per the patient, I was eager to get my doses. I received the first dose on 28Jan, and the second dose was received 15Feb, which was a Monday. In the evening of Wednesday, 17Feb, my teeth on my left side started to hurt. Top and bottom. At 2:00 am, Thursday, 18Feb, I called an ambulance because the entire left side of my face and left side of my neck felt like they were being jack-hammered. I was extremely nauseated. My normal bp of 110/65 was 204/110. The paramedic thought I was having a heart attack. My cholesterol is 129. I went to the ER on Friday, 19Feb, because a doctor thought I was having a stroke. I finally went to my primary care doctor the next week, He believes I had a very strong antibody response so that I have a high level of protection. It took a month to get the side effects under control. Even now, 11Apr2021, I have pain in my jaw and neck that comes and goes throughout the day. If I had known that I would have such awful side effects, I would not have taken it. My doctor says when it is time for a booster, he wants me to have a different vaccine. I don't think I can make myself do it. I will continue to wear my medical grade masks and shield instead."" The outcome of the events was not reported. Information about lot/batch number has been requested."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1261829-1	heart attack; severe diarrhea; This is a spontaneous report from a contactable consumer reported for himself. A 61-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6204) via unspecified route of administration on 11Mar2021 01:15 PM in the left arm at 61-year-old at single dose for COVID-19 immunization. Patient had known allergies to CT scan dye. And other medical history included heart. Patient had no covid prior vaccination. There is no other vaccine in four weeks. Concomitant medications in two weeks included: atorvastatin, metoprolol, clopidogrel bisulfate (PLAVIX), amlodipine. Patient got severe diarrhea within 4 hours that was so sever and it was every 10 minutes in frequency first day on 11Mar2021 04:45 PM. He still had diarrhea now 6 weeks after the 1st dose of Pfizer COVID vaccine on 11Mar2021. Also, he had a heart attack 39 hours later on 13Mar2021 which he was hospitalized for 5 days at the hospital. The adverse events resulted in: Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event), Disability or permanent damage. Patient received treatment for events included heart emergency drugs, catherization for the heart. Patient received covid tested post vaccination, Nasal Swab (PCR) negative. Blood test (covid antigen test): negative. Patient was not recovered. Patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: ER8729) on 01Apr2021 01:30 PM in the right arm at single dose for COVID-19 immunization.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1262176-1	Heart problems/heart attack started 4am on 4/25/21
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1264165-1	Patient developed nausea/vomited during 15 minute observation period, chest pain worsened and patient was taken by EMS to nearby hospital for evaluation due to recent history of chest pain prior to vaccine and 2 months prior. Diagnosed with MI when she arrived at the outside hospital.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1265955-1	"dry heaves; chest pain; heart attack; Sweats and chills the next morning; Sweats and chills the next morning; tiredness; This is a spontaneous report from a contactable consumer (patient). A 68-year-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in the left arm on 29Mar2021 17:45 (Batch/Lot Number: EP1534) as SINGLE DOSE for covid-19 immunization. Medical history reported as ""none before this event"". Patient previously received the first dose of BNT162B2 (lot number: EN6203) on 08Mar2021 17:45 in the left arm for covid-19 immunization. The patient's concomitant medications were not reported. The patient experienced sweats and chills the next morning, tiredness, then went to dry heaves and chest pain after 2:30 PM -- on 30Mar2021 all these side effects started from early morning and at 5:30 went to ER and was told he was having a heart attack. The patient underwent lab tests and procedures on 30Mar2021, which included Covid (sars-cov-2) test with negative results. The outcome of events was reported as ""not recovered"". Therapeutic measures were taken as a result of the events includes angiogram and stent on right side of heart. The events were considered as serious since events involved inpatient hospitalization and persistent or significant disability or incapacity. No follow-up attempts are possible. No further information is expected. Information on the batch/lot number has been obtained."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1265970-1	massive heart attack; knee pain; This is a spontaneous report from a contactable consumer (patient). A 43-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6206 and expiration date not provided) via an unspecified route of administration, administered in right arm on 12Mar2021 12:00 as a single dose for COVID-19 immunisation. Medical history included heart attack in 2019, heart disorder (Heart), Blood cholesterol abnormal (cholesterol), hurt his knee at work prior and torn meniscus. Concomitant medications included ongoing ticagrelor (BRILINTA) for the heart; ongoing atorvastatin for cholesterol and ongoing carvedilol (COREG) for the heart. The patient previously took clopidogrel (PLAVIX) for heart attack. The patient did not receive any other vaccine within 4 weeks prior to the COVID vaccine. No adverse events following prior vaccinations. The patient called about the COVID 19 vaccine. He received his first COVID-19 vaccine on 12Mar2021 and suffered a massive heart attack on the same day. After the event, his cardiologist reviewed video from the heart catherization to open the blockage and the cardiologist indicated that the area that was obstructed with this heart attack had not been obstructed 2 months ago. The cardiologist believed that the COVID 19 vaccine is the culprit in causing the massive heart attack. The cardiologist believed the area of the blockage was too dramatic. The cardiologist encouraged the caller to report the event and the cardiologist will offer his expertise in this matter if needed. The patient also tried to report to his local health department but is waiting on a call back from them. He reported that he had a heart attack in 2019. He was taking Plavix but after this heart attack his cardiologist has changed some of his medications. He reported he believes his medications were changed at his follow up visit with the cardiologist on 23Mar2021. He reported that he had continuous blood work done while in the hospital. They were monitoring his troponin levels. He also had a chest X-Ray, EKG and after the heart attack he had an echocardiogram to monitor the extent of the damage caused by the heart attack. He clarified that he did go to the emergency department on 12Mar2021, the same day he received the Covid 19 vaccine, but for knee pain. He received a pain relief injection of fentanyl that day. He had hurt his knee at work prior. He had previously had an MRI of his knee that showed a torn meniscus. He does not believe his knee pain on 12Mar2021 is related to the Covid 19 vaccine as he had already had an MRI that showed a torn meniscus. He had gone to the emergency department for pain management of his knee. He thought he would be given a lower strength pain medication but received Fentanyl. While the patient was at the emergency room for his knee, he suffered a massive heart attack. The patient clarified that he went to the emergency department because of pre-existing knee pain and while at the emergency department caller suffered a massive heart attack. The patient was hospitalized for massive heart attack from 12Mar2021 to 18Mar2021. The outcome of the event heart attack was recovering while the outcome of the event knee pain was unknown.; Sender's Comments: Based on temporal association, the causal association between BNT162B2 and the massive heart attack cannot be completely excluded. The knee pain was assessed as an intercurrent condition and is unrelated to BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1265985-1	"Heart attack; a little bit of a sore arm after the first dose; This is a spontaneous report from a contactable pharmacist. An 87-year-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; lot EL3302; Expiration Date: Jul2021), via an unspecified route of administration on 27Jan2021 as single dose for COVID-19 immunisation. Medical history included ongoing cancer, ongoing chronic obstructive pulmonary disease (COPD), and diabetes. The patient's concomitant medications were not reported. In Feb2021, the patient experienced heart attack. On an unspecified date, the patient experienced a little bit of a sore arm after the first dose. The patient stated the sore arm was mild. The patient was hospitalized due to heart attach on an unspecified date. The reporter wanted to know if the patient needed to restart the vaccine series. The patient had no prior Vaccinations (within 4 weeks) and no events following prior vaccinations. Patient was not overweight and probably 5'8"" or 5'9"". The reporter guessed the patient was around 160 pounds. Patient's vital signs were stable on 13Apr2021. The patient received second dose on 13Apr2021, 11:50, right arm. The reporter confirmed that the heart attack occurred before the second dose. Outcome of events was unknown.; Sender's Comments: The event myocardial infarction is likely due to an intercurrent condition given the patient's ongpoing medical history and age and not related to BNT162B2."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1266069-1	heart attack; This is a spontaneous report from a contactable consumer (patient herself). This 60-year-old female patient (not pregnant) received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unknown route of administration in the right arm, on 06Mar2021 at 15:30 (Lot number EN6203) as single dose and the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unknown route of administration in the left arm, on 27Mar2021 at 15:30 (Lot number EP7534) as single dose, for COVID-19 immunisation. Relevant medical history included allergy to nickel and latex). Past drug history included allergy to penicillin. Relevant concomitant medications included ezetimibe, chondroitin sulfate, glucosamine, biotin and vitamin (unspecified). No other vaccine was received in four weeks. The patient had a mild heart attack approximately two weeks after her first dose of the vaccine (untreated) in Mar2021 and a major heart attack 2 weeks to the day after her second dose (11Apr2021, at 02:00). The patient visited the emergency room and she was hospitalized for 5 days. The event was also considered serious as life-threatening. Therapeutic measures taken as result of the event includes angioplasty. The patient was recovering from the event.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1268351-1	Died of heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1269702-1	Entire left side of my face and left side of my neck felt like they were being jack-hammered; Entire left side of my face and left side of my neck felt like they were being jack-hammered/I have pain in my jaw and neck; Teeth on left side started to hurt/Top and bottom; Heart attack; Stroke; extremely nauseated; Normal BP of 110/65 was 204/110; I have pain in my jaw and neck; This is a spontaneous report from a contactable consumer (patient). A patient of unspecified age and gender received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported), via an unspecified route of administration on 15Feb2021 as single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. The patient previously received the first dose of BNT162B2 on 28Jan2021 for COVID-19 immunization. In the evening of Wednesday, 17Feb2021, it was reported that the patient's teeth on left side started to hurt. Top and bottom. At 2:00 am, Thursday, 18Feb2021, the patient called an ambulance because the entire left side of his/her face and left side of neck felt like they were being jack-hammered. The patient was extremely nauseated. His/her normal blood pressure (BP) of 110/65 was 204/110. The paramedic thought he/she was having a heart attack. Cholesterol is at 129. The patient went to the emergency room (ER) on Friday, 19Feb2021, because a doctor thought he/she was having a stroke. He/she finally went to a primary care doctor the next week, who believed the patient had a very strong antibody response so that he/she has a high level of protection. The patient reported that it took a month to get the side effects under control. Even on 11Apr2021, the patient has pain in jaw and neck that comes and goes throughout the day. The patient reported that if he/she had known that he/she would have such side effects, he/she would not have taken it. The doctor told the patient that when it is time for a booster, he wanted the patient to have a different vaccine. The outcome of the events was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1271282-1	MYOCARDIAL INFARCTION on 4/23/2021
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1273621-1	Heart attack and stroke with bleed
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1275899-1	2 days later had chest pain. admitted 4/6/21 for acute ST MI and had stents in LAD/RCA
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1278307-1	Exactly a week after receiving my second shot I had a heart attack. No family history, no risk factors. Low blood pressure and low cholesterol, no smoking, no drugs. Hospitalized at Heart Institute.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1278974-1	had a NSTMI/heart attack; stomach virus; This is a spontaneous report from a contactable consumer (patient's parent). A 23-year-old male patient (son) received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), first dose via on an unspecified date (batch/lot number was not reported) and second dose via on 08Apr2021 (batch/lot number was not reported); both via an unspecified route of administration as single dose for covid-19 immunization. Medical history included covid in Aug2020 and never consumed a drug, cigarette or alcoholic beverage. The patient's concomitant medications were not reported. The parent reported that the patient that received his second dose of bnt162b2 on 08Apr2021 had a NSTMI on 12Apr2021 after having had covid in Aug2020, and a recent stomach virus on 10Apr2021 (the 2 days prior to his heart attack). The parent did not for 1 minute blame Pfizer for the patient's heart attack however the timing of things created the perfect storm for perfectly healthy, never consumed a drug, cigarette or alcoholic beverage in his life clean-living son. The outcome of the events was unknown. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1279093-1	"So I basically had a heart attack.; I was hospitalized and in fact I had a blockage in my heart; had a severe heart beat; I started to feel symptoms that was irregular then I started having heart beat once in a while.; This is a spontaneous report from a contactable consumer (patient). A 47-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on an unspecified date (Batch/Lot number was reported as it says EN6207, is it EN or ER6207) as single dose for covid-19 immunisation. Medical history was None. There were no concomitant medications. The patient stated he took his Covid-19 vaccine and he had some side effects and he thought it was important for Pfizer to know because it ended up leading, him to have a heart, a stent placed in his heart and he never had a history of heart problems and it was after he took the vaccine and he developed the symptoms in which he had a severe heart beat but after he took the vaccine on the very next day actually and he had to and at first, he thought it was the vaccine itself, the side effects. So he did not go the doctor immediately but after few days when he was still having the same side effects. So he had to go the doctor and he was hospitalized and in fact, he had a blockage in his heart and so therefore they had to do stent, put a stent in his heart and he felt like, he never had any heart problem in the past. Never had any issues, it was after he took a first vaccine shot, he started to feel symptoms that was irregular then he started having heart beat once in a while and he put a second, he realized something was wrong. He never had these problems before then he rushed to the doctor to urgent care facility on around 2 am in the morning and he was kept for monitoring for 24 hours and the decision was made to have a stent put in his heart. So he basically had a heart attack. He was reporting this because that was just because he did know for fact, he did not have any of those symptoms prior to taking the vaccine. After he went out reported for the hospital, they had, they had done all the test that they needed to do including and ultrasound of his heart. The patient was hospitalized for ""basically had a heart attack"" and ""had a blockage in his heart"" from 03Apr2021 and discharged on 05Apr2021. Therapeutic measures were taken as a result of "" basically had a heart attack"" and ""had a blockage in his heart"" included placed a stent in his heart. The outcome of the events was unknown. Information about the Lot/batch number has been requested."
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1279465-1	One month after the second vaccine, patient suffered a sudden heart attack. Patient has no heart condition or any remarkable health issues at all.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1279639-1	Sudden fatal heart attack. Patient went from a medically well person of 69 and died suddenly of PES within 2 weeks of dose. Patient reported arm pain, fatigue, and coldness to extremities
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1280996-1	Had average Saturday at home, no illness. Layed in bed talking. Became nauseated, got up to vomit. Went back to bed, talking again. Said something wasn't right. Massive Heart Attack and Immediate Death. Police arrive in 2 minutes to begin CPR. Medic soon after. Efforts to resuscitate unsuccessful.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1282491-1	On 25 April I woke up and felt fine and then at 10:30 am I started to feel weak. I had fever and chills and couldn't get out of the bed until 4:00pm that day. I was dizzy and drove to the hospital. They did blood work and did two Covid 19 tests. They released me and the next day I developed Heavy pains. On 27 April I woke up and went back to the hospital. They said I had elevated enzyme levels when they drew blood and they started three iv?s. They said I was having a non emergency heart attack. They had me transferred by ambulance to the another Hospital. They drew more blood and did elf?s and ultra sounds. The next day they said they were going to put a stint in my heart. The next day I was prepped for the procedure and they went in and said my heart didn?t need it. The surgeon said I had Myocarditis and at 7:00 pm that night I was released. My nose broke out with acne bumps and it feels like I have a chest cold and cough.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1284810-1	heart attack; tingling down left arm/tingling down right arm /tingling down left leg/tingling across back/tingling down right leg; burning sensation in her shoulder blade; muscle pain; muscle tightening; aching to left shoulder; This is a spontaneous report from a contactable consumer (patient). A 50-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) Lot number FR8732, on 05Apr2021 at single dose in left arm for COVID-19 immunisation. Medical history included blood clot in lung from 26Mar2021 (according to the chest X-ray she did not still have it but she had not been to her pulmonologist yet), complete hysterectomy in Jan2021, liver condition, high cholesterol and blood clot. Concomitant medications included apixaban (ELIQUIS) for blood clot, ursodiol for liver condition, and pravastatin for high cholesterol. The patient had the first dose on 05Apr2021. She began feeling muscle pain and a burning sensation in her shoulder blade the Thursday after receiving the vaccine (08Apr2021) and into Friday (09Apr2021). She had muscle tightening and aching in her left shoulder on 08Apr2021. By Monday mid morning (12Apr2021) she had tingling all down her left arm, across her back, down her right arm and into both legs. She began having tingling in her arms and legs bilaterally since last Monday (12Apr2021), however it was more prominent in her left extremities rather than the right. She wanted to know if this was a side effect of vaccine. She got the shot in her left arm. She went to the hospital and they admitted her. She had tests in the ER. She had MRIs, CTs and a battery of blood tests. They could only tell her what it was not and not what it was. It was not cancer, stroke, heart attack, aneurysm or a brain tumor. She was released and did not know what caused it. Again from the above that on Thursday (08Apr2021) her left shoulder muscle started aching and on Monday a week later she experienced tingling. She thought she was having a heart attack and was hospitalized for 4 days. She asked the doctor if this was a side effect and she was told to call the place where the vaccine was administered. She called the nurse and she could not give answers and recommended that she call Pfizer. Several conditions were ruled out but she was not given a reason for her symptoms. Her HCP has not been helpful. She stated she had a complete hysterectomy in January but doesn't think that would have any effect. She had a CT on 12Apr2021, a MRI of her head and neck on 12Apr2021, a MRI with contrast on 14Apr2021 of her upper neck, a MRI of her lower back on 15Apr2021 and a bone scan on 15Apr2021. Stated that they all came back normal no abnormalities. The outcome of muscle tightening was resolving. The outcome of heart attack was unknown. The outcome of other events was not resolved.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1284856-1	5-6 Blood clots, blood clots were present; heart attack; This is a spontaneous report from a contactable consumer reporting for himself. A 54-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 29Mar2021 12:00 on left arm at single dose for COVID-19 immunization. Facility type vaccine was at Pharmacy or Drug Store. Medical history included high blood pressure, high cholesterol. Concomitant medications included atorvastatin (LIPITOR), amlodipine besilate (NORVASC). Historical Vaccine included first dose of BNT162B2 on 08Mar2021 12:00 on left arm for COVID-19 immunization. The patient experienced 5-6 Blood clots, had heart attack and blood clots were present on 14Apr2021 13:00. The events were resulted in Emergency Room Visit, Hospitalization, Life threatening illness (immediate risk of death from the event). Treatment was received for the events included Stent. The outcome of the events were resolving. Information on Lot/Batch number has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1284858-1	"fibromuscular dysplasia; 3 artery dissections; narrowing of other arteries; chills; aches; fever 101; left neck and chest swollen lymph nodes; stomach aches; abdominal pain; It also affected a renal artery, causing lack of blood to my left kidney, causing part of that kidney to die; heart attack; left flank pain; This is a spontaneous report from a non-contactable consumer (patient). A 42-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2 via an unspecified route of administration on left arm on 19Jan2021 (Batch/Lot Number: EL3249) as SINGLE DOSE for covid-19 immunisation. Medical history included post-partum hypothyroidism. The patient's concomitant medications were not reported. The patient previously took the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, lot number: EK9231) via an unspecified route of administration on left arm on 29Dec2020 for covid-19 immunisation. The patient stated ""The day after second vaccine and that week, I had chills, aches, fever 101, left neck and chest swollen lymph nodes, stomach aches. 28Jan2021, I started having severe left flank pain and abdominal pain. On 04Feb2021, I had a heart attack, was in V-fib arrest, and subsequently found to have fibromuscular dysplasia (FMD), which caused 3 artery dissections and narrowing of other arteries. Did not know I had FMD prior to the heart attack. Most people who have FMD never show signs or symptoms and don't know they have it. Others with FMD have it affect maybe one artery. Something caused my FMD to go into overdrive, affecting 3 arteries. It also affected a renal artery, causing lack of blood to my left kidney, causing part of that kidney to die - that was my 28Jan2021 pain. Coincidental my FMD acted up this way a little over a week after receiving the second Pfizer shot?"" Events were reported as serious and resulted in doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, hospitalization, Life threatening illness (immediate risk of death from the event). The patient hospitalization for 9 days. Treatment received for all events. The patient underwent lab tests and procedures which included SARS-CoV-2 test (Nasal Swab): negative on an unknown date (Covid test post vaccination). The outcome of the events was recovering. No follow-up attempts are possible. No further information is expected."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	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
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1286446-1	Bilateral pulmonary clots, bilateral lower extremity clots, right heart strain, atrial fibrillation, right atrial clot, heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1286629-1	had second dose of Pfizer vaccine on 2/4 at 15:00, had back pain, nausea and vomiting around 18:00, went to the ER around midnight with abdominal symptoms and stable VS, and went unresponsive and was pronounced on 2/5 at 6:23 am. Dr. did the autopsy over the weekend. At autopsy, he has remote myocardial infarcts and what appears very recent myocardial infarct. Quick tox was negative for drugs. No hemorrhage or signs of inflammation in the injection site (right shoulder). No other findings. Cause and manner of death are currently pending for extensive histology and viral testing. F/u from OCME on 2/22/2021: histology slides and decedent has myocardial infarct. He will be signed out as such. Covid swab is negative
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1290111-1	fever 100.8 severe pain head ,neck, back, shoulders ,back arms hands hot cold sweats, lungs , weakness
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1290128-1	Patient collapsed at home with cardiopulmonary arrest. He had been complaining of shortness of breath 1 week prior to the event, starting when he received his covid vaccination. The differential diganosis was pulmonary embolism, myocardial infarction or arrythmia. CPR was started immediately and patient received tPA during ACLS without return of spontaneous circulation.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1290698-1	According to the patient she had a minor heart attack She was seen by MD

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1291146-1	"MI, symptoms started 2 hours after immunization; This is a spontaneous report from a contactable physician. A 64-year-old male patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), intramuscularly, administered in the right arm on 14Apr2021 (Batch/Lot Number: EW0161) as a single dose for COVID-19 immunization. The vaccination facility type was reported. Relevant medical history included obstructive sleep apnea on CPAP; hypogonadism on bioTE; depression; history of (h/o) pneumonia; colon polyps; recurrent sinusitis; erectile dysfunction; MTHFR Mutation C677T Heterozygous; low high density lipoprotein (HDL); dyslipidemia; lumbar disc disease; and sciatica; all from an unknown date and unknown if ongoing. Concomitant medications included bupropion hydrochloride (WELLBUTRIN XL); anastrozole; celecoxib (CELEBREX); levothyroxine, liothyronine (NP THYROID); and escitalopram oxalate (LEXAPRO); all taken for an unspecified indication, start and stop date were not reported. The patient previously took sulfamethoxazole, trimethoprim (BACTRIM), from which the patient had known allergies. The patient had no other vaccine in four weeks. The patient had no COVID prior vaccination. The patient was not tested for COVID post vaccination. The patient experienced myocardial infarction (MI), symptoms started 2 hours after immunization on 14Apr2021. The adverse event (AE) resulted in a doctor or other healthcare professional office/clinic visit and an emergency room/department or urgent care, and hospitalization. The patient was hospitalized for the event ""MI, symptoms started 2 hours after immunization"" for 3 days. Therapeutic measures were taken as a result of the event, which included cardiac stent. The patient was recovering from the event.; Sender's Comments: Based on the information provided by the reporter, it appears unlikely that subject vaccine contributed to the event of myocardial infarction. The reported event likely represent intercurrent medical condition in this patient with history of dyslipidemia. There is limited information provided in this report. Additional information is needed to better assess the case, including complete medical history, diagnostics including EKG at baseline, counteractive treatment measures and concomitant medications This case will be reassessed upon receipt of follow-up information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1292622-1	patient developed heart attack several hours after vaccine, developed chest pain, had to come to hospital, had elevation in troponins and was kept overnight, medical management was given
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1293470-1	Patient presented to ED with chest tightness on 4/20/21 54YO male with PMH significant for CAD s/p PCI to RCA x2 (2003, 2005), chronic HBV, GI bleed, H. pylori gastritis presented to the hospital with chest tightness. Patient had just finished working out for about 45 minutes when he noted tightness across his lower chest/epigastric region. Found to be in V tach upon arrival and underwent electrical cardioversion with relief of symptoms. Patient was aspirin loaded and started on heparin and lidocaine drips. He underwent cardiac cath which did not show any hemodynamically significant stenosis. Also underwent cardiac MRI which demonstrated a non-viable transmural infarct of the inferior wall. Etiology of VT was thought to be scar mediated from prior MI. Patient underwent uncomplicated ICD placement and was started on metoprolol. ICD interrogation POD 1 was unremarkable. Patient discharged in stable condition with close follow up with PCP, Cardiology, and EP. Patient with unchanged coronaries and unchanged ejection fraction. Patient received Covid-19 Pfizer vaccine IM on 3/27 (left deltioid - LOT ER8733) and 4/17 (left deltioid - LOT EW0170).
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1293848-1	My father suffered a heart attack due to blood clots clogging the artery to his heart. He coded and was resuscitated and had four stents installed after the blockage was cleared. He had a second heart attack several days later when the stents clogged and had to be cleared. He was hospitalized for several days for each heart attack.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				acute myocarditis after vaccination against SARS-CoV-2; Blood analytics showed myocardial infarction markers elevation; persistent fever of 38¦C or higher; manifested intermittent and interscapular thoracic pain; This is a literature report entitled Acute myocarditis after administration of the BNT162b2 vaccine against COVID-19; published in 2021. The adverse reactions to vaccines are usually ordinary, but cases of myopericarditis have been reported following their application. On the other hand, different cases of myopericarditis related to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have been recently published. A case has been described of a 39-year-old male patient, medical doctor, with personal record of bronchial asthma, autoimmune hypothyroidism, chronic atrophic gastritis, isolated episode of atrial fibrillation and spontaneous pneumothorax recurrence with left apical segmentectomy. Last months, he had various screenings through PCR and serology for SARS-CoV-2 infection, all of them negative. Patient has had given informed consent for writing and publishing of the clinical case. Following the vaccine series against COVID- 19, he was administered with the first dose of BNT162b2 vaccine, without relevant adverse reactions. Past the 6 hours of vaccine second dose administration, 21 days after first dose, he initiated with persistent fever of 38¦C or higher, that was treated with antipyretic medication. Subsequently he manifested intermittent and interscapular thoracic pain, that persisted several hours without relief from conventional analgesia, reason to reach out emergency department. At his arrival, electrocardiogram showed sinus tachycardia of 130bpm with narrow QRS and diffuse ST elevation. Thoracic x-ray did not show relevant findings. Blood analytics showed myocardial infarction markers elevation, with a first outcome of high sensitive troponin T (hs-TnT) of 139 ng/l. PCR for SARS-CoV-2 was performed and resulted negative. Given the medical data, electrocardiographic alterations and analytical parameters, a transthoracic echocardiogram was run, that showed good biventricular function, without segmentary alterations of contractility, significant valvulopathies or pericardial effusion. Furthermore, an acute aort ic syndrome was ruled out through throracic computed tomography angiography (CT-angio); coronary study could not be performed through this technique due to impossibility of optimal heart rate control. With diagnostic suspicion of acute myocarditis, anti-inflammatory treatment was restored, and patient remained asymptomatic. However, patient's transfer to a reference third level hospital was decided to continue the study. At presentation, patient arrived with a hemodynamic stability condition and asymptomat ic, with punctual episodes of thoracic pain. Consecutive electrocardiograms showed a partial rectification of ST changes, with negativization of T wave in precordial derivations. Enzymatic peak of hs-TnT was 854 ng/l. First 48 hours a coronary CTangio was performed that ruled out coronary disease and a magnetic cardiac resonance that showed edema in T2-STIR weighted sequences and subepicardial enhancement in the distal medial lateral region, compatible with acute myocarditis. Study was completed with viral serology and screening through polymerase chain reaction (PCR) of prime cardiotropic viruses plasma, as well for SARS-CoV-2 in a new oropharyngeal sample, with negative result. It was proven by unspecific positive IgM serology study, positive IgG (spike) and negative IgG (nucleocapsid), pattern that shows immunization after SARS-CoV-2 vaccination, since spike protein is the one coded by mRNA administered with the vaccine. Due to low risk profile and promising evolution, an endomyocardial biopsy was not proposed. At last, the patient presented beneficial clinical response, with full recovery of the symptoms, 6 days after admission he was discharged. Given the obvious temporary relation between the vaccination process and clinical picture development, and the exclusion of other acute cardiological conditions, this acute myocarditis picture is being proposed as an adverse reaction related to BNT162b2 vaccine. In this case, a patient with personal record of bronchial asthma, autoimmune hypothyroidism and chronic atrophic gastritis, it is stated the hypothesis that the vaccine could have caused the autoimmune reaction manifested as acute myocarditis. In the presented case, the definitive etiological diagnosis, equally to several pictures of acute myocarditis, is difficult to establish. Because of the clear temporary relation and the matching serological pattern with immunity after vaccination, as well after acute infection ruling out, it seems reasonable to link the clinical picture developed by this patient with an adverse reaction to BNT162b2 vaccine against COVID-19. In conclusion, a case of acute myocarditis after vaccination against SARS-CoV-2 is presented in which has been outlined that is the first case published as adverse reaction to this vaccine. Information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on chronological connection to the vaccine, causality between reported events and BNT162B2 vaccine cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1294203-1	
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1295964-1	Started developing Chest pain and eventual heart attack.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1296099-1	8 days after receiving the shot I was out for a run and had a heart attack. The septal region of my heart was enlarged but nothing else was showing... all arteries wide open, heart functioning at 55, cholesterol 171. My troponin levels were 76...

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1297280-1	4th day after vaccine. Shortly after waking up in the morning I had a heart attack. Afterwards I entered the ER and stayed overnight for 2 days. I had a series of blood work done. CT scan, Chest X-ray, Angiogram/Hearth Catheterization.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299137-1	having a heart attack; couldn't breath; lungs were filled-up with fluid; felt like a pin cushion; This is a spontaneous report from a contactable consumer (patient). A 75-year-old female patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN9581), via an unspecified route of administration on 06Feb2021 as single dose for COVID-19 immunization. Medical history included breast cancer/her breast cancer had came back in the same place from 2006, both breasts removed on 2006. Concomitant medication included palbociclib (IBRANCE) taken for breast cancer female from 24Jun2020 to 04Feb2021 then from 01Apr2021 and ongoing. The patient previously received the first dose of bnt162b2 (lot number: EL3248) on 17Jan2021 for COVID-19 immunization and experienced acute bronchitis. On 14Feb2021, the patient was taken by an ambulance and was hospitalized because she couldn't breath, they thought she was having a heart attack, her lungs were filled-up with fluid. The doctors had her on oxygen while she was in the hospital, and did heart and lung tests on her on an unspecified date in 2021. While in the hospital, the patient felt like a pin cushion on an unspecified date. The patient left the hospital on 17Feb2021. The patient was tested for COVID-19 three times on unspecified dates all with negative results. the patient was hospitalized again on 25Feb2021 to 01Mar2021 for reasons not reported. The outcome of the events she couldn't breath, thought she was having a heart attack, her lungs were filled-up with fluid was recovered on 17Feb2021, while for the event felt like a pin cushion was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299226-1	stroke; heart attack; ringing in her ears; irregular heartbeat; This is a spontaneous report from a contactable consumer, the patient. A 46-year-old non-pregnant female patient received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in left arm on 22Apr2021 09:00 (Batch/Lot Number: EW0172) as a single dose for COVID-19 immunisation. Medical history included asthma and autoimmune diseases. Concomitant medication included hydroxychloroquine sulfate (PLAQUENIL [HYDROXYCHLOROQUINE SULFATE]) taken for an unspecified indication, start and stop date were not reported. The patient previously took codeine and experienced allergy to codeine. The patient did not receive other vaccine in four weeks. The patient did not have COVID prior vaccination and the patient did not test for COVID post vaccination. The patient received the vaccine on 22Apr2021 at 09:00 and by 20:00 on 22Apr2021, the patient was already having symptoms the one that scared her was the ringing in her ears which lasted a good hour. She was afraid that it was going to be permanent and then she shattered having irregular heartbeat and she didn't know if she was going to have a heart attack or stroke as it was beating very slow. The patient did not receive treatment for the events. The patient underwent lab tests and procedures which included heart beat: irregular on 22Apr2021 20:00. The outcome of event, ringing in her ears, was recovered on an unspecified date and the outcome of events, irregular heartbeat, heart attack and stroke, was unknown.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299258-1	"I don't know it is stroke or something; heart burn something; its like I am having a heart attack; feeling crappy/ feeling funny/ I can feel like the drug was inside me like something was changing/ something happening with my body; Headache/ slight headache; Chest pain/ I can feel a pain where my heart is; arm was sore; heart burn; This is a spontaneous report from a contactable consumer (patient). A 58-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE lot/batch number and expiration date not reported) via an unspecified route of administration on the left arm on 09Apr2021 at a single dose for COVID-19 immunisation. The patient medical history was not reported. There were no concomitant medications. The patient previously received first dose of BNT162B2 on 18Mar2021 for COVID-19 immunisation (left arm). Patient stated, ""the second was really bad my arm was sore for like over a week I mean it was sore. I don't know I have not felt the same since. I can feel like the drug was inside me like something was changing and I never had no problem for anything but now its been like at the last when I got the shot was 9th of April of this month, its been like 2 weeks now almost and it is like I feel crappy. I have headache I have like a chest pain u know in my chest. I have like my heart is I don't know its like I am having a heart attack or something I don't know it is stroke or something. I do not know it is feeling funny. I have no problem I do, may be I have may be heart burn something. I don't know because on every single day everyday I have chest pain my heart, headache I have slight headache now. I don't know why I can feel a pain where my heart is on left side now I got the pain on right side you know I have the pain there and I wondering what's going on so I don't know"". Consumer stated, ""First its both side that is what I am saying now right now so as I am talking to I have pain in my heart and like it feels the heart u know I don't know there is a weird thing in my heart. I feel like you have a heart attack or so, I you feel like a chest pain or you had a heart burn or something and then on my right side has started it is like something happening with my body you know now its the right side. I don't really know, I can feel me liver, my kidneys are like something is like I can feel something is going I don't know what's going on with my body. You know after getting the shot right now I have the slight headache. I took a quite couple of Tylenol as stuff but that seems like no. This every single day you know that you I thought it will go away but it did not go away"". Consumer stated, ""Yes, it is the first time. Like I said I thought it will go away but it is not getting any better. I am getting concerned. I do not know I have to be admitted to hospital. I do not have no insurance or anything. I am really worried."" The patient hasn't been to the doctor, he was calling first for help. He has no insurance so he cannot just go to the doctor. Consumer stated, ""It never improved no. Persisting."" Outcome of the events was not recovered. Information on the lot/batch number has been requested."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1299262-1	Butterflies in the chest that went to quivering; quivering; A-Fib/Arterial fibrillation with rapid ventricular response; Arterial fibrillation with rapid ventricular response; cannot rule out anterior infarct and abnormal EKG; cannot rule out anterior infarct and abnormal EKG; trouble breathing; Her heart rate is screwed up; she feels so weak; irregular heart beat; This is a spontaneous report from a contactable consumer (patient). A 76-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on 18Mar2021 (lot number: EP7534) as SINGLE DOSE for COVID-19 immunization. Medical history included asthma, chronic obstructive pulmonary disease (COPD), irritable bowel syndrome described as a condition where you're in the bathroom a lot, fibromyalgia, little depression, heartburn, upset stomach, heart fluttering issues, congestion spray (nasal congestion), and had part of a lung taken out. Family medical history included heart issues (dad and uncle). Concomitant medications included salbutamol (VENTOLINE [SALBUTAMOL]) for asthma; venlafaxine hydrochloride (EFFEXOR) for little depression; pantoprazole for heartburn and upset stomach; fluticasone propionate (lot number: AA47468, expiration date: Aug2020) for congestion spray (nasal congestion); fluticasone propionate, salmeterol xinafoate (ADVAIR) for heart fluttering issues. The patient previously took SHINGRIX (also reported as shingles vaccine, for clarification) for immunization and first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6200) on 25Feb2021 (age: 76 years) in the left shoulder for COVID-19 immunization. On 18Mar2021, right after taking the vaccine, patient started to experience quivering inside. Initially it felt like butterflies in the chest and then to quivering, it was then quivering the whole week. She knew she was going in for a test , an endoscopy, where they go down the throat. So she waited, the quivering did not go away for a whole week. It lasted until Friday before her endoscopy. When they found out, they sent her to ER at the hospital. They did not do the endoscopy. They said they might have to shock her heart or something. They wanted her to see the cardiologist right away. From the ER, she had 2 IVs, 1 in each arm. They were also taking blood every 4 hours (unknown results). The provided diagnosis was arterial fibrillation with rapid ventricular response and cannot rule out anterior infarct and abnormal EKG (Mar2021). The events cannot rule out anterior infarct and abnormal EKG, butterflies in the chest that went to quivering, A-Fib/Arterial fibrillation with rapid ventricular response resulted in emergency room visit and physician office visit and let to hospitalization. The patient was hospitalized from 2021 to an unknown date (also reported for 2 days, for clarification). It also gave her A-Fib, trouble breathing and now her heart rate is screwed up (Mar2021). On an unspecified date in 2021, she feels so weak and has irregular heartbeat. Therapeutic measures were taken as a result of the events which included Eliquis, Atorvastatin, Diltiazem, and other unspecified medications. The outcome of cannot rule out anterior infarct and abnormal EKG, butterflies in the chest that went to quivering, arterial fibrillation with rapid ventricular response, she feels so weak was not recovered; while the other events was unknown.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1299299-1	Pneumonia; Heart attack; Cancer; COPD; Got sick; Headache; This is a spontaneous report from a contactable consumer received via Pfizer sponsored program support. A female patient of an unspecified age received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration on 16Mar2021 (Batch/Lot number was not reported) as a single dose for covid-19 immunization. The patient's medical history and concomitant medications were not reported. The patient received the first dose on 16Mar2021 and she got sick, heart attack, cancer, chronic obstructive pulmonary disease (COPD), and pneumonia. At the time of report the patient has a headache. The 2nd dose schedule will be on 27Apr2021 and wanted to know if she should go and take the 2nd shot because the doctor's office she went to was unsure if they are open. The outcome of the events was unknown. Information on the lot/ batch number has been requested
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1299332-1	Heart Attack due to blood clot in RCA. Occurred on 4/27/2021 at 11 pm; Heart Attack due to blood clot in RCA. Occurred on 4/27/2021 at 11 pm; This is a spontaneous report from a contactable consumer. A 57-year-old male patient received first dose of BNT162B2 (BNT162B2) via an unspecified route of administration, administered in Arm Right on 29Mar2021 03:00 (Batch/Lot Number: ER8733) as SINGLE DOSE for covid-19 immunization. The patient's medical history was not reported. Concomitant medications included pitavastatin calcium taken for an unspecified indication, start and stop date were not reported. The patient experienced heart attack due to blood clot in rca. occurred on 27Apr2021 at 11 pm. The patient was hospitalized for the reported events and was Life threatening (immediate risk of death from the event). The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 27Apr2021 Nasal Swab. Therapeutic measures were taken as a result of the events which includes Emergency Heart Cath and Stent. The outcome of the events was recovered with sequel. No follow-up attempts are needed. No further information is expected.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1301040-1	48 hours after injection I became sick very tired slept for 2 days and then I felt like I had the flu I was very fatigued and my whole body aches and I had pain besides my chronic pain that has stayed shortness of breath countinues cough swelling of feet that just started recently my suger out of control April 23rd had pre-op testing my sugar was at 500 I had MRSA I had a quiet heart attack as well as a constant egg going down my left side where I had injection that is constantly aching and also pain in my chest and underneath my rib cage on the left side. I did go to the emergency room two weeks after I had my shot because the doctor my primary could not give me any answers and I questioned him about the second shot and he had no answers. My surgery has been canceled. My back surgeon mentioned something about my lymph nodes that they were swollen which is what he thought was water build up in my left side of my neck during an MRI he then did a CAT scan checking to see what that was and he mentioned my lymph nodes. I originally went for MRI because I had had several falls into surgeries in my neck and he was checking to see if anything collapsed and that's when he found through the CAT scan that my lymph node was enlarged. I still carry the cough heart palpitations and fatigue and I have put off the second shot but nobody can give me answers so I did research and saw about the MRSA the diabetes and as well as the swollen lymph nodes
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1302211-1	heart attack, LAD stint inserted
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1302513-1	Death listed as a heart attack. No symptoms, but took an abnormally long nap just prior to the attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1305781-1	difficulty breathing; racing heart; Dizzy; nauseated; headache; heart attack; fingers started tingling and going numb; fingers started tingling and going numb; arms became heavy; lethargic; feeling exhausted; Arms are still weak; This is a spontaneous report from a contactable consumer (patient). A 35-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), at same age, via an unspecified route of administration, administered in arm left on 23Apr2021 09:00 (Batch/Lot Number: EW0169) as single dose for covid-19 immunisation. Medical history included scoliosis. The patient's concomitant medications were not reported. Patient was received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: CR8733), at age of 35 years old, administered in arm left on 02Apr2021 05:00 PM, for covid-19 immunisation. The patient experienced dizzy and nauseated with a headache at 3:00am 26Apr2021. At 7:00am patient woke up again with the same symptoms but strong nausea, difficulty breathing and racing heart. Her fingers started tingling and going numb once she was up (on 26Apr2021). Her arms became heavy and she started feeling lethargic (on 26Apr2021). Patient thought she was having a heart attack on 26Apr2021. Blood pressure was normal and pulse ox was normal. Most symptoms subsided by 11:00am. Arms are still weak at 7:47pm. Still feeling exhausted. Events resulted in doctor or other healthcare professional office/clinic visit. No other vaccine administered in four weeks. No other medications in two weeks. No treatment was received. No covid prior vaccination. No covid tested post vaccination. No known allergies. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The outcomes of events were recovering.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1305821-1	Heart attack; This is a spontaneous report from a non-contactable consumer (patient). This 70-year-old female patient (not pregnant at time of vaccination) received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) at single dose in right arm on an unspecified date for COVID-19 immunization. Medical history and concomitant medication were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. Covid-19 test was negative. The patient had a heart attack four days after first vaccination. The adverse event result in emergency room/department or urgent care and received treatment. Seriousness criteria was caused/prolonged hospitalization for 4 days, not results in death, not life threatening, not disabling/incapacitating, not congenital anomaly/birth defect. The outcome of event was recovered. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1305997-1	heart attack; blood pressure irregular and high; blood pressure irregular and high; may have increased my cholesterol; This is a spontaneous report from a contactable consumer (patient). A male patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), second dose via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as single dose for covid-19 immunisation. The patient medical history and patient's concomitant medications were not reported. Patient believed that vaccine had made his blood pressure irregular and high, may had increased his cholesterol and led to a heart attack 10 days after the second dose. The event outcome for events was unknown.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1306195-1	Heart Attack; Didn't feel good; Tested and I had Covid; This is a spontaneous report from a contactable consumer (patient). A patient of unspecified age and gender received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as 1st dose, single for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient had the first vaccine, 5 days later, patient didn't feel good and then 6 days later patient went to ER (not clarified) and had heart attack, patient wasn't came home and next day got tested and had Covid. The patient underwent lab tests and procedures which included sars-cov-1 test: positive. The event outcome was unknown. Reporter seriousness was unspecified. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307313-1	I21.4 - NSTEMI (non-ST elevated myocardial infarction) K92.2 - Gastrointestinal hemorrhage, unspecified gastrointestinal hemorrhage type
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307327-1	I21.4 - Non-ST elevation (NSTEMI) myocardial infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307334-1	I21.4 - Non-ST elevation (NSTEMI) myocardial infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307663-1	Per patient: Patient received vaccine around noon on the 12 of March 2021 at Community Church. Patient states about 10 -12 hrs later, began an adverse cardiac event. Patient states the day before he injured his knee at work and went to ED from an injury the day before. At the ED they gave Fentanyl and he got sick and told the nurse that he was experience chest pain. Felt burning or falling asleep sensation in arm and chest. Told the nurse he felt like he was having a heart attack. They came in ED with crash cart and confirmed that he was having a heart attack while in ED. Transported from church to hospital.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307867-1	I21.4 - Non-ST elevation (NSTEMI) myocardial infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1308478-1	Myocardial Infarction
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1310530-1	Patient had been isolating prior to COVID vaccinations, Received first dose on 1/21/21. Patient received COVID # 2 dose on 2/11/21. on 2/15/21 came into ED for 1930 for acute stroke symptoms. Found to have acute/early subacute infarcts right MCA, followed by left MCA, consistent with a cardioembolic etiology given the multiple vascular territory distribution in light of recent MI and intracardiac thrombus. hospital c/b intracardiac thrombus and pulmonary emobli
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1311665-1	Subject suffered a massive heart attack while mowing the law . May be attributable to the Covid vaccine as the subject had been to the cardiologist prior to both vaccine and EKG and Stress test were perfectly normal
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1312219-1	Patient was feeling fatigue, unwell the night after getting the vaccine. The next day he stayed home, did not go to work as he was not feeling well. Two days after getting the vaccine, he had trouble breathing, an ambulance was called and he was pronounced deceased hours later. He had a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1313025-1	my uncle had a heart attack a week after getting the vaccine; This is a spontaneous report from a contactable consumer (patient's niece). A male patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Lot number and expiration date was not reported) as unknown, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The reporter stated that her uncle had a heart attack a week after getting the vaccine on an unspecified date with outcome of unknown. Information on batch/lot number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1314994-1	Heart Attack May 7, 2021, Death May 8, 2021

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1316166-1	worried that she was having a heart attack; terrible pains in her upper back, down her chest and into her arms; terrible pains in her upper back, down her chest and into her arms; terrible pains in her upper back, down her chest and into her arms; very fatigued for several days afterwards, like 5 to 6 days; might of been having a reaction where her bone marrow flared up in response to activating the immune system after the vaccine; This is a spontaneous report received via agency from a contactable consumer, the patient. A female patient of an unspecified age received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration on 24Mar2021 as a single dose for COVID-19 immunisation. Medical history included ovarian cancer from 2009 to an unknown date (12 years ago), and ongoing inflammatory breast cancer in Mar2021 (diagnosed after the first dose of BNT162B2). Concomitant medications included ibuprofen for an unspecified indication, start and stop date were not reported. The patient previously received the first dose of BNT162b2 around 04Mar2021 (Lot Number:) for COVID-19 immunisation and experienced chills, and was diagnosed with inflammatory breast cancer. The patient experienced worried that she was having a heart attack, terrible pains in her upper back, down her chest and into her arms, very fatigued for several days afterwards, like 5 to 6 days, might of been having a reaction where her bone marrow flared up in response to activating the immune system after the vaccine. Clinical course: The patient was diagnosed with inflammatory breast cancer in Mar2021 after the first dose of BNT162B2 (captured in Pfizer case #2021478054). The patient has had all the tests and the mammogram did show that she had a couple of calcifications but it mainly showed all of the fluid that has went into her breast and she could of had a mammogram beforehand and the calcifications may not of shown. They have been doing PET scans and there has not been any spread. The patient took ibuprofen after the second dose of BNT162B2 vaccination. The next day after her second dose she had terrible pains in her upper back, down her chest and into her arms. She also was very fatigued for several days afterwards, like 5 to 6 days. Her pain was pretty significant. It was even affecting her upper body and down her chest so she was worried that she was having a heart attack, but that subsided after a day or a couple of days. When it kind of went away, she was very fatigued. She told her doctor about all the pain that she had after the second dose. The doctor indicated that she might have been having a reaction where her bone marrow flared up in response to activating the immune system after the vaccine. The outcome of the events, experienced worried that she was having a heart attack, terrible pains in her upper back, down her chest and into her arms, very fatigued for several days afterwards, like 5 to 6 days, might of been having a reaction where her bone marrow flared up in response to activating the immune system after the vaccine, was unknown. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1318924-1	patient called and said 10 days post she had a heart attack and was hospitalized. no further information given
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1320251-1	blood clot; heart attack; This is a spontaneous report from a contactable consumer. This consumer reported for his father. A male patient of an unspecified age received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as single dose for covid-19 immunisation . The patient medical history and concomitant medications were not reported. The patient experienced blood clot and had an heart attack on an unspecified date with outcome of unknown. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1323764-1	Received the Pfizer 2nd dose on 9th April. Following day (04/10), I had body ache, fatigue, mild temperature 99.8, back neck and upper arm/shoulder pain. While I recovered from the ache and fatigue the next day (04/11), the neck pain continued for a couple of weeks. On 23rd April, the pain aggravated and I took a 2 Advil's (2 tablets of 200mg each) which made the overall pain extremely critical. The pain was mainly in the neck, upper arm, tingling in the fingers, grinding jaw pain, all symptomatic to a cardiac pain. I visited the Urgent care and they suggested I rush to Emergency care. See the notes attached. I was detected with Myocardial infraction or Heart Inflammation (as there was an increasing Troponin). They did an Angiogram to detect any blockages but was cleared of all blockages or major heart conditions. Was hospitalized for 2 days and was on observation for any new pains, repeat or increase in symptoms. Heart inflammation continues to be there and I am unable to take any anti inflammatory as that aggravates the cardiac/ MI pain. No prior history of heart disease etc. Will be visiting for repeat tests with the Cardiologist in coming weeks. Since there were no prior heart condition and since this initiated day after the 2nd vaccine, i strongly believe this is a side effect from the vaccine dose.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1324104-1	Heart Attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1324268-1	Lethargy, Exhaustion, Inability to Walk, Heart Attack and Death from Acute Cardiac Arrest

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1325927-1	headache; minor aches; heart attack; kidneys were compromised; chills; had a cough; muscles were tightening, could hardly walk; lethargic; This is a spontaneous report from a contactable consumer or other non hcp. A 80-years-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection,Batch/Lot number was not reported), via an unspecified route of administration on 14Jan2021 as 1ST DOSE, SINGLE for covid-19 immunisation. Medical history included bypass surgery. The patient's concomitant medications were not reported. On 16Jan2021, the patient experienced headache, minor aches, had a cough, muscles were tightening, could hardly walk, lethargic, chills and heart attack on an unspecified date. Caller states that on 14Jan2021 she and her husband had the 1st Pfizer vaccine dose. 2nd dose was scheduled on 04Feb2021. Caller reporter that 2 days after the 1st dose, her husband's muscles were tightening, could hardly walk, had a cough, was lethargic, had chills and was c/o having reflux in his chest. Caller stated they had appointments that day with their Internist and their Cardiologist. Both HCPs felt all his symptoms were probably from the vaccine. That night she took him to the ER and he had had a heart attack. They did a cardiac Cath and had one of two stents put in. His kidneys were compromised and the HCP couldn't give the amount of dye needed to add another stent. So he still needs another stent. Also the blood count went down. Caller states her husband had cardiac bypass surgery years ago. The caller also mentioned her son is a surgeon and had bad flu like symptoms after second shot and only had a headache and minor aches after the first dose. She was concerned about her husband as he had a heart attack and if he should get the 2nd dose. The patient underwent lab tests and procedures which included blood count: went down. Outcome of the events were unknown. Upon follow-up on 16Apr2021: This follow-up is being submitted to notify that the lot/batch number is not available despite the follow-up attempts made. Follow-up attempts have been completed and no further information is expected.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				fainted; lost consciousness for a couple of seconds; burning pain that felt like needles on his shoulder, left arm and a little on the right side/extremely, burning pains across his back/He had burning pain on his shoulders, very sensitive, felt like a 3rd degree burn; felt like he could not stand and had to go to the floor, struggled to get up; arms were numb; thought he was having a heart attack; left arm weak; skin is hypertensive: back of neck feels like a third degree burn: if he moves the hair on his arms it hurts; left side of face is swollen; left side of face is swollen was reported as worsened.; skin is hypertensive: back of neck feels like a third degree burn: if he moves the hair on his arms it hurts; skin is hypertensive: back of neck feels like a third degree burn: if he moves the hair on his arms it hurts; left arm pain; This is a spontaneous report from contactable consumers (patient reported for himself, patient's mother). A 27-years-old male patient received bnt162b2 (BNT162B2; PFIZER-BIONTECH COVID-19 VACCINE), dose 1 intramuscular, administered in Arm Right on 01May2021 12:00 noon (Batch/Lot Number: EW0170; Expiration Date: 31Aug2021) as 1ST DOSE, 0.3 ML SINGLE for covid-19 immunization, at the age at vaccination of 27 years old. The patient's medical history and concomitant medications were not reported. The patient experienced thought he was having a heart attack(medically significant) on 03May2021 01:00 with outcome of unknown, skin is hypertensive: back of neck feels like a third degree burn: if he moves the hair on his arms it hurts (medically significant) on 03May2021 with outcome of not recovered, fainted (medically significant) on an unspecified date with outcome of unknown, lost consciousness for a couple of seconds (medically significant) on 03May2021 01:00 with outcome of recovered with sequelae on 03May2021, burning pain that felt like needles on his shoulder, left arm and a little on the right side/extremely, burning pains across his back/he had burning pain on his shoulders, very sensitive, felt like a 3rd degree burn (non-serious) on 03May2021 01:00 with outcome of unknown, felt like he could not stand and had to go to the floor, struggled to get up (non-serious) on 03May2021 01:00 with outcome of recovered with sequelae on 03May2021, arms were numb (non-serious) on 03May2021 01:00 with outcome of recovering, left arm pain (non-serious) on 03May2021 with outcome of not recovered, left arm weak (non-serious) on 03May2021 01:00 with outcome of unknown, skin is hypertensive: back of neck feels like a third degree burn: if he moves the hair on his arms it hurts (non-serious) on 03May2021 01:00 with outcome of not recovered, skin is hypertensive: back of neck feels like a third degree burn: if he moves the hair on his arms it hurts (non-serious) on 03May2021 with outcome of not recovered, left side of face is swollen (non-serious) on 03May2021 01:00 with outcome of not recovered , left side of face is swollen was reported as worsened (non-serious) on 03May2021 with outcome of not recovered. The patient underwent lab tests which included computerised tomogram (brain CT): no results, electrocardiogram (EKG): no results, both on unknown date. Reported patient was in pain and his mom and dad didn't know what to do. He had sharp pains. No bruises. He remember lowering myself to fall. He didn't fall. It was a strange thing. When he went to the ER they didn't fine anything. He was still in the same amount of pain. Caller stated her son took the vaccine on Saturday. Thirty six hours later around 1:00am he started getting extremely, burning pains across his back.The patient stated he was coming out of the bathroom and felt like he couldn't stand and he had to go to the floor. He lost consciousness for a couple of seconds. Both arms were numb. He struggled to get up. He sat on the couch and then went upstairs after being in the basement. He had a burning pain that felt like needles on his shoulder, left arm and a little on right side. His skin was sensitive. The back of his neck feels like he has a third degree burn. This morning he went to the hospital. Initially said he fainted but clarified that he was speaking about losing consciousness. He had left arm pain. He thought he was having a hard attack. While at the emergency room today he had labs, a brain CT scan and an EKG. He does not have results to provide. Caller added that his skin was hypersensitive. It was like if he moves the hair on his arm it hurts. His parents noticed he has swelling on the left side of his face. The events require a visit to Emergency Room. No Prior Vaccinations (within 4 weeks). Information on Lot/Batch number was available. Additional information has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1326153-1	

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1326260-1	Heart attack on 04Apr2021, two weeks after second dose of vaccine; This is a spontaneous report received from a contactable consumer (patient). A 58-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EW0162), via unspecified route of administration in left arm on 13Apr2021 (at the age of 58-year-old) as 2nd dose, single for COVID-19 immunization. The patient was not pregnant. Facility where the most recent COVID-19 vaccine was administered was school or student health clinic. The patient's medical history included allergies, migraine, high blood pressure (HBP) and high cholesterol, all from unspecified date. The patient was not diagnosed with COVID-19 prior vaccination. The patient's concomitant medications received within 2 weeks of vaccination included aspirin, atorvastatin, cetirizine, lisinopril and met (as reported), all from unspecified date. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EW6207), via unspecified route of administration in left arm on 22Mar2021 (at the age of 57-year-old) for COVID-19 immunization, and she had also received sulfamethoxazole/trimethoprim (BACTRIM), hydrochlorothiazide, both reported as known allergies. The patient experienced heart attack on 26Apr2021 22:45, two weeks after second dose of vaccine. The event resulted in emergency room/department or urgent care visit and it was reported as serious with life-threating criteria. Treatments received for the event included angioplasty and stent placement. The patient was tested for COVID post vaccination on 26Apr2021 with test type reported as blood test and negative result. The outcome of the event was resolved with sequel (reported as recovered with lasting effect).
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1326264-1	headache; fatigue; dyspnea; chest pain; RV infarction; a large amount of clot in the RCA; This is a spontaneous report from a contactable physician. A 48-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 05May2021 as single dose for COVID-19 immunization. Medical history included chronic smoker 2 packs per day. Patient was not pregnant at the time of vaccination. Concomitant medications within 2 weeks of vaccination included paracetamol (TYLENOL) and ibuprofen. Patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) as single dose for COVID-19 immunization. It was unknown if the patient received any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, it was unknown if the patient was diagnosed with COVID-19. Patient developed headache, fatigue, dyspnea, and chest pain for 3 days. She was admitted to hospital on 08May2021 with a completed right ventricular (RV) infarction. Angio in May2021 showed clean coronaries with the exception of a large amount of clot in the right coronary artery(RCA). Given correlation to vaccine administration, unclear if this was related (as reported). Device Date: 11May2021 (as reported). The adverse events resulted in emergency room/department or urgent care. The events were assessed as serious, hospitalization and life-threatening. Since the vaccination, the patient had not been tested for COVID-19. Outcome of events at the time of last observation was recovering. Information on Lot/Batch number has been requested.; Sender's Comments: As a cautionary measure and considering the drug-event temporal relationship of three days, the company cannot completely exclude a causal association between the administration of the PFIZER-BIONTECH COVID-19 VACCINE BNT162B2 and the onset of all the reported events. Medical history of chronic smoker (2 packs per day) cannot be also excluded as contributing factor and additional information of medical history and concomitant medications concerning possible risk factors for cardiovascular diseases, should be also useful for an overall assessment of the case. The impacts 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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1326756-1	patient states they had a heart attack, myocardial infarction and was hospitalized and just released with a stent. occurred approximately 2 weeks after first dose in series.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1327087-1	He had chest pains and could not breath after 48 hours, rushed to the ER. Stayed in the hospital for 4 days. He had a heart attack and was diagnosed with acute idiopathic myocarditis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1329485-1	was diagnosed with a heart attack at the hospital; This is a spontaneous report received from a contactable consumer (patient). A 67-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Right on 01May2021 at 14:00 (Lot Number: EW0173; Expiration Date: Aug2021) as 1st dose, single for covid-19 immunisation. Medical history included cardiac catherization, 2 weeks ago (Apr2021). The patient's concomitant medications were not reported. The patient had his 1st dose of the Pfizer COVID Vaccine last Saturday, 01May2021 at 2:00PM and between 7:30 to 7:45 PM, he started having chest issues. He said he felt like something was pushing down on his chest, like he was having a heart attack. He sat and waited, and then the feeling got into his arm. He said as soon as the pain went into his arm, he knew it was a heart attack. He said he got 2 nitroglycerin and took them. He said the feeling in his chest and arm didn't go away, so he called 911, and an ambulance took him to the hospital and went to the ER. He said the first blood draw on 01May2021 that was done at the hospital didn't show anything. He said the second blood draw on 01May2021 showed his cardiac enzymes were elevated, and that he had a heart attack. He was diagnosed with a heart attack at the hospital. He said 2 weeks prior (Apr2021), he had a procedure done (clarified as a cardiac catheterization). He said his cardiologist checked his stents, and the stents were all OK, and there were no issues with his heart. He said his cardiologist just did the same procedure again (cardiac catheterization) on 01May2021, and it was normal, there was nothing there (in his heart). He said he was putting his heart attack as caused by the COVID-19 Vaccine shot. He said he knows about a study that reported people were having heart attacks after getting the COVID-19 Vaccine. Clarified that he had a cardiac catheterization through his wrist while at the hospital, and it was same procedure he had 2 weeks earlier with his cardiologist. He said both cardiac catheterizations didn't show anything wrong with his heart. He was asking that if should he get the second dose if he had a side effect after the first dose of the vaccine. The patient was hospitalized for the event from 01May2021 to 04May2021. Outcome of the event was unknown.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1330956-1	on 4/20/21, 9 am (24hrs after receiving the second shot, he complained that the couldn't breath and his throat hurt, we gave him some tylenol,) then we call 911 by 3pm because he looked pale. by 6pm we were told that he was going uptown, because he might need a ventilator. Then at 12:30 a.m. on 4/21/21 we were told he was alert and in emergency diaylsis and he should be okay. Then they called us at 8 a.m. to say that he had passed away due to a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1331243-1	Lightheaded, nausea resulting in heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1331836-1	Received first vaccine 4/21/21. Within two days started having tightness in chest, but no other adverse reactions, happened a couple times a day. 5/13/21 received second vaccine....had tightness two more times, then 5/14:22 evening had a heart attack....ambulance to Hospital. 99% blockage in LAD. Hospital inserted stent. Spoke with all of the Cardiologists about my concerns as Heart problems ?Do not? run in my family. I have always had excellent blood pressure and low cholesterol....my father is 86 and was a smoker, and never been on blood pressure medication, same with my late Grandfather. I?ve ?never? had any type of chest pains in my life. Also, I am retired military and have had numerous vaccines, with no issues. The hospital cardiologists said that I could report this, but they believe the Heart attack is due to the fact that I smoke....I just don?t believe that....the Heart Attack occurred 36 hours after my second vaccine!!!
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1332676-1	heart failure; heart attack; fluid in his lungs; This is a spontaneous report from a contactable consumer (patient's mother). A 19-year-old male patient received the first dose bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot Number: EP7534), via an unspecified route of administration, administered in Arm Right on 25Mar2021 (received at the age of 19-years-old) as 1ST DOSE, SINGLE for COVID-19 immunization. Medical history included ongoing seasonal allergies and cardiac murmur he had as an infant. When probing medical history, the consumer reported that as an infant, her son, had a heart murmur. Her son saw a heart specialist in (State) who did an ultrasound/sonogram of her son's heart. The specialist said the heart murmur was fine and nothing needed to be done. She also adds that for family medical history, she and her husband don't have any early onset heart issues in either side of their families. She also reported that her son has horrible seasonal allergies. Concomitant medication(s) included cetirizine hydrochloride (ZYRTEC [CETIRIZINE HYDROCHLORIDE]) taken for an unspecified indication, start and stop date were not reported; triamcinolone acetonide (NASACORT) taken for an unspecified indication, start and stop date were not reported; montelukast (MONTELUKAST) taken for an unspecified indication, start and stop date were not reported. The reporter stated that her son (patient) had a heart attack (26Mar2021) after receiving the first dose of bnt162b2. The patient also experienced heart failure on 28Mar2021 and had fluid in his lungs on Mar2021. She called regarding the COVID-19 vaccine on behalf of her 19-year-old son who received his first vaccine on 25Mar2021. Her son received his first Covid 19 vaccine at a PRIVACY where he attends college. On Friday, 26Mar2021, he was feeling crummy, on Saturday, 27Mar2021, he was feeling crummy. On Saturday night, 27Mar2021, her son started texting her around 11:30PM saying he had pain in his left shoulder and left arm. He had already taken 2 Advil and it wasn't helping with the pain, her son asked if he could take a third Advil. The reporter told her son he could take a third Advil because it

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				had been an hour and a half since he had taken the first two Advil. The texts from her son continued. He was getting no relief. He took a hot shower and tried self-massage and warm compresses. He ended up throwing up and he said he felt a little better. Her son tried to lay down and couldn't get any relief from his pain. The pain was tremendous in his left shoulder and arm. Her son told his mother, he thinks he needs to go to the emergency department. His mother is two hours away from him and told him to call 911. Her son had a friend take him to the emergency department instead of calling 911. Her son went to PRIVACY. While at the emergency department, the doctor thought that her son's pain was muscular. Her son received an injection of Toradol. Her son was discharged from the emergency room and went back out to his friend who had brought him to the hospital. Her son and his friend didn't even make it out of the emergency department parking lot when her son suddenly couldn't see anything. His eyes were wide open and all he could see was black. His ears started ringing. Her son went back into the emergency department. Her son received Benadryl and an Epi-pen thinking maybe he was allergic to the Toradol and having a reaction to the Toradol. Her son had blood work, an EKG, and vital signs done in the emergency department on 28Mar2021. His blood work were over 3000 which the reporter reports, indicates a heart attack. The emergency room doctor did not think the Toradol would have pushed his Troponin levels that high. With her son complaining to her about the pain in his left shoulder radiating into his left arm and throwing up, those are signs of a heart attack. Her son was maybe playing off the seriousness of the pain he was experiencing. It was agreed at that point it might be her son's heart. She was about 18 minutes away from the hospital when she received a call from the hospitalist, the doctor taking care of her son. And that doctor tells her that her son is not doing well and is not responding to treatment of the bag of saline fluids. The doctor is trying to get her son's blood pressure and heart rate back up. The doctor was afraid he might have to air flight him to the PRIVACY hospital. She told the doctor she is 18 minutes away and asked if he can wait that long or does she have to turn around and drive the opposite direction to the PRIVACY. At this point her son was having a COVID-19 viral test in case he needs to be transported to the other hospital. The doctor tells her that her son can wait the 18 minutes until she gets to the hospital. She arrived at the hospital and wanted to see her son, her son is on high flow oxygen and she has to gown and glove up to be in his room for fear of Covid particles since he's on the high flow oxygen. His COVID-19 viral test results have not come back at this time. Her son was admitted to the hospital for heart failure. He was in the hospital for 5 days. He was admitted in the wee hours of the morning on 28Mar2021. During the time he was in the hospital he had chest x-rays and he was given Lasix to get the fluid off his lungs. His white blood cells were way up so he was given an antibiotic. He had an MRI, Chest X-rays, and a Heart Catheterization through his wrist that would indicate that he had blocked arteries in his heart. He had no blocked arteries. The heart catheterization revealed an artery going into his 4th heart chamber was slow to open and close. The cardiologist prescribed Metoprolol for six months with monitoring. The cardiologist feels the Metoprolol will repair his artery and get his blood pressure and heart rate numbers where they need to be. He was admitted to the hospital at around 3:00AM on 28Mar2021 and was discharged on 01Apr2021. Her son's COVID-19 viral test came back negative, but his COVID-19 antibody test showed that he did have COVID-19 antibodies. The doctor didn't know if that meant that her son had a previously undiagnosed case of the COVID-19 virus or if he developed COVID-19 antibodies that soon after he received the Covid 19 vaccine. She reported when her son was discharged, he was feeling better, but still had residual fluid at the bottom of his lungs. Her son did have to go for a chest x-ray on Tuesday, 06Apr2021, after he was discharged, to make sure the fluid was making its way out of his body. When he was discharged from the hospital, he had some shortness of breath and he was tired and weak feeling. The pain in his left arm began before he was admitted to the hospital. The shortness of breath started during his hospital admission. At this point in time she would say her son has improved. The Metoprolol he was prescribed by the cardiologist is one half of a 25mg tablet once at nighttime. She stated that she does not have any information on how low her son's blood pressure and heart rate were during his time in the hospital. Therapeutic measures were taken as a result of the adverse events. Outcome of the events was recovering.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1332726-1	Mild heart attack,Raised triponin levels; Mild heart attack,Raised triponin levels; This is a spontaneous report from a contactable consumer (patient). A 36-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE; Batch/Lot Number: Er8729), via an unspecified route of administration, administered in Arm Left on 10Apr2021 (36-years-old) as 1st dose, single for COVID-19 immunization. The patient medical history included that prior to vaccination, the patient was diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. Facility where the most recent COVID-19 vaccine was administered was Pharmacy or Drug Store. Patient was not pregnant at time of vaccination. Concomitant medications were not reported. The patient experienced mild heart attack, raised triponin levels on 12Apr2021 with outcome of recovering. The patient underwent lab tests and procedures which included Nasal Swab: negative on 12Apr2021. The adverse events resulted in Emergency room/department or urgent care. Treatment received for the adverse event was Medication, Angiogram, ultrasound, bloodwork, cats. Therapeutic measures were taken as a result of events.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1332739-1	I thought I was having heart attack.; At midnight I woke up with severe chest pains.; Nausea; It was severe gas & cramping.; It was severe gas & cramping.; This is a spontaneous report from a non-contactable consumer (patient). A 68-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), via an unspecified route of administration, administered in left arm on 15Mar2021 19:30 (Batch/Lot Number: 1621146-00) (at the age of 68 years old) as 1st dose, single for COVID-19 immunization. The patient had no other medical history and concomitant medications were not reported. The patient previously took polyethylene glycol and had known allergies to the medication. No other vaccine in four weeks. The shot given was at 19:30. At midnight (16Mar2021 12:00 AM), the patient woke up with severe chest pains. She thought she was having heart attack. It was severe gas (Gas in chest) and cramping. The patient had this almost daily for 2 weeks. She had nausea for one week. The patient reported that she never experienced this in her life and still happens at least once a week. There has been no change in her diet before or after the vaccination. Events usually will be relieved within 2 hours after taking GasX. No COVID prior vaccination and patient had not been tested for COVID post vaccination. The outcome of the events was recovering. No follow-up attempts are possible. No further information is expected.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1332783-1	Heart attack; This is a spontaneous report from a Pfizer sponsored program. A contactable consumer (patient) reported that a male patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on 08Apr2021 (Lot Number: ER8734) as 1st dose, single for COVID-19 immunisation. The patient medical history and concomitant medications were not reported. The patient received his first dose on 08Apr2021 but he missed the second dose which was supposed to be on 29Apr2021 because he had a heart attack after the first dose or in between the doses he did not get the second dose in Apr2021. The patient stated that he needed to set up his 2nd shot. The event outcome was unknown. Information on Lot/Batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1332790-1	thought she was having a heart attack; cramping in abdominal area; finger went blue; sweating; chest pain/pain in chest; pressure near breast; back cramping/severe cramping; left pupil dilated; arm went numb; turned pale; Veins popping out of skin; This is a spontaneous report from a Pfizer-sponsored program, COVAX Support. A contactable consumer (patient) reported that an adult female patient of an unspecified age received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot and expiry were not reported), via an unspecified route of administration on an unspecified date as 1 st dose, single for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. It was reported that 48 hours after first dose of bnt162b2 (unspecified date), the patient felt side effects of cramping in abdominal area, finger went blue, sweating, chest pain and pressure near breast (has been receiving episodes of this pressure and pain for a week after dose), back cramping and left pupil dilated. Stated that side effects were only for left side of body, none on the right. Also reported pain in chest, arm went numb, sweating, turned pale, thought she was having a heart attack and left pupil larger, severe cramping and veins popping out of skin. The patient was supposed to get 2 nd vaccine yesterday wanted to know what to do. The outcome of the events was unknown. Information on the lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1333650-1	passed away sometime after 2/16/21 and before 2/20/21 in her home. Cause of death ruled by Corner as Myocardial infarcation and congestive heart failure. Sometime between 11 and 15 days after receiving dose 1. did not receive dose 2 due to her passing before she could receive it.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337639-1	Inferior RCA MI on 05/19/2021
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1340456-1	difficulty processing information/ attention deficit; Episodic HAs; earaches worst on the left and fullness/left ear pain (ear pain); earaches worst on the left and fullness/left ear pain (ear pain); Mild sore throat; Upper back muscle pain; redness around the bite; redness around the bite; low platelet volume; severe weakness; pain; nearly passed out 2 times/near syncope; Vomited; Some loose bowel movements; Myalgias/ muscle pains; sweating; feeling cold or hot sometimes; 100/60 and then blood pressure would drop and settle at 85-95/60 or low 90s/60s, hypotension; fatigue/very tired in the mornings/Extreme fatigue limiting activities; Dizziness; pain and numbness of left arm/ pain and numbness on my arms and hands; headache; upper back pain; Numbness in left arm where vaccine was injected radiating down to hand/pain and numbness of left arm/numbness on the arms and hands; Chills/body shivering; Low fever; period of rapid heart rate/episode of tachycardia; This is a spontaneous report from a contactable health care professional (patient's husband). A female patient of an unspecified age received the second dose of BNT162B2 (Pfizer-BioNTech COVID-19 vaccine, lot number and expiry date unknown), via an unspecified route of administration, administered in the left arm on 21Apr2021 at 16:00 as a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient previously received the first dose of BNT162b2 on 31Mar2021 for COVID-19 immunization. It was reported that immediately after being vaccinated, the patient had numbness in the left arm where vaccine was injected radiating down to hand lasting about 24 hours. Also on 21Apr2021, during the first night after vaccination, chills, body shivering for a half hour. The patient also had low fever (extremely rare for the patient) for a while and a period of rapid heart

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				rate/episode of tachycardia while in bed lasting for 30 (as reported). The patient had hypotension, 80/58. On 22Apr2021, the patient had fatigue, dizziness, pain and numbness on arms and hands sometimes, headache, upper back pain and myalgias. On 23Apr2021, the patient was very ill most of the day. The patient nearly passed out 2 times/near syncope, vomited, some loose bowel movements (unusual for the patient), extreme fatigue limiting activities, muscle pains/myalgias, headaches, numbness, sweating, feeling cold or hot sometimes. The patient's blood pressure dropped to 80/58 (usually 110/ 70). The patient lay flat on kitchen counter to avoid fainting. On 24Apr2021, the patient had fatigue limiting activities, pain, numbness, dizziness and feeling cold or hot sometimes. The patient felt a bump around her right collar bone in the evening which later turned out to be a tick. The patient's BP was measured every day which generally were initially 100/60 and then blood pressure would drop and settle at 85-95/60 or low 90s/60s, hypotension accompanied with severe weakness. On 25Apr2021, the patient had fatigue limiting activities, pain, numbness, dizziness, constant headache and feeling cold or hot sometimes. On 26Apr2021, the patient was nearly feeling normal in the first half of the day. Then severe body fatigue limiting activities, pain, numbness on the arms and hands. The patient was feeling cold or hot, sweaty at times and had persistent headache in the afternoon. The patient also had upper back muscle pain. In evening of 26Apr2021, the tick was noticed and pulled out dry with fingers and tweezers. The tick was not engorged with blood and appeared dry and dead. The patient had some redness around the bite but no target lesion. The patient was administered 200mg of Doxycycline orally. On 27Apr2021, the patient had fatigue, pain, numbness, cold or hot obviously in the first half of the day. Then feeling better (close to normalcy). On 28Apr2021, the patient was feeling much better in the first half of the day. Then, pain, numbness, feeling little cold or hot sometimes and persistent headache. That day and episodically thereafter, the patient noted left ear pain, earaches worst on the left and fullness and mild sore throat. The patient has also complained of difficulty processing information (attention deficit described in the papers) on an unspecified date. On 29Apr2021, there was severe fatigue all day. Pain, numbness, cold or hot sometimes, upper back muscle pain and sweating sometimes. On 30Apr2021 to 02May2021, the patient was very fatigued and was feeling dizzy frequently, activity was limited, a muscle pain, numbness and was cold or hot. The patient went to Urgent Care and was examined. Limited physical exam was normal. They drew blood tests which showed normal CBC on 23 machine differential both on 23Apr2021 and platelets except Low Platelet Volume on an unknown date in 2021, normal electrolytes and anaplasma test, negative blood sear for Babesia and Anaplasma and neg IgM and IgG for Lyme all on an unknown date in 2021. The patient's creatinine, BUN and renal function (fx) was unknown on an unspecified date in 2021. On 03May2021 and 06May the patient had similar symptoms, lasting about half of each day. On 06May2021, the patient had a nasal swab for COVID. On 07May2021 to 09May2021 the patient was very tired in the mornings, dizziness, episodic HAs, limiting activity. The events were partly improved by rest but the patient had constant ear pain mainly on the left side. The reporter stated that he deeper dive into the literature this weekend and came up with lots of papers of which the following publications are of special interest which includes: 1. One case report of Postural Orthostatic Tachycardia Syndrome (POTS) after Pfizer mRNA vaccine showing that POTS is frequently associated with auto-antibodies to G protein-coupled receptors, particularly norepinephrine receptors, epinephrine receptors and ACE2 receptors. In addition patients have elevations in a number inflammatory cytokines (IL-1beta, IL21, TNFalpha, IFNgamma, CD30) and platelet pool eficiencies (associated with low platelet volumes, dense granules, easy bruising). By the way, one can see dysautonomic disorder like POTS but without the tachycardia. One report described 31 patients with long COVID who had autoantibodies to the G protein coupled receptors with a variety of symptoms which can act as agonists or antagonists and are associated with a variety of syndromes (see their Table 1) with prominent fatigue, dysautonomic syndromes like POTS, neurologic and pain syndromes and cardiovascular syndromes. A potential synthesis is that these auto-antibodies are fairly common after COVID- 19 and perhaps also after other severe viral infections such as mono. Influenza etc which may lead to what we have called ME/CFS. There are a number hypothesis papers that predict that the spike protein-ACE2 receptor complex would elicit auto-Ab to ACE2. Its plausible that COVID-19 vaccines, particularly mRNAs which express spike intracellularly and cause a lot of inflammation also occasionally induce the syndrome. The reporter's question was whether abnormalities should be documented thoroughly including a full COVID-19 work-up for virus and antibody, auto-antibody panel, inflammatory markers, platelet work-up and a dysautonomia work-up. He added that pending the findings, the case should probably be reported. His most important goal is understanding the pathogenesis since that may lead to a logical therapeutic intervention in the event that these symptoms continue for a long time. The outcome of the events episodic HAs, period of rapid heart rate/episode of tachycardia, pain and numbness of left arm/numbness on the arms and hands, Some loose bowel movements, sweating, Mild sore throat, difficulty processing information/ attention deficit, severe weakness, redness around the bite and low platelet volume was unknown. The outcome of the events numbness in left arm where vaccine was injected radiating down to hand was recovered on Apr2021 and the events Chills/body shivering and low fever recovered on 21Apr2021. The outcome of the events fatigue/very tired in the mornings/Extreme fatigue limiting activities, Dizziness, upper back pain, headache, nearly passed out 2 times/near syncope, Vomited, Myalgias/ muscle pains, feeling cold or hot sometimes, 100/60 and then blood pressure would drop and settle at 85-95/60 or low 90s/60s, hypotension, pain, Upper back muscle pain and earaches worst on the left and fullness/left

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				ear pain (ear pain) was not recovered. Information on the lot/batch number has been requested.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of event Heart attack 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.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1340501-1	have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; This is a spontaneous report from a contactable Physician. A 16-year-old male patient received bnt162b2 (BNT162B2), dose 2 intramuscular, administered in arm left on 12May2021 10:15 (Batch/Lot Number: EW0167) as single dose at the age of 16-year-old for COVID-19 immunisation, administered ad hospital. Medical history included acne with no medications. The patient's concomitant medications were not reported. patient received bnt162b2 (BNT162B2), dose 1 intramuscular, administered in arm left on 21Apr202110:15 (Batch/Lot Number: ER8735) as single dose at the age of 16-year-old for COVID-19 immunisation. No past drug history. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No other medications the patient received within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient experienced ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis, 36 hours of left chest pain radiates to left arm on 13May2021. The course of events was as follows: Previously healthy 16 year old male complaining of 36 hours of left chest pain radiates to left arm. Had Pfizer vaccine dose #2 about one day prior to chest pain onset. Found to have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis. Admitted to the Pediatric ICU for further management on 15May2021 7:00AM. The patient was hospitalized for the events, considered life threatening. Since the vaccination, the patient has been tested for COVID-19: Sars-cov-2 test: negative on 15May2021 Nasal Swab. Therapeutic measures were taken as a result of events, treatment in process. The outcome of events was unknown.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of reported events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1340507-1	I have been discharged from the hospital with pericarditis; Went into walk in on 10May, and was rushed to ER due to heart issue. ER states I possibly had a heart attack; The Sunday following 2nd dose, woke up with severe chest pains; This is a spontaneous report from a contactable consumer (patient). A 24-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 06May2021 18:30 (Lot Number: ew0171) as 2ND DOSE, SINGLE for covid-19 immunisation. Medical history was none. The patient was healthy. No other vaccine in four weeks. No covid prior vaccination. Concomitant medication(s) included ibuprofen. The patient took the first dose of bnt162b2 on 15Apr2021 07:00 PM (Lot number EW0153) in left arm for COVID-19 immunisation. On 09May2021 03:30 AM, the patient woke up with severe chest pains. Went into walk in on 10May, and was rushed to ER due to heart issue. ER stated he possibly had a heart attack, and now he had been discharged from the hospital with pericarditis. AE resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event). The patient hospitalized for two days. Multiple treatments administered. The patient had covid test type post vaccination nasal swab on 10May2021 with negative result. The outcome was unknown.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1341017-1	COVID-19, mRNA, LNP-S, PF (PFIZER-BIONTECH) 5/19/2021 (17 Y) , 4/28/2021 (17 Y) Severe chest pain, Requiring hospitalization for pain management and MI/Myocarditis therapy.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1341494-1	After 2nd shot I went into AFib about 5/6 days later. This lead to a heart attack about 17 days after 2nd covid shot.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1342073-1	Myocardial infarction (NSTEMI)

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1342091-1	02-20-2021 Heart Attack. 100% blockage of LAD artery, Stent, 4 day hospitalization at Medical Center. Recovered heart function. Cadiac rehab.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1342235-1	- Uncomfortable feeling in chest around 8pm on 4/24, tried to sleep it off - Couldn't sleep very well, and woke up with a tightness of chest and unable to draw a full breath - Went to county ER and was advised I was suffering a heart attack (non stemi) (troponin levels were over 7,000) - transferred to hospital for further diagnosis and treatment - Had a echocardiogram, cardiac catheridisation and MRI, which found that I had inflammation of my heart muscles - treated symptoms with medication and was discharged after an overnight stay
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1342926-1	Serious chest pains began 5 days post receiving 2nd vaccine. 3 days later ended up in hospital with massive heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343026-1	heart attack; stent put in; awaiting further treatment
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1348060-1	My father in law suffered a heart attacked on the day he received his second shot. at the time of this he was staying in our house where he wasn't found until two days later when we received a call from his work saying he never showed up or called in to work. The medical examiner told us that prior to the second vaccine in the last few weeks he had suffered some sort of heart issue that damaged his heart, but wasn't big enough for him to notice or think anything of it. The timeline the medical examiner gave us would have been after receiving the first vaccine. He then received his second Vaccine on a Thursday which was the last time anyone heard from him and he didn't show up to work Friday and was found Saturday after we were notified he didn't show up to work and we called 911. The medical examiner said he suffered a heart attack. The medical examiner said they had to write the death date on Saturday because that was when he was found, but the last anyone heard of him was prior to getting the vaccine and then he missed work the very next day(which was Friday).
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1349589-1	Heart attack; This is a spontaneous report from a contactable consumer (patient). A 75-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), first dose via an unspecified route of administration, in the left arm on 29Apr2021 at 13:10 (Batch/Lot Number: EW0167, at the age of 75 years) as a single dose for COVID-19 immunization at a pharmacy drug store. Medical history included knee operation on 09Nov2020 and ongoing high blood pressure. The patient did not receive any other vaccinations within 4 weeks of the COVID-19 vaccine. Concomitant medications included unspecified blood pressure medication from an unspecified date and ongoing, several unspecified pain medications from an unspecified date following the knee surgery and ongoing and other unspecified medications in addition to the pain and blood pressure medications. On 29Apr2021 at 13:10, the patient received the first dose of the COVID-19 vaccine. On 29Apr202 at 13:25, 15 minutes after the vaccination, she experienced a heart attack. She described that it felt like she had very severe heartburn. She also became very weak and felt weak all the time. Her doctor called while she felt like she had very severe heartburn. She reports that her physician heard her panting during the phone call and said she was having a heart attack. She took Tums and the severe heartburn went away. It was a small bottle of Tums and she took half of the bottle. By the time she got home she was ok and didn't believe that she was having a heart attack. One of the physicians came to her home on 29Apr2021. The physician did an EKG and confirmed that she did have a heart attack. The patient stated that she knew the vaccine caused the heart attack and she was not going to get the second dose of the vaccine. The patient stated that she has no medical history or family history of hear attacks. Emergency room visit was not required. The outcome of event heart attack was recovering.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1349600-1	"Heart attack; This is a spontaneous report from a contactable consumer (patient's husband) through a Pfizer sales representative. A 39-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number and expiration date were not reported) as a single dose, with route of administration and therapy date unspecified, for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. On an unspecified date, two weeks after vaccination, the patient had a heart attack. The outcome of the event was unknown. The patient's cardiologist called it a ""mysterious case"". Information about lot/batch has been requested."
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1350888-1	Patient reported to have a sudden heart attack on 05/04/2021. Patient was hospitalized, released to rehab and released from rehab on 05/24/2021. Patient thinks that the heart attack is related to his covid vaccine 2 weeks prior. Patient denies having any health conditions previously leading up to the heart attack.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351609-1	Heart Attack, burning from center of chest expanding to back like a dagger and outwards 1 stent placed to stop it 2 more stents the next day preventative Now attending cardiac rehab New meds prescribed
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351938-1	Pt presented with angina, inital troponin normal, then rose to 5.2. Ck-MB and MB index also rose and fell consistent with MI. D-dimer was normal. EKG without clear evidence of ishcemia or pericarditis. Coronary angiogram with no culprit lesion identified (either spontaneous coronary artery dissection or thrombus). Echo did not show wall motion abnormalities or pericardial effusion. Differential for this hospitalization with NSTEMI includes myocarditis, coronary spasm, or subclinical dissection.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1353498-1	"""It felt like I was having a heart attack""; severe stomach/diaphragm pain; evere stomach/diaphragm pain; spasms; Felt like gas and came on right after she ate bread and butter. She felt like it was in her back and chest ""100 times worse than what I'm used to.""; she is ""unwell in general"" and it is around her chest/upper stomach; She thought it was chest pain or gas; fever; Chills; Headache; body ache; soreness at injection site; This is a spontaneous report from a contactable consumer (patient). A 30-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on 10May2021 at the age of 30-years-old (Lot Number: EW0173) as single dose for COVID-19 immunisation. Patient received the first dose on 19Apr2021 at the age of 30-years-old, Lot: EW0161, administered in left arm. Concomitant medications included ongoing vitamins NOS (DAILY MULTIVITAMIN); ongoing drospirenone, ethinylestradiol (LORYNA). The patient received the second dose of the Pfizer Covid 19 vaccine 10May2021. She had a fever 102.6 or 102.8 degrees Fahrenheit. It went up to 103 degrees and was now down to 101 degrees. She had chills, headache, body ache and soreness at the injection site. These symptoms started around 9:00 or 9:30pm last night. Fever, chills, headache, body ache and soreness at the injection site were with onset date 10May2021. She was hit with the whole nine yards of symptoms. She ate bread and toast earlier 11May2021 and has been having severe stomach/diaphragm pain, spasms and contractions. She thought it was chest pain or gas. She was unsure if she should be worried or if this is a side effect. This pain started around noon 11May2021. An AE was being filed however she ate bread/toast early this morning and she began having stomach/diaphragm area pain, like spasms and contractions. Patient stated symptoms have resolved for the moment and the last ""attack"" she had was while she was calling Pfizer. She said it came and went. Felt like gas and came on right after she ate bread and butter. She felt like it was in her back and chest ""100 times worse than what I'm used to."" She said she was ""unwell in general"" and it was around her chest/upper stomach. ""It felt like I was having a heart attack"". ""Is this a side effect of the vaccine? Should I seek medical attention if it gets worse?"" The outcome of events (severe stomach/diaphragm pain, spasms, contractions, fever, chills, headache, body ache and soreness at the injection site) was not recovered, outcome of other events was unknown."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1353752-1	He received both doses March 2021. second dose on 3/26. on 4/26 presented to ER with Epistaxis, came to about a month after Pfizer series pt went to Hospital ER 3 times that week for care of what was thought nose bleeds from picking, and later ENT for care that required travel. Pt stopped Plavix use and 6 days later on 5/1 returned to Hospital ER with serious symptoms, developed multiple thrombotic events that lead to clotting of leg/bowel/coronary. Transferred to Hospital on 5/1/2021. Multiple MI events and expired at Hospital on 5/3/2021

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354651-1	"H&P: Patient is a 63 y.o. female who presents for chest pain found to have NSTEMI. No prior cardiac history who presents with acute onset left sided arm, and jaw pain. Associated with diaphoresis. Looked up ""heart attack signs in women"" and came to the ER after reading this. In the days/weeks leading up denies any chest pain or pressure, LH, dizziness or syncope. No exertional dyspnea, orthopnea, PND or LE edema. BP at home are usually 130-150s. BP in the hospital is always higher because of white coat hypertension. ER course BP 170-190s systolic, HR in the 90s, AF. EKG Q waves in the inferior lead with no significant ischemia or ST elevations. Labs notable for a troponin ~ 2000. CXR within normal limits. Given aspirin, statin, nitro and heparin. Currently feels pain free. No other acute issues or complaints/ Smoked 3 mos after a divorce, otherwise no smoking history. No significant family history of CAD. "" D/C summary: ""Principal Diagnosis: o Myocarditis Secondary Diagnoses: o Type II MI o Hypertension o Hypercholesterolemia o Prediabetes mellitus o Obesity Procedures/Diagnostics: 5/13/2021. Coronary angiogram. o Normal left ventricular function o Normal coronary anatomy o Right radial loop Note: A right radial loop was encountered requiring a femoral access. 5/13/2021. Echocardiogram. ? Left ventricle size is normal. Mildly increased wall thickness. Normal wall motion. Normal systolic function. LV EF is 75 % , ? Nrrmal valve function. 5/13/2021. Cardiac MRI. Evidence of myocarditis, with subepicardial late enhancement at the mid chamber and apical lateral wall with associated regional edema and mild native T1 signal elevation. Normal right and left ventricular size. Hyperdynamic LV. No significant valvular abnormality. Hospital Course: In brief, this is a 63 y.o. year old female admitted on 5/13/2021 with chest pain, troponin elevation and found to have normal coronary arteries. Preserved LV systolic function by echocardiogram. She underwent an cMRI demonstrating myocarditis. She was started on colchicine and remained pain free for the rest of the admission. Myocarditis: Presented with acute onset chest pain and troponin of ~2000. Diagnosed via MRI after normal coronary angiogram. Normal biventricular function. Etiology is likely idiopathic as she had no other obvious inciting events. Pain free prior to discharge. o Colchicine 0.6 mg twice daily. o Follow-up with Dr. on 6/8 arrival time 12:40 PM Hyertension: well controlled today. Management per PCP o Metoprolol succinate 25 mg daily o Hyzaar 100-12.5 mg daily o Amlodipine 10 mg daily Hyperlipidemia: tolerating atorvastatin 20 mg daily. """
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354936-1	Heart attack (complete blockage in LAD artery). Symptoms began Wednesday 5/12 with elevated heart rate/chest tightness. Went to ER on Friday 5/14 and received two stents via cardiac catheterization.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355591-1	night of 5/18 into early morning of 5/19: Pain in right arm, and upper right back, shoulder, and chest. Ultimately Vomiting violently. Could not lie down without the pain returning. 5/19 Day: Had light breakfast and dinner. No vomiting, but could not lie down without same pain. Morning of 5/20: Breakfast of cereal and fruit at 9am. And noon, I experienced pain again, vomiting at noon. Then to Urgent care, then, Emergency Room, then Hospital.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1357199-1	Heart attack-like symptoms; 100 degree fever lasting one day with no symptoms; This is a spontaneous report from a contactable consumer (patient). A 45-year-old non-pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in the right arm on an unspecified date (Batch/Lot Number: ER8737) as 2nd dose, single dose for COVID-19 immunization. The patient did not have any medical history. The patient's concomitant medications were not reported. The patient has no known allergies. The patient received the first dose of BNT162B2 on 24Mar2021 15:30 on the right arm (lot number: EN6205) for COVID-19 immunisation. The patient did not have other vaccine in four weeks and no other medication in two weeks. The patient did not have COVID prior to vaccination. The patient was not COVID tested post vaccination. On 29Apr2021, the patient had a 100-degree fever lasting one day with no symptoms. The patient was fine the next day. Then on 02May2021 at 20:00, she began having heart attack-like symptoms. She went to the ER and was having a heart attack. All of her testing from her angiogram to her chest x-ray to the CT of her lungs found nothing. She was a 100% healthy without any medical issues. She has no prior history of heart problems. The patient was hospitalized for a day for the event heart attack-like symptoms. Treatment included angiogram, chest x-ray, lung CT and blood thinners. The patient was recovering from heart attack-like symptoms and recovered from 100 degree fever.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1357346-1	she slowly declined with pneumonia; Woozy/Dizzy; Sleeping all the time; Not eating; Running a fever off and on; Her blood pressure was a bit low, 105 over something; suspected COVID-19 with symptoms; Heart attack; This is a spontaneous report from Pfizer from a contactable Consumer reported for mother. A 65-years-old female patient received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration on 05May2021 as 1ST DOSE, SINGLE for covid-19 immunisation. The cancer doctor told her that she needed a Covid vaccine since she has cancer and a lowered immune system. Medical history included Metastatic rectal cancer from Jul2019 to 17May2021, Osteoporosis from unknown date to 17May2021 (She had it for maybe 10 years or something), Fibromyalgia from unknown date to 17May2021 (She had the fibromyalgia for 20 years). She had rectal cancer, osteoporosis, fibromyalgia, and a couple other things that the caller can't think of off hand. Her mother was diagnosed with the rectal cancer in Jul2019. The caller has no idea when she was diagnosed with the osteoporosis. She had the fibromyalgia for 20 years, and the caller is sure it

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				was the same for the osteoporosis, maybe 10 years or something. They were being managed. There were no concomitant medications. The patient did have metastatic rectal cancer, but it was managed. She was not on hospice or terminal, and they hadn't exhausted all of the treatment plans yet. It was being controlled. She was under the surveillance of a cancer doctor who was completely shocked by her sudden death. It seemed like there was no reason. She was fine and drove herself to her appointments all the time. She had just driven herself to her last appointment. She passed away yesterday morning. She was slowly declining since she got the vaccine. The coroner was playing guessing games and assumed it was pancreatic cancer. Well, she didn't have pancreatic cancer, and the doctor already said the cancer didn't kill her. The doctor said if he had to guess it could have been some kind of pneumonia or a reaction to the vaccine. All of it made her heart stop. The coroner couldn't get the city to approve an autopsy to see the real cause of death because there was no foul play. The caller took it upon herself to discover if maybe Pfizer could help, and she needs to alleviate the vaccine as an option if it contributed. She is so tired and hasn't slept. It is devastating. This woman was everything in her life, and the caller is probably going to go next with how she feels. She feels responsible. Her other guess is if she gave her mother Covid and she slowly declined with pneumonia. The caller couldn't get her sister to take her mother to the ER. Her sister was there Sunday night. On Monday morning her sister called to say her mother was gone. On 05May2021 the patient had the first dose of the Covid vaccine. The caller could have gone there or called an ambulance when her mother wasn't answering the phone. She knew something was wrong. She called her sister who said their mother wasn't feeling good. Her mother was woozy, dizzy, and sleeping all the time. On day 3, Sunday, the caller couldn't get her mother on the phone. She thought she had some level of peace because her sister was there and could keep her updated. Her mother often gets sickly, but she always answers the phone even if she is deathly sick. The caller thought enough is enough and she needed to be put on the phone on speaker with her mother. The caller's sister said her mother was sleeping. The doctor said to probably bring her mother to the ER. The caller told her sister who just didn't take her mother to the ER. The caller could have called an ambulance. She feels incompetent. They are assuming the cause of death was a heart attack. If her mother had gone to the ER on Sunday night they may have found out. Her mother became woozy last weekend because the caller was there on Thursday and her mother didn't look good. She had her chemo bag because she brings it home. It was her first new chemo treatment, and the caller had never seen her mother respond like this. It was strange. Any other time when she was getting chemo she felt great because there is so much stuff in there like steroids to prevent a reaction. It was surprising because she was only sick on chemo once and she had been on this one before. She was just off. Then she continued to decline from there. It started before the chemo. She got on chemo that Thursday before Mother's Day, she was on her first chemo treatment at that time. She was sick a couple of days before that. She had the chemo on 06May2021. She started feeling sickly the day she got the injection on 05May2021. When the caller was there she was thinking it was from the chemo. The caller calls her mother every day and she was sounding worse and worse. On Thursday 13May2021 her mother took herself to her chemo follow up appointment and was telling the doctor that she was woozy, dizzy, and not eating. The doctor gave her fluids, and he didn't give her chemo because she was not scheduled for it that day. It was just a follow up appointment. He sent her home. The caller talked to her mother on Thursday evening and she didn't sound good and told her she was woozy and dizzy. On Friday, Saturday, and Sunday she didn't answer the phone. The caller's mother is totally against vaccines, and she had been begged to get the pneumonia and flu vaccine and denied them. She had never responded well to them in her life. Even as a cancer patient they would say she needed it and she wouldn't. She did get the Covid vaccine even though she didn't want to. The caller thought her mother was trying to convince herself it was because of the vaccine because she is so against them, but now she doesn't know. The doctor said he didn't think it would have been Covid because she didn't have a fever. Her mother told her that she had been running a fever off and on, which is not unusual for her mother. The doctor didn't think it would have been Covid. Her mother started sleeping all the time mid week last week. She started not eating at the end of last week. The caller has no idea when her mother had a fever. She hadn't gotten to talk to her mother all weekend. At some point last week her mother had said in a conversation that she had a fever off and on. Then on Thursday when she went to the chemo doctor she had no fever it shows it was 97 something. Her oxygen was fine. Her blood pressure was a bit low, 105 over something, which is low for her. She didn't have a fever last Thursday. Prior Vaccinations within 4 weeks no other vaccinations. Blood work on 13May2021 with unknown result. The patient passed away on 17May2021 after receiving the first dose of the Pfizer Covid vaccine. The caller expresses concern that her mother may have had Covid. No autopsy done. Cause of death was Heart attack. Information on Lot/Batch number has been requested.; Reported Cause(s) of Death: Heart attack

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358396-1	On Thursday, 3/18, I woke up at 3:30 am extremely dizzy with everything moving around me. Sitting up was better but upon laying down, the extreme dizziness returned. I was still dizzy when I finally fell back asleep. In the morning, I nearly passed out & was in a cold sweat when I got up. Gatorade helped. My PCP's office said it was probably a vaccine reaction. I continued to feel rather light headed & neck pressure & by Tuesday, 3/23, I had a lot of body aches, diarrhea, I was definitely light headed & felt like I could pass out. Over the next days, my blood pressure was very unstable. This random blood pressure issue continued & then the Premature Ventricular Contractions (PVC's) began to increase in spite of the Metropolol. They became very frequent causing light headedness & neck pressure. On 4/12, I went to the ER because my blood pressure was 185/50, heart rate 92. Every 3rd beat was a PVC. The cardiologist changed me to Verapamil 120 mg/day. My condition deteriorated especially in the 3 days prior to the ablation. I was short of breath with weak extremities. The ablation was done on 5/25 & the Cardiologist said I was having PVC's every 2 seconds. I am currently recovering from the procedure. Prior to the 2nd vaccine shot, my PVC's were well controlled by Metropolol to 18% from the 21% in February 2019 prior to taking Metropolol. My blood pressure was consistently normal as well.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1359302-1	Had Heart Attack next morning.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360614-1	thought he was having a heart attack; It was all over his body and his left side, the pain/ left side hurts/ spread up his arm and down his hand and shoulders; left side hurts because that was where he got the shot; the first shot almost killed him, he has a defibrillator attached to his heart; This is a spontaneous report from a contactable consumer (patient himself). A 69-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection; Batch/Lot Number: ER8732) via an unspecified route of administration, administered in left arm, on 23Mar2021 (at the age of 69 years old), as 1st dose, single, for COVID-19 immunisation. The patient's medical history included stroke, weak heart, defibrillator/pacemaker insertion, impaired eyesight/ half-blind, pneumonia, headache, and ongoing prostate. The patient had a defibrillator attached to his heart, staples in his chest, and stitches. He got a weak heart from pneumonia which gave him a stroke and led to impaired sight. Patient stated everything else was working. The reason he's blind was because pneumonia hit his heart and caused a stroke along with the medication he was being given, and it happened before getting the COVID vaccine and has nothing to do with the shot. The stroke caused blindness, and they needed to add a defibrillator to his heart because the pneumonia weakened his heart even more than it was already weak. He had a defibrillator attached to his heart 14 years ago and it got took out about 7 years ago because his heart was better. He reported he had to get another defibrillator due a problem from pneumonia. The patient missed his first appointment for the first dose as he had back trouble and a headache. He called the hospital, and they listed off if you're feeling this or this don't come. The patient wasn't feeling well, so he didn't go; he did not seek medical treatment. The patient has compromising conditions; he has a defibrillator and he take blood pressure and heart medications. Every time they tested him, he was negative for COVID and he did not test positive. Concomitant medications included tamsulosin taken for prostate, start and stop date were not reported. The patient was also taking nearly 15 pills a day; 6 in morning, 2 in the afternoon/lunch, 6 at evening time and some at night before bed. He reported that he was pill popping because of his condition and he could sell and still have more than enough for himself to take, that is how bad it is for him. The patient reported about number one and number two shots of COVID vaccine. The number one shot scared him, so he was scared of getting shot number two. He didn't know what the deal of it. He received it at the hospital on 23Mar2021 (Tuesday), and it woke him up on Wednesday morning around 2 A.M (24Mar2021) and he thought he was having a heart attack. The patient wanted the second shot, but he didn't want to get it. He wanted to know whether you have to take the first shot over again or can you take the second; he heard the second shot was worse. He missed his appointment on 15Apr2021 because the first shot scared him, and he panicked. The patient stated that the first shot almost killed him, he has a defibrillator attached to his heart, and he was scared to get the second. The patient wanted to know what the deal was, if he can take second dose safely. He stated no big deal, and he's leery after the first shot woke him up. He had a pain from Wednesday morning to Sunday afternoon, stated he had a pain grade of 6-12. The patient also stated that he has been going crazy with other things, staying away from other things, with the condition he's in, he's blind, and he stayed in the house. When he went out, he was covered. The pain lasted Wednesday through Sunday, he didn't go anywhere and makes precaution to make sure not to catch something, he's always masked and always home. The patient reported that he was having pain at times when he touches his side. When he goes to bed, he sleeps on his right side with his arm across his body laying on a foam block because that side hurts. He clarified that his left side hurts because that was where he got the shot. He was surprised, the pain was so sharp, he thought he was having a heart attack. It came from his elbow, started there and spread up his arm and down his hand and shoulders. His left side hurt when he touched and pressed down, it was a pain of 12. He thought he was having a heart attack, and it scared him, that's why he didn't get the second shot. He heard the second one was worse than the first one. If the first one made him feel he was having a heart attack, the second one would surely kill him. He was worried so he decided to stay home. He felt like a kid staying home from school. The pain

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				went away, it just scared him for how he woke up. If he had a pain grade face in the hospital, it was off the chart. He knew how he felt and how he looked, it would be off the chart. He thought in his mind he was dying, felt like he was having a heart attack, like he was dying. It took a little bit of time, he had to calm down and find where the pain was coming from, and where it was going. Pain was coming from his elbow, across his chest and hitting his defibrillator. Patient stated this was the reason he felt he was having a heart attack. The defibrillator woke him up, it had an effect on it, it woke him up and scared him. They had to put the defibrillator in because he needed it for his heart. He thought he was having a heart attack after all this, he was bugging. His son came in, and he told his son that he was in pain. His son told him not to get the shot and believed this was why the patient was hurting. His son said the vaccine and the defibrillator caused him to feel like he's having a heart attack, the shot did something to his elbow which caused the pain and when it hit, it hit everything and he had a pain grade of 20. It woke him up and scared him. He won't say what he wanted to say, it is personal, but it scared him that much he wanted to go there. The patient was supposed to get his second dose 15Apr2021 because the first shot scared him, and he panicked, he did not because he was scared to death. The patient reported that everything began on Wednesday, the pain was gone, and he has recovered completely. Patient stated his pain grade was a 6-12. The pain in his elbow has recovered completely. He stated his elbow showed pain when it gets cold or rains, when it gets wet. Patient wanted to make sure if he gets the second shot, does he have to get the first shot again since he missed the second shot appointment. Everybody was saying to get the COVID vaccine, to prevent him from getting COVID, they wanted everyone to get vaccinated. He was unable to read his vaccine card because he was half-blind and will have someone else look at it. The patient missed his second dose appointment due to the effect of the first dose of the vaccine; he had a bad reaction from the number 1 shot and that was why he did not get the number 2 shot because of him being compromised due to his condition and the medications he takes. He had the first dose on 23Mar2021 and scheduled to get the second dose on 25Apr2021 (more than 21 days). He believed the ingredients combined this caused it, when he had the event he thought that it did bother his defibrillator, he had pain that made him think he was having a heart attack. That with the meds it may have added to the pressure he received when he got the shot, where he got the shot. His left side was bothering him, he thought he had a heart attack; his defibrillator was thumping, and he had pain that hit his elbow and his defibrillator woke him up. He knew it had to do with COVID shot. It was all over his body and his left side, the pain. His heart medication and blood pressure medication were nothing different. He had pain in his side, that he does not normally have which branched out from the elbow, to the hand, to the defibrillator. His left side was sore and he could not lay on it and could not touch it since it was so painful. Patient confirmed the pain was all down the left side and he got the vaccine in his left arm. The only last effect he was having is that he was afraid to get that second shot, he was afraid to go to sleep as he won't wake up after getting the 2nd shot or how he will going to react to it. He was paranoid in his mind to get the second shot. He reported that everything was wrong with him and that the shot had to fight with his medications and his body pain for it. He reported his body is paying the price. He felt like he was having a heart attack, pain going up and down arm, his fingers felt like needles going into his hand, like life was going back through his hand. His pain went to his chest his face was nowhere on the pain chart, his pain was like a 16 on a scale of 1 to 10. When he woke up that night it was like a 20, then if he touched his arm the pain was like a 14-16. The patient could not sleep, he could not sleep on his left side. Patient had to put a foam pad on his left side he got from his friend or sleep on his right side. That started Wednesday morning at 2 A.M to Sunday morning, he was surprised when he woke up that Sunday, he was not in pain when he woke up on his back. Patient reported he was half blind and can't find his medications. He reported he put his medications down earlier and was not sure where they were.nAround that time he went to the hospital due to breathing issues, problems breathing. He went in twice and they discharged him on their own but, he had more problems breathing. What he did not know at the time he had because he did not look at the discharge paper and no one explained them to him was that he had Pneumonia when he went to the hospital. The outcome of the events vaccination site pain, heart attack was recovered on unspecified date in 2021; while for the remaining events was unknown. Information on Lot/Batch number was available. Additional information has been requested.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	**1361131-1**	s/p 2 doses of Covid-19 vaccine. Pt presented for weakness, SOB, fatigue progressive over the past month prior to admission. Found to be pancytopenic with bone marrow biopsy consistent with MDS. He was started on chemo but stay was complicated by neutropenic fevers, epistaxis, retinal hemorrhage, AKI, fluid overload, hypoxic respiratory failure, atrial fibrillation with RVR, and shock. He ultimately had a heart attack while admitted and was transitioned to comfort care after medical interventions could not stabilize hemodynamics.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	**1361543-1**	18 year old female suffered a heart attack/swelling of the sack around the heart die to the second Pfizer vaccine. Spent two days in the hospital/cardiac wing. She is still being monitored by doctor to this day.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	**1361858-1**	Admitted to the hospital for 5 days after ER visit. Had a heart attack. Was diagnosed with spontaneous coronary artery dissection.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1362305-1	Massive heart attack. He was in Icu with a ECCMO and Impella machine. The highest life support was going to get a heart transplant but hes life ended with a stroke while under sedation for 5 days
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1365130-1	PT had myocardial infarction 6 days after 2nd Pfizer dose
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1365480-1	As of 6/1/2021, pt presented with 3 weeks progressively worsening dyspnea on exertion and associated lower extremity pitting edema up to hips and was found to have acute bilateral pulmonary emboli, including a large thrombus seen in the left main pulmonary artery. Also admitted to nausea, orthopnea, PND, chronic leg swelling no worse than usual, and a productive cough with creamy white sputum.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1366517-1	I had a mild heart attack on Sunday 5-30-2021. Because I have had the covid vaccine i was told I should report having the heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1367198-1	heart attack; COVID; COVID; This is a spontaneous report from Pfizer. A non-contactable consumer (patient wife) reported a male patient of unspecified age received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via unspecified route single dose for COVID-19 immunization on an unspecified date. The patient medical history was not reported. The patient's concomitant medications were not reported. The patient had COVID. The patient had recently had a heart attack and was hospitalized for two weeks. Lab data included positive COVID 19 test. Outcome of the events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1367997-1	Massive Heart Attack resulting in death.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368900-1	25 Apr: Heart attack. Treatment: Stent. Cause: Original diagnosis was determined to be a SCAD. Second opinion said it was more heart disease, plaque related.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1370585-1	"having a heart attack might feel like; tightening around upper body especially around the base of heart; inflammation; heart beat became rapid; short of breath; This is a spontaneous report from a contactable consumer. A 28-year-old female patient received the second dose of bnt162b2 (Pfizer-Biontech COVID-19 vaccine) via an unspecified route of administration in left arm on 18May2021 04:15 PM (Lot Number: EW0165) at single dose for COVID-19 immunization. The patient's medical history included penicillin allergy and migraines/psoriasis. The patient was not diagnosed with COVID-19 prior to vaccination. The patient's concomitant medications were not reported. The patient previously received the first dose of bnt162b2 (Pfizer-Biontech COVID-19 vaccine) via an unspecified route of administration in right arm on 27Apr2021 04:15 PM (Lot Number: EW0175) at single dose for COVID-19 immunization. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient had tightening around upper body especially around the base of heart, accompanied by inflammation. Her heart beat became rapid and she was short of breath. The event start date and time was reported as 18May2021 07:30 PM. It was also reported this happened ""4.5 hours after injection"". The event lasted 25 minutes. The patient felt what she assumed having a heart attack might feel like. The events were reported as non-serious. The patient did not receive treatment. The outcome of event was resolved. The patient has not been tested for COVID-19 since the vaccination."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371625-1	"Per Client received COVID 19 in right arm on 5/24/2021, soreness at injection site on same day of vaccine. On 5/25/2021 around 4 am, started having chills and headache. On 5/26-5/27/2021 headache worsened and by Friday on 5/28/2021, along with headache, left sided pain in chest and arm. Per patient was taken to ER by wife and admitted to hospital on 5/28/2021. Per Client, was told first by hospital that he was having a heart attack. Client reported having labs collected, EKG, Catheterization and Ultra Sound. Per Client, later diagnosed with ""myocarditis"" and is now taking multiple mediations. Per Client was discharged from hospital on 5/29/2021, that evening. Will be following up with PCP in one week."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371836-1	Received vaccine on 3/26/21 by 3/27/21 in the afternoon, arm became real sore. On 3/28/21 started running a 102 temp with body aches, by 3/29/21 whole arm was sore and that night moved into the chest area. In the middle of the night pain was unbearable and took him to hospital where we were told he was having a heart attack. Transferred him by ambulance to Regional hospital.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371933-1	On May 19th at approximately 10-1030 pm. My father suffered a heart attack with no warning and died instantly. He was fine all day long, fine since the second shot. We don?t believe the vaccine was the cause but maybe it jumpstarted something. We wanted to alert someone for knowledge or research. We did not have an autopsy.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1373772-1	I experienced 2 heart attacked within 3 days of receiving my second PFIZER vaccine; This is a spontaneous report from a contactable consumer (patient). A 42-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as single dose for Covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously took the first dose of bnt162b2 on an unspecified date (Batch/Lot number was not reported) for Covid-19 immunisation. It was reported that the patient needs to speak to someone around the covid vaccine. The purpose of this dialogue was that he would like an additional insight to side affects. He experienced 2 heart attacked within 3 days of receiving his second Pfizer vaccine. All his tests have come back normal as he is an extremely healthy 42yr old male that workouts 5 days per week and runs around 10-15 miles per week. Outcome of the event was unknown. Information about batch/Lot number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1375948-1	STEMI heart attack, clot in right coronary artery, 3 days in hospital 4/10/21 to 4/13/21
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381068-1	Shingles; Heart attack; He might have some bruises on his rib cage; This is a spontaneous report from a contactable consumer (patient). This 57-year old Male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) at single dose for COVID-19 immunisation on 05Apr2021. Relevant history included Shingles. Relevant concomitant drug was unknown. The patient had a heart attack on 13May2021 for which he had to take an ambulance and thought he might have some bruises on his rib cage. He then had the second dose on 18May2021 and he was not aware he had a shingles outbreak on 16May2021. The patient stated that he had internal shingles, which was different from what he previously had. He only had a little rash, which was not that bad on the outside, but experienced much severe pain. He would like to know how having shingles may affect the second dose of the vaccine. The patient stated he had a heart attack with stent placement, so he was unable to get his second dose of the product around that time. Since then, caller stated that he started getting shingles again, in the same spot that he has had it before, and it showed up around 16May2021. Despite the inside shingles starting on 16May2021, the patient was nearing the 7 week mark to be able to get his second dose of the product, so he went ahead and got it on 18May2021, and by the next day, 19May2021, he was showing the physical signs of shingles as well. The patient stated that if he did have an adverse effect from the second shot, he would not have been aware of it, because he felt so terrible from having had a full fledge heart attack a few days prior. The patient stated that he knew for a fact that his shingles started flaring up on 16May2021 because he thought initially that he maybe had a blood clot because of the pain in his side, and the shingles didn't initially dawn on him, until a few days later when it started spreading out like tentacles. The outcome of events was unknown. The information about lot/batch number has been requested.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				chest pain; shortness of breathe; having difficulty standing; Thought she was having a heart attack; O2 saturation decreased; Another lab (she could not identify) that was high; This is a spontaneous report from a contactable consumer (patient). A 48-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Arm Right on 01May2021 (Lot Number: EW0175) as 2ND DOSE, SINGLE DOSE for covid-19 immunisation. Patient took the first dose in Arm Right on 10Apr2021 (Lot Number: ER8730) for covid-19 immunization, and experienced hand pain, skin tightness, difficulty in standing, pain, heaviness in arm, back pain, walking difficulty. Vaccine Administered at (Name) Facility was No. Medical history included, sickle cell from 01Sep1972 and ongoing, ongoing penicillin allergy since she was a kid, ongoing drug allergy to other medications. The patient's concomitant medications were not reported. Patient stated she got the second shot on 01May2021 and she did not experience the funny feeling and had nothing at the injection site. Sunday was okay. Monday morning around 7am she started having severe chest pain and shortness of breathe and couldn't breathe. It was getting more and more severe. She had an appointment and the Nurse Practitioner said next time don't stay home and go to an ER if you feel all that pain. So on Tuesday she said let me get out of the house and go to the appointment. Someone that understood saw her and thought she didn't look well and ambulance people said she did not look well and they wanted her to go to the ER. She said she would watch it because she had a similar reaction with the first one but it was in her back. They checked her out and said it is the vaccine because she was not having this severity of anything before and they wanted to take her to the ER. They took her information and she said let me watch it and see. She continued to her appointment and it got worse and worse and in the evening after the appointment they had to take her to the ER because she thought she was having a heart attack. At the ER they drew troponin, which was normal, and another lab (she could not identify) that was high and they thought she may have had a blood clot so they did a CT with contrast and it was negative for blood cot, so they ruled out a blood clots in her lungs. Patient reported that while she was out for her errands and appointments, someone was concerned for her on the street because she was very short of breath and having difficulty standing. Patient reported that there was a fire department ambulance parked close by. It reported that the paramedics assisted her into the ambulance and took her pulse ox and blood pressure. The paramedics told her that her O2 sat was low and wanted her to go to the hospital via ambulance. Caller reported that she did not want to have to pay the bill for the ambulance, so she declined transport to the emergency room. Caller reported that she want to another appointment. Caller reported that the pain was there and was severe, but she pushed through with the thought in the back of her head that the chest pain would not continue. Caller reported that she kept hanging on to the thought that maybe the chest pain will last the same amount as her back following the first dose of the Covid-19 vaccine. Caller reported that around 4:00 PM or 5:00 PM on 03May2021, the chest pain was not going away and she was concerned for her heart. Caller reported that she was taken over to the emergency room. Caller reported that while she was in the emergency room, she was trying to tell the staff that she had gotten the Covid-19 vaccine. Caller reported that the emergency room staff was more concerned about doing things and wanted to give her aspirin. Caller reported that she refused the aspirin and told the emergency room staff to do lab tests first. Caller reported that her troponin came back and the emergency room staff said that her heart was ok at that time. Caller reported that she was still short of breath and her O2 sat was very low while she was in the emergency room on 03May2021. Caller reported that another lab test was very high. Caller reported that she was not kept overnight in the emergency room. Caller reported that she came home after leaving the emergency room and the chest pain was there during the night on 03May2021. Caller reported that on 04May2021 around midday, the chest pain started subsiding but she was still sore breathing in and out. Caller reported that by Thursday, 06May2021, there was just soreness in her chest and by Friday, 06May2021, she was fine and back to baseline. Caller reported that the emergency room physician informed her that her side effects may be something to do with the Covid-19 vaccine. Caller reported that it has to be the Covid-19 vaccine that caused her side effects. Event chest pain required a visit to Emergency Room, no event required a visit to Physician Office. The outcome of events were reported as recovered on 07May2021.
MYOCARDIAL INFARCTION	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1381082-1	"a lady had worse experience then him and she was in the hospital for 3 weeks; This is a spontaneous report from a contactable male consumer from Medical Information Team. A female patient received bnt162b2, via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. It was reported a lady had worse experience then him and she was in the hospital for 3 weeks on an unspecified date. Reported as: Caller stated he received the first dose of the pfizer covid vaccine and he got a heart attack due to it. He was hospitalized and now he feels like ""garbage"". He said in the beginning he heard in the news that you can get heart attack with the Pfizer covid vaccine. He stated he is not the only one, a lady had worse experience then him and she was in the hospital for 3 weeks. caller wanted to know with the heart attack he experienced with the first dose should he get the second dose. The outcome of the event was unknown. Information about lot/batch number cannot be obtained. No further information expected."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381152-1	pain; heart attack; couldn't talk, the pain was so hard; pain in his left arm; Indigestion; chest pain; small temperature that was one degree higher than before; wiped out tired-extremely exhausted and tired; This is a spontaneous report from a contactable consumer (patient's mother). A 20-year-old male patient received the second dose of BNT162B2 (Pfizer-BioNTech COVID-19 vaccine, lot number and expiry date unknown), via an unspecified route of administration, administered in right arm on 13May2021 at 11:00 as a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient is very strict on his health. The patient is a vegetarian, he is very health conscious. The patient did not receive any other vaccinations within four weeks prior to the first administration of the COVID vaccine. The patient previously received the first dose of bnt162b2 on Apr2021 for COVID-19 immunization and experienced tenderness at the shot site and was very tired. On the morning of 14May2021, the patient had a small temperature that was one degree higher than before and the patient was wiped out tired-extremely exhausted and tired. Then the patient started experiencing chest pain within days of the second dose. The patient woke up on 15May2021 with chest pain that was persistent through 18May2021. On 19May2021, the chest pain got worse. The reporter thought the patient had indigestion so she gave the patient Tylenol, Pepcid, and clear soda and the patient felt a little better. On 20May2021, the patient was clutching his chest and had pain in his left arm. The patient couldn't talk, the pain was so hard. The patient went to the emergency room at 12:00 and the healthcare team said that the patient was experiencing a heart attack (reported time of heart attack was 10:00). The patient was not admitted to the hospital. They said the chemical that the large muscle in the heart makes, it was elevated which was how they determined it was a heart attack. These lab numbers were drawn every three hours and they came down but never went away. The patient had two Troponin draws and they were both elevated. They also did an EKG on the patient which showed a heart attack. The patient was told to see a cardiologist and was sent home. The reporter is watching the patient and the patient is still in a little bit of pain but not as much. The patient went to his primary care provider on the day of the report and the doctor doesn't see this as a displaced issue. The doctor does not know what would cause this in the heart. The patient is to see the cardiologist on Tuesday, 25May2021. The reporter is unsure if this is related to the vaccine but it was almost a week after the patient's second dose. The outcome of the event small temperature that was one degree higher than before was recovering and the outcome of the event wiped out tired-extremely exhausted and tired was not recovered. The outcome of the other events was unknown. Information on the lot/batch number has been requested
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381180-1	Heart attack related symptoms; Severe chest pain; Numbness and tingling in the left arm, face, and legs; Numbness and tingling in the left arm, face, and legs; Very elevated heart rate and blood pressure; Very elevated heart rate and blood pressure; This is a spontaneous report from a Pfizer sponsored program.. A contactable consumer (patient) reported that a patient of unspecified age and gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number was not reported), via an unspecified route of administration, on 02May2021, as second dose, single dose, for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient received the second dose of the vaccine on 02May2021. The patient had sickness 12 hours after (May2021) with very elevated heart rate and blood pressure. 2 weeks after the vaccine (16May2021) when the patient was fully immunized, the patient began to experience severe chest pain, and numbness and tingling in the left arm, face, and legs. The patient was fearing that he/she was having heart attack related symptoms and was rushed to the emergency room (ER) for all events. The patient was wondering if he/she could speak to anyone in regard of billing for the hospitals bills from this. The outcome of the events was unknown. Information about lot or batch number for the suspect product will be requested in follow-up attempts.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381197-1	About 2 weeks after second dose, experienced heart attack with complete blockage of LAD artery, requiring cardiac catheterization with two stents.; This is a spontaneous report from a contactable consumer (patient). A 35-year-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration, administered in arm left on 29Apr2021 12:45 (Batch/Lot Number: EW0179) as single dose at the age of 35-year-old for COVID-19 immunisation, administered at School. Medical history included pre-diabetic. Patient had not COVID prior vaccination. Concomitant medication(s) included budesonide, formoterol fumarate (SYMBICORT, Inhaler) taken for an unspecified indication, start and stop date were not reported. The patient previously took garlic [allium sativum] and experienced drug hypersensitivity. Vaccine history included bnt162b2 (BNT162B2), dose 1 in right arm on 08Apr2021 02:30 PM (Batch/Lot Number EW0158) for COVID-19 immunisation. No other vaccine in four weeks. About 2 weeks after second dose, on 12May2021 the patient experienced heart attack with complete blockage of LAD artery, requiring cardiac catheterization with two stents. The event resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness. The event resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization, life threatening illness. The event outcome was recovered with sequelae. The patient was hospitalized for the events for 4 days. The patient underwent lab tests and procedures which included: Sars-cov-2 test (nasal swab): negative on 14May2021. Therapeutic measures were taken as a result of the event, which required cardiac catheterization with two stents.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381931-1	Minor intermitting chest pains started about 10 days after 2nd shot and continued to increase in duration
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382230-1	"On 3/20/21, patient was seen in ER. Patient with c/o chest pain, body aches, fever, diarrhea, vomiting blood, and ""pain from head to toe."" Patient transferred and diagnosed a heart attack with cardiopulmonary shock. Patient received heart catheterization. On 5/2/21, patient again seen in ER at for SOB and low blood pressure. Patient again transferred to. On 6/4/21, patient was seen by family practitioner. Patient c/o pain to medial joint line of left knee."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1384578-1	"Heart attack; This is a spontaneous report from a contactable consumer. An 82-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) unknown dose number, via an unspecified route of administration, administered in arm on an unspecified date (Batch/Lot number was not reported) (at age 82 years old) as single dose for covid-19 immunisation. There was no relevant medical history. The patient's concomitant medication was not reported. The reporter wanted to report a possible connection to an adverse event from the Pfizer COVID vaccine. The patient had the vaccine in either January or February and last week he had a heart attack. The reporter stated that he was okay. He was not completely ""out of the woods"" right now but he was extremely healthy and what had happened was kind of unusual. After this, the patient was given some kind of statin (unspecified). Since the heart attack, he had a lot of tests but the reporter didn't know. As for the treatment, the reporter responded that ""Yes, they are having there. They are under the care of doctor now."" Outcome of the event was unknown. Information about lot/batch number has been requested."
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1384631-1	thought it might be a heart attack; Sharp pain in center of chest. Noticed mild pain first; This is a spontaneous report from a contactable consumer (patient). A 51-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), via an unspecified route of administration, administered in left arm on 26Apr2021 09:30 (Batch/Lot Number: ew0167) (at the age of 51 years old) as 2nd dose, single dose for COVID-19 immunization. Medical history included T1 diabetic. Concomitant medications included insulin lispro (HUMALOG) and colecalciferol (VITAMIN D [COLECALCIFEROL]). The patient received the first dose of BNT162B2 in left arm on 02Apr2021 09:30 (lot: er8734) for COVID-19 immunization. Facility where the most recent COVID-19 vaccine was administered was in Pharmacy or Drug Store. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 27Apr2021 22:30, the patient experienced sharp pain in center of chest. Patient noticed mild pain first, he considered going to hospital at peak, thought it might be a heart attack. Patient didn't have any other symptoms and it subsided so he didn't think to do anything. There was no treatment for the events. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The outcome of the events was recovered on unspecified date in Apr2021.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1387778-1	diagnosed with cardiomyopathy; heart attack; difficulty breathing and chest pressure; difficulty breathing and chest pressure; This is a spontaneous report from a contactable consumer. A 19-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as 1st single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Event took place after use of product. The patient was in great health and fitness. The patient received the 1st dose of Pfizer COVID vaccine and within 48 hours, he was having difficulty breathing and chest pressure. The patient was admitted to the Emergency Room (ER) with a heart attack. He was diagnosed with cardiomyopathy and admitted to hospital for 7 days. Troponin level was between 9-10 for 2 days straight. The patient will not be getting the 2nd dose of vaccine. The outcome of the events was unknown. Information about batch/Lot number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388323-1	Pfizer-BioNTech COVID-19 Vaccine EUA - Chest Pains radiating to back; headache; shortness of breath; vomiting; sweating; dizziness; faint-like feeling - symptoms began 27 April 2021 and continued to 28 April 2021; went to Emergency Room 28 April 2021 @ 6:30am; diagnosed with Heart attack; Carthirization required; 6 days hospitalization Hospital.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1389221-1	Strong chest pain diagnosis PERICARDITIS arritmia and heart attack per EKG MRI and CatTter
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1390055-1	Heart attack in right carotid artery. Severe chest pain, shortness of breath, clammy, sweat for about 45 minutes. Then irregular heart beat and significantly high blood pressure (over 190). Stent put in.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1390761-1	heart attack; cardiac problems; inflammatory response; chest pain; fatigue; diarrhea almost every day since the shot, except 2 or 3 days; pain; stomach pain/had a stomach ache in the pit of my stomach like I had a virus; Pain in Ribs; pain in her shoulders; This is a spontaneous report from a contactable consumer (patient). A 68-years-old female patient received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot Number: EN6206), via an intramuscular route on 08Mar2021 (at the age of 68-years) as 1st dose, single dose in the left arm for COVID-19 immunisation. The patient medical history included a list of allergies to various medications. She has a anaphylactic type reactions with contrast, iodine, and opiates, cardiac disorder, bladder infection, immune system problem, carcinoid tumour, severe pneumonia after being in contact with people from South America on Dec2019, experienced 104¦F fever, vomit and GI tract infections, it was resolved after sleeping for 3 days and drinking liquids and irritable bowel, tubular adenoma. Concomitant medications were not reported. The patient previously took oral steroids, oral yeast infection medication, and tetracycline cause blisters all over to form. On unspecified date, the patient experienced diarrhoea, fatigue, chest pain, and pain in between ribs, Approximately 5 or 6 hours after vaccination she experienced pain in her stomach and ribs, this continued for up to 36 hours after vaccination, then, she experienced intermittent episodes of diarrhoea. Had also felt very tired, she did not wanted to went outside. Patient took BENADRYL for these symptoms. It was reported that patient had cardiac problems (did not mention the exact condition), after receiving the PFIZER-BIONTECH COVID-19 vaccine she felt pain in her shoulders, thought she was about to had a heart attacked. Due to her heart condition, many medications caused arrhythmias, she was unable to took muscle relaxers, pain medicines, or FLEXERIL. The patient had a history of immune problems (again, did not clarify what conditions), experiences frequent infections and had to used (unidentified) antibiotics, some antibiotics caused GI discomfort and infections. She was thinking that by the time the vaccine dna mixes with her dna. Asks for a resource where she could look up information. After having antibiotic-related as she ate yoghurt and ate a special diet of probiotics. She had a carcinoid tumour that doctors could've found. Patient wants to knew that she was having issues with her stomach and wants to knew how long would this went on. Got the shot on the 8th and it was been 3 weeks. Wants to knew if she could've took buttermilk since it puts the good bacteria backed into the stomach. Patient stated that irritable bowel that did not went away and researched this to helped herself and found foods to heal. She had a carcinoid tumour that they can't got to because she can't took contrast. They gave me contrast at 40 years old and it blew me up liked a blowfish. Patient started doing these shakes and about 6 weeks later, her diarrhoea quits but still had diarrhoea off and on. She bad reactions to antibiotics all the time since it gives me diarrhoea. The stomach ache went away but the diarrhoea continued. She had the diarrhoea almost every day since the shot, except 2 or 3 days. Back in Dec2019, they thought she had COVID since she had a large amount of antibodies so may not needed the second shot (as reported). She had bad diarrhoea after her first COVID vaccine for 10 days. After her second vaccine, it went away. She thought the second shot balanced it out. The outcome of the events was unknown. Follow-up (25Mar2021): This is a follow-up Spontaneous report from a contactable consumer. This consumer reported that no adverse event coded. Follow-up (31Mar2021): This follow-up contains no new safety information. Follow-up (07Apr2021): This is a follow-up Spontaneous report from a contactable consumer. This consumer reported that no new event (Not Coded).
MYOCARDIAL INFARCTION	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.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391928-1	On Friday patient woke up with severe chest pain. He had to be taken to the emergency room. His troponin levels were above 1300 which indicated a heart attack so they admitted him to the hospital overnight. However, the blood work indicated an infection and Ibuprofen was the only medicine that helped with the pain. While at the hospital a series of tests were done to find out what was going on. Once the patient was stable enough he left the hospital and he is now undergoing more tests and getting his medical records transferred to the doctors here. We are still in the process of finding out the exact issue and will hopefully get some answers soon.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391966-1	Heart Attack on May 9th
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1392762-1	Extreme fatigue, heart pains, dizziness,foggy head, heart attack, blood clots and the list goes on
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394454-1	Vaccine at about 4pm Heart attack 7pm Stent placed Full body hives, still persistent 2 months later

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395045-1	Myocardial infarction RCA with immediate angioplasty. 100% occlusion. CFX and LAD totally clear. Initial troponin ~5.7 x ULN.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1397251-1	2nd dose of vaccine given 4/19/21. Developed URI symptoms (congestion) shortly after which coincided with young kids having URI as well. On or around 5/10/21 he began noticing exertional chest pain and tightness. Symptoms progressed to occurring with less exertion. Admitted 6/2/21 with late-presentation anterior STEMI, underwent emergent angioplasty of multiple lesions.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1398571-1	having a stroke or heart attack; high BP/Blood Pressure shot up to 210/110; back, shoulder and chest pain in the middle; had back pain; right shoulder pain; pain behind her neck; Vertigo so bad she had to hang on or stay close to things so she didn't feel like she was flipping over; big flare up of the vertigo; nausea/wave of nausea, very nauseous; felt like energy pressure up in her from the waist up; feeling cold and clammy; Cold and Clammy; This is spontaneous report from contactable consumer (reporting for self). A 68-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation solution for injection, Batch/Lot Number: EW0186-H; Expiration Date: 31Aug2021), via an unspecified route of administration, administered in arm right on 14May2021 at 14:35 as 1st dose, single dose for COVID-19 immunization (at the age of 68-years-old). The patient's medical history included ongoing underactive thyroid started 5-6 years ago and family history included relatives have had cancer. Concomitant medication included levothyroxine (LEVOTHYROXINE, 125mcg once a day) taken for hypothyroidism from an unspecified start date (started 5-6 years ago) and was ongoing. It was reported by the patient that on 14May2021, she received first dose of vaccine and the day after her vaccine on 15May2021, when she woke up, early in the morning when she takes her thyroid medication and she usually takes it at 07:00am every day and she keeps on schedule, but her stomach felt like it was going to flip, like she was going to vomit and she started experiencing vertigo and nausea and mentioned that vertigo was so bad she had to hang on or stay close to things, so she did not feel like she was flipping over and mentioned that states it had lessened a little bit, but not much and stated that a week after that, she had a big flare up of the vertigo, and she had to sit down in her wooden rocking chair with big arms and further stated that on 20May2021 it was night-time at 22:30 pm she got a very big wave of nausea and vertigo and her Blood Pressure shot up to 210/110, she had chest pain in the middle, not on the heart but the middle of chest, she was very nauseous, had back pain, right shoulder pain and pain behind her neck and she thought she was having a stroke and mentioned that she felt like energy pressure up in her from the waist up and she got cold and clammy. The patient further stated that she had her son call the paramedic at 23:00 pm and they took her to the hospital on the night of 20May2021 i.e., into the morning of 21May2021 because they thought she was having a stroke or heart attack and she was hospitalized, and they did tests for a couple of days. She reported that she has not gotten the second vaccine and she was not going to get her second vaccine at this time because she was still having the vertigo. She mentioned that she never had problems with high blood pressure, and she thought this might be one of the side effects. She was asking if there is a window of time that she has to get the second dose of vaccine and stated that the back and neck pain started to subside in route to the hospital and she had two more flare ups of chest pain in the hospital but everything besides the nausea and vertigo recovered by the time she was discharged, and they were taking her blood pressure every 15 minutes. The patient stated that she was hospitalized for three Days from 21May2021 to 23May2021. Therapeutic measures were taken to treat event was Nitro and Baby Aspirin and Blood Pressure Pill, Stress Test and went in and checked her heart. Stress Test was IV and Cat Scan or MRI to check her heart, cholesterol was excellent 90 but states they put her on a cholesterol medication to help her heart. Caller mentioned that they said that if anything was to happen, that helps the heart in a stressful condition, and it was a good thing to have on board. On an unspecified date in May-2021, the patient underwent lab tests and procedures which included Coronary angiogram which result showed no signs of obstruction, Cholesterol was 90 (units not provided) and stress test which result showed some Ischemia and on 20May2021 blood pressure was 210/110 (units not provided). The patient was recovered from vertigo on an unspecified date and on 21May2021 patient was recovered from the events of heart attack, back pain, shoulder pain and neck pain and on 23May2021 from hypertension, chest pain, feeling cold, clammy and felt like energy pressure up in her from the waist up and on 02Jun2021 from nausea. Follow-up attempts are possible, further information is expected.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1398586-1	Heart attack; This is a spontaneous report from a non-contactable other HCP via Medical Information Team. A 58-year-old male patient received received BNT162B2 (PFIZER BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Batch/Lot number: not reported), via an unspecified route of administration on unspecified date as an Unknown, Single Dose for Covid-19 immunization. The patient's medical history and concomitant medications were not reported. The reporter stated that another person had a heart attack on the freeway with less than a month of getting the Pfizer vaccine. The reporter stated this patient was a 58-year-old male. The reporter stated, he would never get another one, he hopes to God his son never gets one either, he was telling everyone they should take Loroquine (reporter does not had spelling), not even sure if available. The outcome of the event was unknown.; Sender's Comments: As there is limited information in the case provided, the causal association between the event and the suspect drug cannot be excluded. The case will be reassessed once new information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1399420-1	while waiting the 30 minutes after the injection. i started feeling sharp pain in the heart area and asked the nurse if this was normal. they took my pressure and vitals and had me sit longer to see how i felt. The sharp pain went away but i felt pressure on the left chest area. I thought i was fine since the shooting pain was gone. The nurse said to go to the ER if the sympotms persisted. I felt tired the following 2 days with pressure on the chest. Monday 4/5 i felt more pressure and pain on the left neck and left upper back shoulder and called the triage nurse and said go to the E.R not urgent care.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402568-1	Suffered from a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402578-1	I had horrible flu like symptoms. Back pains, nausea, body aches. I had a heart attack 01/14/2021. Since then I've had heart failure, mini stroke (04/2021), high blood pressure.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402785-1	Patient experienced malaise and shortness of breath within 2-3 hours of getting the shot. Progressed over the next 48 hours and then presented to ER where she was diagnosed with acute hypoxic respiratory failure due to a myocardial infarction. Transferred to care center on 05/15/2021. Patient nor her family desired any heroic measures due to her age and comfort measures were instituted. She expired on 05/19/2021. Prior to the vaccination, patient had been active, going to the YMCA to exercise 4 times weekly. She had no previous history of previous cardiac or respiratory problems.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402997-1	Systemic: Allergic: Rash (specify: facial area, extremities)-Mild, Systemic: Heart Attack-Medium, Systemic: Numbness (specify: facial area, extremities)-Medium, Systemic: Tingling (specify: facial area, extremities)-Medium, Additional Details: Within 2 mins patent started to feel numbness like novocaine & tingling in left ear. left side of face & left side of mouth, ear and facial area were red & warm.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1404274-1	Death, sudden heart attack or blood clot
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1404484-1	Pt passed out unconscious with no pulse. A neighbor who is an ER doctor performed CPR for 5 minutes, then paramedics tried to resusitate Pt and took him to local Hospital ER, less than a mile away. He was not resusitated. No cause of death was found - doctor said it was likely a heart attack.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1404691-1	5 days later went to ER with severe chest pain. Determined it was a heart attack due to blood clot. Was in the hospital for 2 days. EKG, catheter to heart, cat scan, blood tests
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407148-1	Seven hours after the vaccine I began vomiting, followed by diarrhea and indigestion that lasted for two days May 28th and 29th 2021.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1409695-1	heart attack; he ended up having a triple bypass to clear the blockage found.; extremely lethargic; chest pains; This is a spontaneous report received from a Non-contactable consumer(patient). An adult male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 intramuscular on 20May2021 (Batch/Lot number was not reported) as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient previously received first dose of bnt162b2 for covid-19 immunisation and tested COVID positive a few weeks after receiving his first vaccine. Once all virus symptoms were gone, he was advised by the clinic to go ahead and get his second shot (approximately 1 week after virus symptoms cleared). The vaccine was given on 20May2021 and within several days, he was extremely lethargic and experiencing chest pains. During a visit to local urgent care he was told he had had a heart attack. Following an echocardiogram, he ended up having a triple bypass to clear the blockage found. He did have some family history of heart disease but was unaware of any issues with his own health and had not experienced any symptoms prior to this incident. Date of start of reaction/event was 23May2021. The adverse events result in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. It was reported no hospitalization prolonged. The outcome of event extremely lethargic was unknown, of the other events was recovering. Information about lot/batch number has been requested.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1409735-1	died, received the Pfizer vaccine; massive heart attack; she wasn't feeling well; This is a spontaneous report from a non-contactable consumer or other non hcp. A 74-years-old female patient received second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; formulation: Solution for injection, Lot Number: UNKNOWN), via an unspecified route of administration on an unspecified date as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient had vaccine on an unspecified date and within one day, the patient stated she wasn't feeling well. It was reported that she had massive heart attack. The reporter reported that the patient died on an unspecified date and do not know what happened. The patient died on an unspecified date for an unspecified reason. It was unknown weather autopsy was performed or not. The outcome of she wasn't feeling well and massive heart attack was unknown. Request Name: REQ-347122 Product: PFIZER-BIONTECH COVID-19 VACCINE Question: Has anyone reported Heart attack or stroke? Response: Spoke from attached document: In the all-enrolled population of (total N=43,448), the proportions of participants who reported at least 1 SAE during the time period from Dose 1 to the data cutoff date (November 14, 2020) were 0.6% in the BNT162b2 vaccine group and 0.5% in the placebo group. The most common SAEs in the vaccine group which were numerically higher than in the placebo group were acute myocardial infarction (0.02%), and cerebrovascular accident (0.02%), and in the placebo arm numerically higher than in the vaccine arm were pneumonia (0.03%), atrial fibrillation (0.02%), and syncope (0.02%). Occurrence of SAEs involving system organ classes and specific preferred terms were otherwise balanced between treatment groups, including no imbalance overall in cardiovascular serious adverse events. Offered to email for review, caller declined. No follow-up attempts are possible, No further information is expected.
MYOCARDIAL INFARCTION	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1312862-1	Multiple mini strokes; Heart attack; End stage kidney disease; Dizziness; Chills; Nausea; Vomiting; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CEREBROVASCULAR ACCIDENT (Multiple mini strokes), MYOCARDIAL INFARCTION (Heart attack) and END STAGE RENAL DISEASE (End stage kidney disease) in a 71-year-old male patient who received mRNA-1273 (batch nos. 031m20a and 001bz1a) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Type II diabetes mellitus. On 14-Feb-2021, the patient received first dose of mRNA-1273 (unknown route) 1 dosage form. On 15-Mar-2021, received second dose of mRNA-1273 (unknown route) dosage was changed to 1 dosage form. On 16-Mar-2021, the patient experienced DIZZINESS (Dizziness), CHILLS (Chills), NAUSEA (Nausea) and VOMITING (Vomiting). On an unknown date, the patient experienced CEREBROVASCULAR ACCIDENT (Multiple mini strokes) (seriousness criteria hospitalization and medically significant), MYOCARDIAL INFARCTION (Heart attack) (seriousness criteria hospitalization and medically significant) and END STAGE RENAL DISEASE (End stage kidney disease) (seriousness criteria hospitalization and medically significant). The patient was hospitalized on 21-Mar-2021 due to CEREBROVASCULAR ACCIDENT, END STAGE RENAL DISEASE and MYOCARDIAL INFARCTION. At the time of the report, CEREBROVASCULAR ACCIDENT (Multiple mini strokes), MYOCARDIAL INFARCTION (Heart attack), END STAGE RENAL DISEASE (End stage kidney disease), DIZZINESS (Dizziness), CHILLS (Chills), NAUSEA (Nausea) and VOMITING (Vomiting) outcome was unknown. Concomitant medications taken by the patient were not provided. Treatment activities for event was done with heparin, oxygen and patient was on dialysis. Action taken with mRNA-1273 in response to the events was not applicable. 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. However, the patient's past medical history of Diabetes may remain as a risk factor for the events(Mini strokes, Myocardial infarction and End stage renal disease).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, the patient's past medical history of Diabetes may remain as a risk factor for the events(Mini strokes, Myocardial infarction and End stage renal disease)

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL INFARCTION	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1351422-1	patient had a heart attack
MYOCARDIAL INFARCTION	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1380716-1	Missed second dose; Heart attack; heart was racing; stomach bothering him; 101.4 degrees fever; chills; some headaches; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Heart attack) in a 22-year-old male patient who received mRNA-1273 (batch no. 025B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Flu in February 2020. Concurrent medical conditions included Muscular dystrophy. On 21-Apr-2021, the patient received first dose of mRNA-1273 (unknown route) 1 dosage form. On 01-May-2021, the patient experienced TACHYCARDIA (heart was racing), ABDOMINAL DISCOMFORT (stomach bothering him), PYREXIA (101.4 degrees fever), CHILLS (chills) and HEADACHE (some headaches). On 16-May-2021, the patient experienced MYOCARDIAL INFARCTION (Heart attack) (seriousness criteria death and medically significant). On an unknown date, the patient experienced PRODUCT DOSE OMISSION ISSUE (Missed second dose). The patient was treated with PARACETAMOL (TYLENOL) at an unspecified dose and frequency. The patient died on 16-May-2021. The reported cause of death was Heart attack. It is unknown if an autopsy was performed. At the time of death, PRODUCT DOSE OMISSION ISSUE (Missed second dose), TACHYCARDIA (heart was racing), ABDOMINAL DISCOMFORT (stomach bothering him), PYREXIA (101.4 degrees fever), CHILLS (chills) and HEADACHE (some headaches) outcome was unknown. No Concomitant product use was provided This is a case of product dose omission issue. Very limited information regarding this patient's death has been provided at this time. Based on the current available information and temporal association between the use of the product and the start date of the rest of the events, a causal relationship cannot be excluded. Most recent FOLLOW-UP information incorporated above includes: On 01-Jun-2021: Significant follow up received :- Patient died, Reporter email and phone number added, patient's medical history added,events updated; Sender's Comments: This is a case of product dose omission issue. Very limited information regarding this patient's death has been provided at this time. Based on the current available information and temporal association between the use of the product and the start date of the rest of the events, a causal relationship cannot be excluded.; Reported Cause(s) of Death: Heart Attack
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1127237-1	Pt developed sudden-onset of severe left-sided chest pain with heavy pressure, shortness of breath and diaphoresis; pt collapsed and had a period of unresponsiveness lasting approximately 10 minutes. EMS was called and noted significant ectopy as well as frequent NSVT on ECG. Pt was transported to the Emergency Department and subsequently admitted for observation.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1267416-1	73 y.o. male former smoker with PMH significant for coronary artery disease with history of CABG in 12/22/2020, hypertension, hyperlipidemia, type 2 diabetes mellitus, GERD, hypertension, non proliferative diabetic retinopathy, sleep apnea presents to emergency room complaining of generalized fatigue and body aches ongoing for 2 weeks. Patient received Johnson and Johnson COVID-19 vaccine 2 weeks ago. Patient denies any fever or chills. Denies any chest pain or shortness of breath. No nausea or vomiting. Poor appetite. Patient had is the cardiac catheterization rehab post CABG, last session was 1 week ago. Denies any sick contacts. ED vitals stable, afebrile. Patient on room air. Labs remarkable for lymphocytes 15.3, monocytes 10.9, glucose 190, BUN 21, creatinine 1.3, sodium 133, potassium 5.3, chloride 97. Lactate normal at 1.6, troponin 14, Last A1c 6.7 from 12/19/2020. EKG no acute ST wave changes EKG changes. CTA chest no pulmonary embolism seen. Patchy airspace disease of the lungs suspicious for mild to moderate bronchopneumonia. Ultrasound Dopplers of the lower extremity right negative for DVT. COVID-19 positive. Patient received Rocephin, Zithromax in ED, ER asked to admit patient the hospital for observation due to ongoing fatigue and body aches from COVID-19 pneumonia.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0995419-1	Shortness of breath, abnormal ECGs, lack of oxygen to the heart, numbness of legs and arms, tachycardia (130-160) for over 12 hours, difficulty breathing, bilateral pin point pain in legs, dizzy, syncopal convusions, fainting, hyperventilation, vomiting, chills, headache, heart pain, fever, kidney pain
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1061608-1	"The patient had her second Moderna shot on Feb 17, 2021. At 3 am the next morning she reported to the ED c/o being ""fluish"" and short of breath. She was found to be hypoxic to the upper 80's on RA, and a CXR was consistent with CHF. She stated she had some off and on chest pain for the last few weeks, especially with exertion. Ultimately it was found that she had an elevated troponin and was felt to have had an MI. She underwent cardiac cath and a stent was placed in a 95% ostial right coronary stenosis. Although she was reported as having had a ""hyperimmune"" response to the vaccine, I can only say for certain she had flash pulmonary edema due to cardiac ischemia that was due to a stenosis in her RCA that had been there for quite some time, but possibly just happened to become critical right after her second COVID vaccine. It would be hard to blame the vaccine, but it is also impossible I guess to absolve it from any role in her MI."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1074003-1	Vaccine was Moderna COVID-19 Vaccine EUA 4 days after receiving the vaccine, two hours after I woke up, I began to have mild chest pain in the center of my chest. After that, the pain started to grow and grow until it was extreme pain, at around an 8/10. The pain radiated from my chest to the undersides of my arms. After two hours of pain, it started to subside and eventually was gone. There was no pain for the rest of the day. The next day, two hours after I woke up again, the mild chest pain returned. Still in the center of my chest, the pain grew into extreme pain again. This time however, it was slightly to the right and as the pain progressed it moved right until after two hours it went away again. The treatment I got at the Urgent Care was an EKG and they told me to go to a hospital. At the hospital, I got Toradol, aspirin and propanolol. My initial Troponin levels at admission to the hospital were 900 and grew to 1300. It lowered for a time, but at the last check, it rose again to 1420 after not getting Toradol for at least 12 hours.
MYOCARDIAL ISCHAEMIA	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"
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1167517-1	chest pain beginning 11:00pm after vaccine given at 9:30am with subsequently confirmed cardiac ischemia. There was associated shortness of breath and fatigue. Patient waited to call on 4/2/2021 and was seen in the office and subsequently sent to the ER after electrocardiogram was abnormal.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1175055-1	Patient noted to be diaphoretic, tachypneic at regular rhythm, increased work of breathing, rales LUL, vocalizing with end expiration, O2 Sat 67% - was placed on 15 L nonrebreather with O2 Sat recovering to 96% - sent out via EMS to hospital where admitted for acutehypoxic respiratory failure from aspiration event. treated for possible PNA with IV antibiotics and discharged on oral antibiotics - on admission had elevated troponin to 0.9 with no EKG signs of acute ischemic changes and quick trending downward of troponin - treated with IV heparin but low suspicion for acute coronary syndrome and diagnosis of demand ischemia (type 2 NSTEMI) - discharged on aspirin chewable 81 mg daily
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1229424-1	presented to Hospital Emergency Room by ambulance with complaint of weakness

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1310685-1	Patient presented to ED on 5/3/21 for shortness of breath, diarrhea, and bloody bowel movements, Patient does not occasional cough. Patient diagnosed with COVID -19 infection and GI bleed. Patient did have elevated troponins on admission attributed to demand ischemia from COVID-19 pneumonia and acute GI bleed. COVID-19 infection was treated with remdesivir, oxygen and steroids. Patient improved and was later discharged to home.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1385530-1	Arrived to ED complaining of increased work of breathing, black stool and chest pain. Vaccination prior day incidental to medical findings not suspected to be caused by vaccine. 64 years male with PMH of multiple upper GI bleed secondary, atrial fibrillation, CAD, HTN, HLD, COPD on 2L, morbid obesity, OSA on CPAP who presented to the ED with black stools. Has had multiple endoscopic clips and coils placed in the past. VSS; H/H 7.5/21 on admission. His troponin was elevated and peaked at 1.68. Cath in July 2019 showed 80% proximal LAD, difficult to image secondary to an obese patient, occluded nondominant RCA, moderate disease in a large OM (40% stenosis), large anterior apical wall motion. motion abnormality, EF of 45%. GI and cardiology were consulted in the ED. He was admitted for acute blood loss anemia secondary to GI bleed, likely AVM. While inpatient, he remained afebrile and hemodynamically stable. He required 6u RBC transfusion total during his admission (transfused for <8.0 given ischemic heart disease). GI performed upper endoscopy x2 and removed large amounts of blood clots and placed 4 additional hemoclips to stop the bleeding. Cardiology was also consulted due to elevated troponin in the setting of ischemia heart disease, and inability to have stent placement/antiplatelet therapy due to GI bleeds - recommended conservative treatment, likely type II demand ischemia. He received IV octreotide 50mcg/hr for 4 days, as well as IV PPI 40mg BID.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1403535-1	The patient is a 74-year-old female who presented to hospital with COVID-19 and exhibited shortness of breath. The patient has acute respiratory failure also and was treated with IV steroids. The patient improved throughout stay. She did have elevated troponins and was started on heparin drip, but this was deemed to be demand ischemia.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1407830-1	Non-ST Elevation Myocardial Infarction ED Course as of Mar 30 0128 Tue Mar 30, 2021 0107 Troponin T, Baseline, 5th gen(!): 770 0107 D-Dimer, P: 341 0127 Initial troponin is significantly elevated at 770. Heparin initiated along with aspirin and Plavix for non-STEMI. Contacted for transfer to facility with Interventional Cardiology, she will is accepted to by Dr. She is currently chest pain-free, pulse has improved to 90. She remains hypertensive. D-dimer is negative.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1028101-1	Pt develops left leg pain The day after vaccination in AM subsequently drove approximately 150 miles On his way back stopped at his brothers place for lunch. He then collapsed coning down the steps, EMS started CPR. took him to ER Resuscitated briefly but went into CardioPulm Arrest again and PEA Resucitaion for aprox 1 hour but was unsuccessful. Noted to have Left leg more swollen than Right by 3 to 4 CM presumed to have died from massive Pulmonary embolism and inferior wall myocardial ischemia
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1028452-1	The patient suffered embolic strokes and was admitted to the hospital the day after she received her first COVID-19 vaccination. She has a history of strokes, with atrial fibrillation, but was faithfully taking her Eliquis at the time she suffered these recurrent strokes.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				Hospital course 1/31 ? 2/20/21 1/31 in ED pt was at home when children noticed his lips were blue, ems arrived and found him to be 50% on RA, on Non-rebreather pt got to 78%, covid on 01/26 Shortness of Breath 61-year-old male presents with EMS for evaluation of shortness of breath hypoxia. History is limited due to the patient's current clinical condition and so is primarily obtained from EMS. EMS reports that he tested positive for COVID-19 5 days ago. He began developing shortness of breath yesterday and his family called because his lips and fingers were blue today and he appeared short of breath. On EMS arrival he had a room air saturation of less than 50% so he was placed on nonrebreather with improvement in his saturation to 70% and he was transported to the emergency department. Patient does admit to shortness of breath. He denies any chest pain. He is noted to have a cast on his left ankle and said that he broke his left ankle on 23 December but has not had surgery. He denies any new pain or swelling of the leg. In the ED he was placed on 15L nasal cannula and NRB mask with improvement in SPO2 to low 90s. Additional work up revealed troponin of 1.35, lactic acid 5.8, and d-dimer 14.4. He received dexamethasone and was placed on heparin gtt. 1/31 admitted to ICU Acute hypoxic respiratory failure due to COVID-19 vs heart failure vs PE. CXR with bilateral hazy infiltrates more pronounced in the bases and left periphery and suspected multifocal pneumonia. At risk for PE given LLE immobility in the setting of COVID-19 with significantly elevated d-dimer. RISK of CTA outweighs benefit given AKI and iodine allergy. Continue with empiric treatment with heparin gtt. Admitted to ICU with SO2 in 60s-70s on 15L and NRB. Attempted 50L 95% FIO2 high flow and nasal cannula. Given lasix 40mg IV with good diuresis however SPO2 still remained low 80s with RR 40s and PO2 42 so the decision was made to intubate. Oxygenation improved following intubation, with further improvement following recruitment maneuver and increase in PEEP. FIO2 weaned to 90% with SPO2 remaining in mid 90s. Will continue to wean FIO2 as able. ARDS net protocol as much as possible. Consider prone ventilation and/or epoprostenol if unable to improve . VAP Bundle: HOB >30 degrees; Oral care per nursing standard and on DVT/PPI prophylaxis Sedation: Target Richmond Agitation and Sedation Scale (RASS) of 0 to -2 with propofol and fentanyl. Check baseline TG levels. COVID - 19: Convalescent plasma: Not indicated Steroids: Dexamethasone 6 mg / day for 10 days Remdesivir: Not indicated d/t AKI IL-6 inhibitor: Meets criteria for tocilizumab Systemic AC: Heparin gtt. No signs of bleeding (Platelets and Hb stable). Antibiotics: Start 3 and 7 day course of azithromycin and ceftriaxone, respectively. Elevated troponin Suspect demand ischemia d/t hypoxia; EKG does not show any ischemic changes AKI: Suspect d/t hypoxia in the setting of COVID infection. Urine output and electrolytes acceptable. Closed fracture of left ankle Suffered fracture following a fall on ice in December. Cast was placed on 12/30 by SOS. He was due to be re-evaluated this week for possible cast removal. Inhaled epoprostenol started Considered for ECMO but not initiated due to not a candidate Vasopressors required at times Antihypertensive infusion required at times severe hypoxia with position changes switched from heparin drip to enoxaparin prophylaxis 2/20 discharge summary 61 y/o male admitted to Hospital on 1/31 with hypoxia. He was diagnosed with COVID 19 5 days prior to admission, and had worsening respiratory status. He was intubated after arrival, and was on ventilator for the entire intervening time, until he was extubated on 2/20 at the time of transition to Comfort measures only. Prior to developing COVID 19, he had received his first dose of the Pfizer vaccine, as a member of the school system. He had a fractured L ankle after a fall on 12/31/20, and had a cast in place at the time of admission. He received Tocilizumab on 1/31, and underwent several cycles of prone positioning, beginning on 2/2. He completed a course of Decadron, he received Ceftriaxone and azithromycin beginning on admission, and completed a course of these. Anticoagulation with enoxaparin was utilized due to coagulopathy associated with COVID 19. Vasopressor support was required at times, as well as diuresis for fluid management. He required high levels of sedation to maintain ventilator synchrony, and high levels of ventilator support with high oxygen levels throughout his stay. Tracheostomy was being considered, but family decided that since he was not going to have good recovery, withdrawal of support, and allowing death was the appropriate choice for the patient and for them. He was extubated at 2100 on 2/20/2021. Death was pronounced at 2123 on 2/20/2021. Children were at bedside.
MYOCARDIAL ISCHAEMIA	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1069560-1	
MYOCARDIAL ISCHAEMIA	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1074011-1	Presented to ED 48 h after vaccine with chest pain, found to have pericarditis Develop atrial fibrillation, nSTEMI from demand ischemia
MYOCARDIAL ISCHAEMIA	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1145219-1	Left-sided weakness, slurred speech
MYOCARDIAL ISCHAEMIA	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1148129-1	Syncope, sent to ER for workup and was monitored obs over night.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1237493-1	4/21/21 ER HPI: 57 y.o. female who presents with substernal chest discomfort onset 1 hr ago while walking to her doctor's office. Patient has been having intermittent chest pain with episodes lasting from 15-20 minutes at a time for last month or so. She states he has been increasingly short of breath for last couple of months. She does have a history of sick sinus syndrome with pacemaker and is extremely obese and diabetic. Pain is nonradiating and associated with difficulty breathing but no diaphoresis or nausea. Patient had a nuclear medicine perfusion scan performed on 04/14 2021 that was reported as abnormal with a small perfusion defect in the anterior myocardial wall suggesting ischemia. In process of being transferred to healthcare facility.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299418-1	cough sour throat Pneumonia due to COVID-19 virus Severe sepsis secondary to COVID pneumonia Endorgan dysfunction: Acute respiratory failure with hypoxia Demand ischemia Acute metabolic encephalopathy Antibiotics
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1301098-1	he notes that he work up around 7-7:15am and 10 minutes later, developed a mild burning pain in the center of his chest that radiated up into his throat, jaw and neck. He also endorses feeling discomfort in his shoulders and arms bilaterally. The pain resolved with ibuprofen but he still presented the ED given the similar nature to his prior myocarditis.
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1313722-1	ED to Hosp-Admission Discharged 4/6/2021 - 4/8/2021 (2 days) Last attending ? Treatment team V-tach (CMS/HCC) Principal problem Discharge Summary Admission diagnosis: Primary Admission Diagnosis Hospital Problems POA * (Principal) V-tach (CMS/HCC) Yes Disposition: Home CODE STATUS (LOI): Full Code Consulted Services: cardiology Operative Procedures Performed _ Active Issues Requiring Follow-up needs to follow-up with the cardiology Test Results Pending at Discharge Referrals and Follow-ups to Schedule Patient to schedule follow-up appointment with Primary Care Physician Schedule follow-up appointment in: 1 week Hospital Course HPI: Admitted with episode of ventricular tachycardia with ICD firing x2. Patient was also found to have COVID-19 positive. Hospital Course: Following issues were addressed during this hospitalization Episode of ventricular tachycardia, with ICD firing x2 Ischemic cardiomyopathy with ejection fraction 26% Hypokalemia Seen by cardiology, most likely V. tach triggered in the setting of hypokalemia. His potassium was repleted during this hospitalization. He was discharged with 40 mEq of potassium daily. Currently on amiodarone 200 mg twice daily for 2 weeks and after that 100 mg daily Device interrogation was done Chronic systolic CHF Continue Lasix at home dose Does not appear to be in exacerbation COVID-19 Saturating well on room air Patient completed COVID-19 vaccination on March 11 th Diabetes mellitus type 2 Hemoglobin A1c 5.6 Troponin elevation Most likely due to demand ischemia from V. tach in the setting of chronic troponin elevation. On the day of the discharge patient without any symptoms. Patient was discharged home in stable condition. Advised the patient to take 40 mg of potassium instead of 10 as he is on Lasix 40 twice daily. Patient understood the instructions
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1350545-1	Patient brought to the ED with generalized weakness worsening over prior 2-3 days, states she started experiencing after receiving 2nd dose of Covid vaccine. Found to have a positive troponin, hyponatremia. Stress test revealed reversible myocardial ischemia of the inferior and lateral walls of left ventricle with a large defect size but mild defect severity. Patient underwent PCI with DES placement and was placed on triple therapy with aspirin, clopidogrel and eliquis. Patient presented to ED again on 5/23/21 outcome: patient is brought to ED after a fall and loss of unconsciousness, hit her head with large laceration at back of head, 2 episodes of vomiting, leading to terminal events: brainstem compression and rapid deterioration and CS of 2T preclude meaningful survival
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351579-1	Adverse event: Acute pulmonary embolism, Demand Ischemia, Prolonged Ptt, Thrombocytopenia. Treatment: Eliquis 6 months with follow up with hematology, pulmonolist, and cardiologist
MYOCARDIAL ISCHAEMIA	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395556-1	Death. Ischemic and Hypertensive Heart Disease. No signs. Active and athletic middle age man. Was riding bicycle on a trail, stopped pedaling and dropped dead. Died instantly. CPR was performed. No vitals upon arrival.
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1221058-1	Pt admitted to the ICU on 3/22/21 w/ pleuritic chest pain and shock requiring vasopressors. At time of admission pt had been taking antibiotics for an upper respiratory infection for 3 days. Echo Lv 40-45% upon admission. Pt was determined to have myopericarditis. On 3/24/21 pt was transferred to the cardiac intermediate unit. Endocrine consulted while in the cardiac intermediate unit to control his elevated blood sugars- endocrine team unable to determine if blood sugar is type 1 or type 2. on 3/27/21 pt went into respiratory distress required bipap & high flow nasal cannula and had a fever. Pulmonary consulted at this time- determined to be related to pulmonary edema and not a PE positive for pleural effusion. ID has been negative up to this point. 4/9/21 pt transferred to internal medicine service for work up for fever of unknown origin and continued management. Rheumatology consulted for leukocytosis, anemia, and elevated IgG. Ruled out connective tissue disease, stills disease, and vasculitis. Histoplasma was borderline positive pt has had recent bat exposure. Bone marrow biopsy done on 4/13/2021, ruled out HLH. Bronch done 4/15 to assess for TB, histoplasma, negative results so far. As of 4/15 no recommendations from ID and patient continues to look weaker/fatigued and spikes fever.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1227834-1	Chest pain, Elevated blood pressure, elevated cardiac enzymes, Acute myocarditis
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1262527-1	on the 2nd i had the shot in the left upper arm .. two days later i woke up to violently upchucking pure water after that i when to hospital and was admited i was told after a ekg that i was haveing a heart attack after that have no recolectiom of anything i wake up to a doc telling ,e it was a bad heart attack and had delovped about 5 blod clots in left lung and microcaditis i have been trying since then for a doc to talk to me but so far i been avoided
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1282301-1	Mycrocarditis, truponin levels were at 20, Diahreah , chest pain, back pain -1 werk
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1293585-1	Developed hemophagocytosis syndrome (hemophagocytic lymphohistiocytosis) resulting in hospitalization
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1301219-1	Found to have myocarditis with troponin of 8 after presenting with three days of chest discomfort following the vaccine. Normal echocardiogram.
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1337103-1	PROBABLE MYOCARDITIS.
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1343980-1	Myocarditis with elevated cardiac biomarkers and decreased EF. Patient had chest pain on admission along with nausea, vomiting and diarrhea.
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1350424-1	Patient presented with a myopericarditis with elevated troponin, normal LV function, normal coronary arteries.
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1350646-1	Jannsen covid-19 vaccine EUA Shortness of breath. Leg swelling. Myocarditis, fluid retention, fatigue, weakness. Heart failure symptoms
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1365209-1	Patient received Covid vaccine in March (unknown date). He subsequently developed a burning chest pain and cough. Diagnosed with Covid May 20,2021. Admitted to the hospital May 27th with new stroke symptoms and mycoarditis/NSTEMI
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1367760-1	Pt presented with 1 week of progressive fatigue, dry cough, chest pain, nocturnal fevers. Presented to ER on 5/30/2021, hs troponins were 71 twice. Discharged with advice for symptom management with antipyretics. Symptoms worsened and pt returned to ER, worsening CP and fevers up to 100+F. Repeat troponins 1100 to 1200+, elevated LFTs, diffuse 1mm J point elevation on EKG Cardiac MRI 6/1/2021: IMPRESSION: 1. Patchy subepicardial left ventricular delayed enhancement, greatest in the basal inferolateral wall, compatible with myocarditis. Normal left ventricular size and systolic function. LVEF = 52%. 2. Patchy consolidation in the right lower lobe consistent with pneumonia. Small right pleural effusion. 3. Mild splenomegaly. CT chest RLL consolidation, splenomegaly
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1382281-1	24 yo G2P1001 at 34w5/7 with EDD 7/9/21 received TDAP vaccination and Janssen COVID vaccination on 6/2/21. Presented to hospital 6/4/21 complaining of squeezing chest pain. Elevation of troponins. CT chest negative for pulmonary embolism or other pathology. Maternal echocardiogram negative for cardiomyopathy or structural heart disease. Leading diagnosis myocarditis with patient treated with IV steroids and hospital observation. Discharged home safely 24 hours following admission.
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1395661-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1398427-1	PERICARDITIS; MYOCARDITIS; This spontaneous report received from a Pfizer on 04-JUN-2021 via a patient concerned multiple patients of an unspecified ages. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose, start therapy date were not reported for prophylactic vaccination. Batch number was not reported. The company is unable to perform follow-up to request batch/lot numbers. No concomitant medications were reported. On an unspecified date, 19 patients developed pericarditis and myocarditis was reported. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the pericarditis and myocarditis was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: 20210616660-covid-19 vaccine ad26.cov2.s-Myocarditis, Pericarditis. This event(s) is considered unassessable. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s).

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1400273-1	Patient presented to ED on 6/13/21 with left sided chest pain for 3 days with radiation to left arm and left neck, improved with nitroglycerin sublingual. EKG unremarkable, troponin 0.23. D-dimer 0.66, CT angiogram chest negative for PE. Patient admitted and cardiac workup done, CT coronary score 0, new onset atrial fibrillation started on Multaq and Eliquis, Pt converted to NSR, chest pain improved. Final diagnosis = chest pain due to myopericarditis, elevated troponin due to acute myopericarditis unlikely NSTEMI, new onset paroxysmal atrial fibrillation.
MYOCARDITIS	COVID19 (COVID19 (JANSSEN)) (1203)	JANSSEN	1403397-1	Myocarditis. Chest pain, shortness of breath, pain when leaning over or increasing heart rate, referred pain in left shoulder
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0953557-1	Myocarditis; A spontaneous report was received from a physician, concerning a 18-year-old, male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced myocarditis. The patient's medical history was not provided. No relevant concomitant medications were reported. On 30 Dec 2020, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 (lot number: 037K20A) intramuscularly in the left arm for prophylaxis of COVID-19 infection. On 31 Dec 2020, within 24 hours of vaccine administration, the patient develop symptoms of myocarditis and was admitted to the hospital. No treatment information was provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome for the event, myocarditis, was not reported.; Reporter's Comments: This case concerns an 18-year-old, male, who experienced a serious unexpected event of myocarditis. The event occurred approximately 2 days after first dose of mRNA-1273, Lot# 037K20A administration. No information available regarding medical history and concomitant medications. Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0963213-1	Patient had 4 hours of chest pain 3 days after vaccine. EKG showed STEMI. Troponin elevated at 4.8. Patient sent for cardiac catheterization and results pending. At this time suspect myocarditis, but STEMI not yet excluded
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0965715-1	viral cardiomyopathy, myopericarditis, weakness, chest pains
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0968687-1	Acute myopericarditis Chest pain developed 24 hours after vaccine administration. Presented to emergency department 48 hours after vaccine administration. Symptoms resolved after an additional 24 hours (72 hrs after vaccine) with administration of ibuprofen three times daily.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0977242-1	Patient developed myopericarditis requiring hospitalization four days after receiving second dose of moderna vaccine. He developed left arm pain and numbness as well as substernal chest pressure. He was admitted.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0983362-1	7 Days after receiving the vaccine, patient developed generalized myalgia, fever, shortness of breath, and chest pain. Patient admitted to our hospital on 21JAN and diagnosed with myocarditis. Difficult to elucidate whether the myocarditis was secondary to Moderna vaccination or other viral etiologies.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0989822-1	"The patient had a very severe side effect profile from the second dose of vaccine: ""worst I've ever felt"" with myalgia, headache, fever and fatigue. This subsided and then on day 3 he developed severe substernal chest pain and came to ER where his hs-cTnI was > 2000 ng/L and peaked at 6700 ng/L. His ECG, echo and cardiac cath were normal but MRI showed evidence of myocarditis with mild left ventricular dysfunction. He is doing well clinically and we are managing expectantly. This appears to be immune mediated myocarditis from the Moderna vaccine"
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0992123-1	Acute myocarditis with chest pain and elevated troponin with EKG ST segment changes, muscle aches
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	0993137-1	pt presents with mid epigastric chest burning x1 hour after breakfast, 21 yo M w/ no known chronic medical conditions, presents w/ 2 hours MEG/central chest burning. Initial a/w mild SOB and LH; by time of my eval, LH/SOB had resolved and CP was 4/10. Pts sx completely resolved w/ GI cocktail. No exertional sx. No recent infectious sx. VS w/o acute abn. Well-appearing, NAD. Normal CV exam; no edema. LCTAB. PT transferred for troponemia.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1001632-1	Myocarditis; A spontaneous report was received from an healthcare professional, regarding a patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced Myocarditis. The patient's medical history was not provided. No relevant concomitant medications were reported. On an unknown date, prior to the onset of the events, the patient received their first of two planned doses of mRNA-1273 intramuscularly for prophylaxis of COVID-19 infection. On Unknown date, after receiving the vaccine, the patient experienced Myocarditis. Treatment for the event was not provided. Action taken with the second dose of mRNA-1273 in response to the event was not reported. The outcome for the events, Myocarditis is Unknown.; Reporter's Comments: This case concerns a patient, who experienced a serious unexpected event of myocarditis. The event occurred on an unspecified date after first dose of mRNA-1273, lot # unknown. Treatment was not reported. Very limited information regarding this event has been provided at this time. Based on the current available information and temporal association between the use of the product and onset of the event a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1003486-1	She presented to the hospital with acute typical angina approximately 72 hours after receiving her 2nd vaccine dose. The morning following her vaccine she developed fever, chills, generalized malaise, myalgias, and fatigue lasting about 48 hours. The following morning, she was awoken from sleep by a crushing substernal chest pain with associated typical anginal symptoms. Her initial troponin-I was elevated at 7.47 ng/mL and peaked at 19.19 ng/mL. An ECG demonstrated minimal ST elevations followed by an echocardiogram demonstrated preserved systolic function and an ejection fraction of 60-65%. Due to her elevation in cardiac enzymes and persistent angina, coronary angiography was performed revealing no obstructive coronary artery disease. She was diagnosed with suspected myocarditis and treated successfully with anti-inflammatory medication. In follow-up, she had an uncomplicated treatment course with complete resolution of anginal systems and improvement in troponin and inflammatory markers.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1005180-1	Diagnosed with myocarditis 4 days after injection. Hospitalized for 1 day.
MYOCARDITIS	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.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1021922-1	Chest pain; Acute Myocarditis; Fever; A spontaneous report was received from a healthcare professional concerning a 35-year-old male patient who received Moderna's COVID-19 Vaccine (mRNA-1273) and developed chest pain, myocarditis, and fever. The patient's medical history included COVID-19 in Oct of 2020. No relevant concomitant medications were reported. On 29 Dec 2020 the patient received their first of two planned doses of mRNA-1273 (lot number or batch number not provided) intramuscularly (in the left arm) for prophylaxis of COVID-19 infection. On an unknown date after receiving vaccine the patient developed a fever and chest pain. On 31 Dec 2020 the patient was admitted to the hospital where a heart catheterization was done-negative results. The patient was diagnosed with myocarditis. He was scheduled to receive his second dose of vaccine on 03 Feb 2021. No treatment information was provided. Action taken with mRNA-1273 in response to the events was not provided. The outcome of the events chest pain, myocarditis, and fever were not reported.; Reporter's Comments: This case concerns a 35-year-old, male patient with a medical history of COVID-19, who experienced a serious unexpected event of chest pain, myocarditis and an expected event of pyrexia. The events of chest pain and pyrexia occurred on an unspecified date and the event of myocarditis occurred 3 days after the first dose of mRNA-1273. A heart catheterization was done-negative results.Very limited information regarding this event has been provided at this time. Based on temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Additional information has been requested.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1023685-1	"39 year old male no known past medical history received his second dose of the moderna vaccine on 2/5. That evening he developed headache, malaise, fatigue, fevers. The symptoms persisted on 2/6 and 2/7 with some improvement in his headache on 2/7. On the evening of 2/7 he developed high fevers to 103, rigors, ""vivid dreams"" woke up with night sweats. On 2/8 developed pleuritic chest pain and shortness of breath and went to the hospital."
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1030018-1	Myocarditis; Acute onset of chest pain; Soreness of the arm; A spontaneous report was received from a physician concerning a 20-year-old, male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced soreness of the arm, acute onset of chest pain, and myocarditis. The patient's medical history, as provided by the reporter, included asthma, and allergy to egg, peanut and tree nuts. Concomitant medications reported included dupilumab, montelukast, budesonide / formoterol, cetirizine, albuterol and epinephrine. On 29 Dec 2020, the patient received their first of two planned doses of mRNA-1273 (Lot number: 025J20A) intramuscularly for prophylaxis of COVID-19 infection. On 26 Jan 2021, prior to the onset of events, the patient received their second of two planned doses of mRNA-1273 (Lot number: 028L20A) intramuscularly in the left deltoid for prophylaxis of COVID-19 infection. On 26 Jan 2021, after receiving the second dose of the vaccine, the patient reported soreness of the arm for 3 to 4 days. On 30 Jan 2021, the patient presented to the hospital with acute onset of left sided chest pain. The physician reported that the patient developed myocarditis. Consent for Safety to follow up was received. Treatment for the events, as reported, included patient's concomitant medications of dupilumab, montelukast, budesonide / formoterol, cetirizine and albuterol. No additional treatment information was provided. Action taken with mRNA-1273 in response to the events was not reported. The event, soreness of the arm, was resolved on unknown date. The event acute onset of chest pain and myocarditis was not resolved at the time of this report.; Reporter's Comments: This case concerns a 20 year old male with medical history of multiple allergies, who was hospitalized with serious unexpected events of chest pain and myocarditis and a non-serious unexpected event of pain in extremity. The chest pain and myocarditis occurred 33 days after first dose and 4 days after last dose of mRNA-1273. Based on the current available information and temporal association between the use of mRNA-1273 and the start date of the events, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1032062-1	After receiving the Moderna vaccine on 2/10/2021, traditionally expected symptoms developed on 2/11/2021 and 2/12/2021 including fatigue, fever, headache, and general achiness. On 2/12/2021 and into the morning of 2/13/2021 I developed a persistent aching chest pain - Saturday morning (2/13/2021) I went to convenient urgent care in for a quick once-over including vitals and an EKG. The EKG showed ST elevations, and I was taken via ambulance to the hospital emergency room. With blood lab value analysis and an echocardiogram performed, the hospitalist and cardiologist determined the diagnosis to be peri myocarditis. I was admitted to the hospital for 24 hours of observation and was released on 2/14/2021.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1032574-1	Flu-like symptoms; fever; chills; headaches; myocarditis; A spontaneous report was received from a physician concerning a middle-aged, male patient, who received Moderna's COVID-19 Vaccine, and who experienced myocarditis, flu-like symptoms, fever, chills and headache. The patient's medical history was not provided. Concomitant product use was not provided by the reporter. On 26 Jan 2021, approximately three days prior to the onset of the symptoms, the patient received their second of two planned doses of mRNA-1273 for prophylaxis of COVID-19 infection. On an unknown date, the patient experienced flu-like symptoms, fever, chills and headache. On 29 Jan 2021, the patient developed substernal chest pain and came to the ED for evaluation. His troponins were elevated, but his cardiac catheterization was negative for acute coronary occlusion. Cardiac MRI findings were consistent with myocarditis and evaluation for covid 19 disease by PCR and serology were negative. Additional workup for other causes of myocarditis is still pending. Treatment information was not provided. The patient received both scheduled doses of mRNA-1273 prior to the event; therefore, action taken with the drug in response to the event is not applicable. The outcome of the events myocarditis, flu-like symptoms, fever, chills and headache was not provided.; Reporter's Comments: This case concerns a male patient, with prior cardiac risk factors, who experienced a serious event of myocarditis along with other non-serious events after receiving second dose of mRNA-1273 (Lot# unknown). Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1032693-1	26 yo Male developed a laboratory confirmed myocarditis on/about 7 February 2021 after receiving the 2nd dose of Moderna COVID19 Vaccine on 3 Feb 2021. His HS-Tropin peaked at 2179. He was admitted to the ICU for care. Discharged at 72 hour admission. Seen today (16 Feb 2021) for follow-up. Reports no sequela other than the development of dry skin that is pruritic. Multiple pending lab studies ordered/collected to identify other etiologies (Lyme, RPR, Coxsackie, parvo ...). Denies any vaping products.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1041804-1	30 yo man with no significant past medical history presents to the ED for chest pressure and SOB that started this morning when he woke up. It was a constant 8/10 pressure squeezing at the sides of his sternum with the sensation of a plate pushing down on his sternum, that worsened by taking deep breaths. He had never experienced anything like it before. The pain was neither worsened with exertion nor relieved by rest. It did not change with position, and it did not radiate to his arm/neck. He denies any tenderness to palpation of his chest. Ibuprofen 400 mg did not provide any relief. At time of interview denies SOB and reports decrease in chest tightness to 2/10. CP was significantly relieved with a bolus of normal saline in the ED. Tylenol also effectively reduced his pain. Of note, the patient received the second Moderna COVID vaccine shot 3 days ago. For 2 days after receiving the second shot he experienced fevers, chills, nausea, and intermittent vomiting (10 bouts of non-bloody emesis).
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1045178-1	CHEST PAIN; SOB; ELEVATED INFLAMATORY MARKERS; ELEVATED TROPONIN; MYOCARDITIS
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1046576-1	She developed pericarditis/myocarditis and was diagnosed 4 days after receiving second dose of Covid19 Moderna vaccine
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1046636-1	12 hours after my second Moderna shot, had severe chest pain and shortness of breath. Admitted to emergency room later in the week for myocarditis as a result of the vaccine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1047627-1	20 YOM with prior COVID vaccine Dec 2020 presents 4 days after COVID vaccination (First dose) with constant substernal chest pressure, ST early repol vs elevation in ST segment and troponins 11. Onset of chest pain occurred 3 hours after covid vaccine-- 5/10, constant, not positional. Transferred to cardiology inpatient for suspected myocarditis. No prior troponin obtained given prior covid illness.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1055368-1	Patient presented with bilateral blurry peripheral vision that resolved over several days. He was found to have P1 PCA stenosis. Additional imaging showed this to be resolved and a normal variant. Additionally, patient diagnosed with myopericarditis. Found to have elevated troponin up to 6, diffuse ST segment elevation on EKG and chest pain. Started on ibuprofen and colchicine with relief. Discharged from the hospital on hospital day 2.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1056448-1	myocarditis; pericarditis; Chest pain; rapid heartbeat; A spontaneous report was received from a 20-year- old male patient who experienced chest pain, myocarditis, pericarditis, inflammation of pericardium. The patient's medical history was not provided. Concomitant medications included phenylpropanolamine, diclofenac sodium, and colchicine. The patient received their first of two planned doses of mRNA-1273 (Batch number: unknown) on 20 Jan 2021 intramuscularly for the prophylaxis of COVID-19 infection. On 30 Jan 2021, the patient experienced chest pain, rapid heartbeat and went to emergency room (ER). He was hospitalized and was diagnosed with myocarditis, pericarditis, inflammation of pericardium. The patient was discharged on 31 Jan 2021. Treatment information was not provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome of the events, chest pain, myocarditis, pericarditis, inflammation of pericardium, was considered not resolved.; Reporter's Comments: Very limited information regarding this event has been provided at this time. Further information has been requested. The use of concomitant medication, Pnenylpropanolamine, which is a sympathomimetic agent, is a risk factor and confounding factor for causality.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1057780-1	Acute myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1063124-1	Acute myocarditis after 2nd vaccine dose
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1077643-1	Originally seen for chest pain later learned it was a Heart attack and myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1086883-1	Perimyocarditis post covid19 vaccine syndrome; A spontaneous report was received from a physician concerning a 19 year old, male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced perimyocarditis post covid19 vaccine syndrome. The patient's medical history was not provided. No concomitant medications were reported. On 16 Feb 2021, approximately six days prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 (Batch number: 013L20A) for prophylaxis of COVID-19 infection. On 22 Feb 2021 the patient experienced the symptoms following vaccination: perimyocarditis post covid19 vaccine syndrome. No treatment information was provided. No relevant laboratory details were included. The seriousness criteria for the event perimyocarditis post covid19 vaccine syndrome were hospitalization and medically significant. Action taken with the drug in response to the event was unknown. The outcome of the event, perimyocarditis post covid19 vaccine syndrome was reported resolved on an unknown date.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1099357-1	patient developed chest pain on the date specified. Presented to emergency department at Medical Center on 3/14/2021 and was found to have pericarditis and myocarditis. Admitted to hospital 3/14/2021. No follow up available as yet.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1102415-1	"""Moderna"" Adverse vaccine reaction possible as began 12 hours post second COVID vaccine dose on Friday. A ER note was generated in a T-Con on a patient who got their 2nd Covid Vaccine and began experiencing chest pain approx. 12 hours post vaccine. Patient did not report to the ER until 28Feb21. It was discussed that he has myocarditis v pericarditis, elevated D-Dimer of 770, swollen lymph nodes, and elevated Troponin. Patient was transferred to Research Medical Center due to no available beds. Patient was referred to a Case Manager and Cardiology. The patient completed a follow up appointment with 509 MDG on 9Mar21 and reported Dull pain that has been affecting sleep. Cardiology reports shows Troponin was elevated to 9.1 decreased to 4.2 and back up again to 13.4. Cardiac revealed late gadolinium enhancement, possibly representing myocarditis and then at discharge possibly myocarditis."
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1105807-1	Patient received first dose of Moderna COVID-19 vaccine on 2/10/21 and had a large, red, inflamed area on her arm at the injection site for a few days, but otherwise tolerated vaccine well. She received the second dose of the Moderna COVID-19 vaccine on 3/10/21 and the next day (3/11/21) developed fatigue and lightheadedness while exercising, which continued for the next few days. She developed acute onset, sharp chest pain on 3/13/21 AM which did not resolve so she presented to an ED. Vitals were normal but labs notable for troponin I which peaked at 4.36, CK 758, d-dimer 640. CBC/CMP and EKG were unremarkable and initial TTE with EF ~45%. Repeat TTE obtained a few days later with normal LV and RV size/function without any wall motion abnormalities. Cardiac MRI obtained with normal LV function (EF 64%) but late gadolinium enhancement in a subepicardial distribution within the inferolateral wall of the left ventricle at the base most compatible with myocarditis. ESR and CRP were normal. Further workup to determine etiology of myocarditis was negative (ANA, ANCA, RF, hepatitis panel, HIV, full respiratory viral panel, COVID-19 PCR). She was placed on metoprolol succinate 12.5mg XL daily and will follow up with a cardiologist as an outpatient. Family concerned that COVID-19 vaccine was the trigger/underlying etiology of her myocarditis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1110935-1	Chest pain Myocarditis. Admitted to hospital. Diagnosis confirmed by cardiac mri.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1117071-1	Patient developed chest pain, shortness of breath, and fatigue approximately 10 days after receiving 2nd dose of Moderna vaccine. Patient describes symptom onset as acute, and came to hospital 2 days after chest pain developed, as it became more unbearable. Described chest pain as worse with leaning forward.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1123558-1	progressive shortness of breath following vaccination starting on day of 2nd shot, resulting in hospitalization 3/11, normal CT pulmonary angiogram, elevated troponin, echo with EF 48% and focal hypokinesis, normal coronary angiogram, and Cardiac MRI showing myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1124452-1	She was treated with a diagnosis of myocarditis in the post vaccination period. She felt ill post vaccination, mainly with GI upset. This worsened by day 6, she had syncope and brought to the hospital. Her troponin was elevated and she developed transient heart block. Coronary arteries were normal, hemodynamics were consistent with cardiogenic shock. LV EF decreased mildly. She responded to IV stress dose steroids. Endomyocardial biopsy showed lymphohistiocytic infiltrated and eosinophils.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1126793-1	Chest Pressure developed 2 days post-vaccine. Admitted for elevated troponins, myopericarditis. Improved on NSAIDs, colchicine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1128543-1	41yo male with history of HLD, LBP, and tobacco use who presented to care initially at the with chest pain. He received the second dose of the Moderna vaccine on 18MAR21 at clinic and within 14 hours developed chills and myalgias. He denies any immediate onset of symptoms after receiving the vaccine. The following day he reports experiencing chest pain 24 hours after the vaccine was administered that progressively worsened over the subsequent 36 hours that finally prompted him to seek care. He describes the pain as a central non-radiating squeezing pain that worsened with movement and breathing. He waited to seek care because he reports several of the soldiers in his unit have experienced similar chest pain that eventually resolved. He reports being at his baseline health prior to receiving the vaccine and denies any fever, cough, rhinorrhea, congestion, malaise, vomiting, diarrhea, or rash. Upon initial presentation to care at clinic he was noted to have a Tropnon I of 0.9, WBC of 14, elevated CRP (7.3), and temp to 101.4. Patient was given ASA, Plavix, Lovenox, Tylenol, and Ceftriaxone. Since arriving to clinic and EKG was obtained showing ST elevation in lead 1 and avF concerning for ischemia and underwent a left heart catheterization which was clear of obstruction. Serial high sensitivity Tropnonin levels have been trended to peak of 465. Respiratory viral panel to include SARS COV-2 was negative. Cardiac MRI was consistent with myopericarditis, and show mildly reduced EF for 46%. Blood cultures have not grown any organism. His chest pain has resolved since starting Aspirin and Colchicine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1148316-1	BEGAN FEELING CHEST PAIN AND LIGHTHEADEDNESS BEGINNING 3/14, THE DAY AFTER GETTING THE VACCINE. HE PRESENTED TO THE EMERGENCY ROOM ON 3/17 WITH WORSENING OF CP THAT WOULD NOT GET BETTER WITH NSAIDS, PAIN RADIATING DOWN LEFT ARM. TROPONINS NOTED TO BE ELEVATED, PT ADMITTED TO INPATIENT ROOM FOR CARE ON 3/17. TESTING DONE AND PT TREATED FOR MYOCARDITIS POSSIBLY SECONDARY TO COVID 19 VACCINATION. DC'D HOME ON 3/24 WITH LISINOPRIL AND PREDNISONE. ORDERS TO FOLLOW UP WITH DR.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1153962-1	Acute myocarditis; Chest pain; A spontaneous report was received from a physician concerning (patient age: unknown) male patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced chest pain, acute myocarditis (myocarditis). The patient's medical history included COVID-19 in Mar 2020 and was exposed and may have had it a second time in Nov 2020. Concomitant medications were not provided. On 12 Mar 2021, prior to the onset of the event, the patient received their first of two planned doses of mRNA-1273 (Lot number: 038A21A) intramuscularly for prophylaxis of COVID-19 infection. On 15 Mar 2021, the patient developed chest pain and was admitted to the hospital. The patient underwent cardiac catheterization, echocardiogram and cardiac MRI (magnetic resonance imaging). Results of the echocardiogram and cardiac MRI were not provided. The final diagnosis of the patient was acute myocarditis. COVID antibodies were positive, about 561 for the patient. The events chest pain and acute myocarditis lead to hospitalization. Treatment activities for the events were unknown. Action taken with mRNA-1273 in response to the events was unknown. The outcome of events, experienced chest pain and acute myocarditis, was unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1154298-1	Patient is a 20 y/o Male received the MODERNA vaccine on 24 Mar. He started developing substernal chest pain the day after his vaccination. Presented to the clinic with worsening chest pain and was in severe pain upon presentation. ST elevations noted on lateral leads with depression in anterior leads with elevated troponins. Had CT, echo, and cath which showed mild inflammation and normal cardiac cath. Patient diagnosed with myocarditis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1157566-1	Myocarditis; Started having symptoms and typical symptoms; A spontaneous report was reported from a nurse (patient), concerning herself, a 62 years-old female patient, unknown race and ethnicity, was administered Moderna's COVID-19 vaccine (mRNA-1273), and experienced myocarditis, and started having symptoms and typical symptoms (vaccination complication). The patient's current condition included blood donor. Concomitant medications reported included acetylsalicylic acid, atorvastatin, and escitalopram. On 23 Dec 2020, the patient received her first of two planned doses of mRNA-1273 (batch number: 039K20A) intramuscularly for prophylaxis of COVID-19 infection. On 20 Jan 2021, prior to the onset of the events, the patient received her second of two planned doses of mRNA-1273 (batch number: 027L20A) intramuscularly for prophylaxis of COVID-19 infection. The patient had nothing after the first dose and typical symptoms after the second dose. She started having symptoms on 07 Mar 2021. The patient was healthy and doesn't have any coronary disease. This was a red herring and stated that she was a blood donor and gave blood on Sunday, 07 Mar 2021. That's, the same day, the symptoms started. Also, the patient was a blood donor all last year. All the antibody tests were negative for last year and including the recent 07 Mar 2021 donation. This was outside the window of expected reactions, but she's been diagnosed with myocarditis, effective last week on 11 Mar 2021. The patient reported that the doctor started her on metoprolol tartrate 25 mg twice daily, which was started on 14 Mar 2021. Action taken with second dose of mRNA-1273 in response to the event was not applicable. The outcome of the events, myocarditis, and started having symptoms and typical symptoms were considered as unknown.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, Further information is requested.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1162020-1	A spontaneous report was received from a consumer concerning a 62-year-old, female patient who felt like a needle in her kidney/renal pain, feve/pyrexiar, fatigue, tiredness/fatigue, chest pain, upset heart/cardiac disorder, headache and inflammation of heart muscle/myocarditis. The patient's medical history was not provided. Products known to have been used by the patient, within two weeks prior to the event, included levothyroxine, metformin, glimepiride, simvastatin, losartan. On 16 Mar 2021, prior to the onset of the symptoms, the patient received the first of two planned doses of mRNA-1273 (Batch number: 001B21A) intramuscularly for prophylaxis of COVID-19 infection. On 16 Mar 2021, 5 minutes later she experienced felt like a needle in her kidney. On 17 Mar 2021, she had fever. On an unknown date in Mar 2021, she had fatigue and tiredness. On 20 Dec 2021, she had chest pain and upset heart. On 21 Mar 2021, she had a headache and fever. On 22 Mar 2021 she had chest pain and went to the doctor and was diagnosed inflammation of the heart muscle. The event inflammation of the heart muscle was assessed medically significant. Treatment for the event included acetaminophen. Action taken with mRNA-1273 in response to the events was not provided. The events felt like a needle in her kidney was resolved on 16 Mar 2021. The events fever and headache were resolved on 21 Mar 2021. The outcome of the evens fatigue, tiredness, chest pain, upset heart and inflammation of heart muscle were unknown.; Reporter's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1167252-1	Chest pain 3 days after shot. Troponin I was elevated, referred patient to cardiology. Had cardiac catheter, suspected mild myocarditis. Initially treated with NSAIDs and colchicine during encounter for suspected pericarditis since troponin came back later that day (had to be shipped to hospital). Now treatment includes no strenuous activity for 6 weeks, no travel for 3 months. Follow-up with cardiology in 3 month for reevaluation.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1169419-1	Myocarditis 4 days after initial vaccination ; first 48 hours with body ache, chills, malaise
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1172823-1	Patient presented with burning chest pains, found to have ST elevations on EKG, Trop peak 17 and cath with clean coronaries. Transferred to center for cardiac MRI and treatment for Myocarditis. No other preceding inciting triggers found including negative utox/preceding illness. Echo with wall motion abnormality but quasi normal EF (50%). Improved with colchicine and NSIADs for perimyocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1175421-1	Two days post vaccination, he started to get some chest pain when he was laying down. Three days after, he went to the emergency department and was admitted to the hospital. He was diagnosed with perimyocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1193195-1	Chest pain, highly elevated troponin, no ACS; likely Myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1202301-1	Fever, chill, nausea, vomiting, and myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1219721-1	developed chest discomfort presented to hospital ER. ekg w diffuse st elevations, elevated troponin. taken for coronary angiogram negative for cad. normal echo. diagnosed w myocarditis. no evident viral prodrome or other inciting cause.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1221739-1	Patient developed mild chest pain roughly 24 hrs after receiving 2nd Moderna Vaccine injection. He initially managed this with ibuprofen, but pain intensified and he presented to the ED approximately 1.5 days after 2nd injection with severe chest pain, diffuse ST elevations on EKG and elevated Troponin I measurement of 6 ng/ml. Patient transferred to hospital for further management and remains under inpatient care at time of report. Testing initially suggested pericarditis but cardiac MRI consistent with myocarditis. Troponin I peaked @ 75 ng/ml on 4/16/21.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1227333-1	3/31/21 26YM admit with Acute issue: myocarditis, chest pain, extreme fatigue, body aches, SOB; Moderna (first dose on 3/28). No known prior COVID. Patient admits that approximately a month and a half ago, he was drinking a significant amount of alcohol with a 24-pack of beer daily and 5 drinks at night. He quit this approximately 2 weeks ago when he got back together with his girlfriend. He has had stress in his life with the death of a cousin approximately 2 weeks ago. The patient had been feeling well over the last week or so and received the Moderna COVID-19 vaccine on 3/28 Sunday. This was his first dose. Approximately an hour and a half after receiving the vaccine, he had symptoms of feeling dizzy with position change. He went home from work. He developed fevers, chills, rigors, diaphoresis, and headaches. He slept a lot due to these symptoms. On 3/30 Tuesday, he woke with mild chest discomfort that he described as a pressure sensation in his anterior chest. He states that it was bothersome, but not too significant. He woke up 3/31 at approximately 0200 hours with a stabbing left anterior chest discomfort. He notes that it felt like a hot knife stabbing him. He admits that over the last couple of days, he had a cough when he would lay back in bed. He admits to feeling more short of breath when flat and feeling like he had to put pillows behind his head. He came to the emergency department due to these symptoms. He was given a dose of acetaminophen and promptly had nausea and vomiting. He received a dose of aspirin 325 mg and states that his symptoms resolved shortly after that. 3/31 He now feels well and denies any further chest discomfort. He denies any dyspnea.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1229845-1	Patient presented to ED 3/25/21 for left sided chest pressure about 3 days post Moderna dose #2. Troponin elevated but patient had normal ECG. Patient admitted to the hospital for NSTEMI. Cardiac cath done 3/26 showed no obstruction. Patient had resolution of chest pain during stay and was discharged on 3/28. Discharge diagnosis myocarditis, discharged on ibuprofen tapering dose.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1229935-1	. He received his second Moderna vaccine on 04/15th. He did have localized pain in his arm and the following day, had some headache and neck stiffness. Yesterday evening around 5 o' clock he developed left chest pain that has persisted. It has waxed and waned, but not disappeared. It reached an intensity of 7/10 prompting him to get a ride to the emergency room for evaluation. He was found to have myocarditis, with troponin elevation to 37 ng/mL, and globally reduced ejection fraction 45%. His care is ongoing.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1230956-1	heart conduction abnormality; inflammation in heart; heart beats at a lower rate after exercising/ there are periods where her heart rate is over 100 bpm/heart is not relaxing/ causing both parts of the heart to beat at the same time; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of CONDUCTION DISORDER (heart conduction abnormality), MYOCARDITIS (inflammation in heart) and HEART RATE IRREGULAR (heart beats at a lower rate after exercising/ there are periods where her heart rate is over 100 bpm/heart is not relaxing/ causing both parts of the heart to beat at the same time) in a 49-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included No adverse event (No medical history reported). On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced CONDUCTION DISORDER (heart conduction abnormality) (seriousness criterion medically significant), MYOCARDITIS (inflammation in heart) (seriousness criterion medically significant) and HEART RATE IRREGULAR (heart beats at a lower rate after exercising/ there are periods where her heart rate is over 100 bpm/heart is not relaxing/ causing both parts of the heart to beat at the same time) (seriousness criterion medically significant). At the time of the report, CONDUCTION DISORDER (heart conduction abnormality), MYOCARDITIS (inflammation in heart) and HEART RATE IRREGULAR (heart beats at a lower rate after exercising/ there are periods where her heart rate is over 100 bpm/heart is not relaxing/ causing both parts of the heart to beat at the same time) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Heart rate: 100 (abnormal) 100 bpm. Concomitant products included hormone replacement therapy and OTC medication for an unknown indication. Treatment included 800 mg of Ibuprofen twice a day for reduction of inflammation. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1232001-1	Per patient, he developed chills, subjective fevers, body aches few hours after the vaccine on 04/15. Also developed chest discomfort that progressively got worse over the next 1-2 days which prompted him to visit the ED on 04/18. He was found to have troponin elevation with diffuse J-point elevation. He received aspirin and was started on heparin drip. Chest pain completely resolved by the next day. Coronary angiogram was negative. Cardiology attributed stroke elevation and chest pain to myocarditis secondary to vaccine. Echo was normal with no evidence of pericardial effusion.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1232535-1	He was admitted to Cardiovascular Medicine on 4/11/21 with acute idiopathic myocarditis, the etiology was unclear but considered due to recent COVID vaccination vs viral infection. He presented with elevated troponin and initially elevated ESR and CRP. CTA of coronary arteries was on done on 4/12 and showed normal coronary arteries. TTE was done on 4/13 and showed a normal LVEF of 65% and normal LV size and wall thickness. His RV size was mildly enlarged and has mildly elevated right atrial pressure. There was no significant valvular disease. Cardiac MRI was done prior to discharge and he will follow up with cardiology for the final results. He was having some intermittent chest pain and SOB and was recommended to use OTC ibuprofen 600 mg BID per cardiology. Reports that his chest pain and shortness of breath is slowly resolving. His symptoms are mild and infrequent.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1233262-1	Chest Pains that lead to hospitalization. Found an elevated troponin related to myocarditis. Ongoing evaluation
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1235664-1	Patient presented with severe chest pain x 2 1/2 hours, found to have EKG changes consistent with strain, dramatically elevated troponin to 13.2, ultimately peaked at 15. No pericardial fluid, diagnosed with myocarditis, treated in healthcare facility.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1236711-1	Developed Fever and chills during the night 4/8/2021. Felt fatigued with intermittent chills on 4/9/2021 and then fever and chills again that night. Felt fine Saturday 4/10 and then Sunday 4/11 developed low grade chest pain lasting 2 hours and resolved with Advil. Awakened at 5am on Monday 4/12 with severe diffuse chest pain requiring hospitalization and treated for myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1237152-1	Myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1240192-1	Patient initially reported in separate VAERS to have possible multisystem inflammatory response secondary to vaccine (new rash, fever, hypotension, LFT abnormalities) with symptom onset on evening of vaccination receipt on 4/16. One day into hospitalization, diagnosed with new systolic heart failure felt to be most consistent with acute myocarditis. Previously no symptoms of HF, working in physical labor one week prior to admission.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1241920-1	NSTEMI likely caused by Myocarditis starting with intermittent chest pain on 3/6/21 that was treated with aspirin and carvedilol QD.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1242420-1	Patient with cardiogenic shock due to severe myo-pericarditis, severe inflammatory response with high fever up to 104. Cardiogenic shock requiring placement of Impella support.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1242435-1	Patient presented with severe chest pain and after EKG, echocardiogram and MRI was diagnosed with acute myopericarditis. Testing for any other cause for myopericarditis was completely normal. From the time course it appears that it is related to his vaccination
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1244282-1	chest pain, myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1247390-1	11am - sore arm 7pm - chills/fever & chest pain 8pm - increased chest pain 4/18 1pm - increased chest pain, fatigue, chills 11pm - unbearable chest pain 4/19 7am - leave for Emergency Room. Go from ER to Hospital. Diagnosed with Myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1247978-1	"Myocarditis. Pt received 2nd Dose Moderna on 4/21/21 morning. He reported developing fever of 102 F on 4/22/21. He reported developing chest pain early morning on 4/23/21. Denied other symptoms. Pt went to urgent care due to chest pain and SOB. Pt sent to ED from urgent care due to abnormal EKG. EKG showed ST elevation. Troponin I elevated 13.0 . C-reactive protein elevated 8.22. Left heart cath done, normal. CT PE done to rule out PE. Pt diagnosed with myocarditis and severe inflammation. ""Elevated Inflammatory markers possibly related to COVID vaccine.""""
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1251643-1	Patient presents to ER with chest pain, worse with deep inspiration, lying flat or leaning forward. Pain is better when sitting up straight. Vomiting x 1 episode. First Moderna shot on 4/9/21. Chest pain started on 4/11/21. On 4/14/21, pain was worse, so came to ER. Patient admitted to hospital, cardiology consult, pulmonology consult. Patient is treated with colchicine 0.6mg twice daily, NSAID and metoprolol 25mg twice daily. Follow up with cards in 2 weeks. Much improved on day 2.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1252127-1	2nd vaccine administered 4/17 and on 4/19/21 he started to have chest pain not relieved by Tylenol and presented to ER with high Troponin.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1256852-1	Received second dose of the Moderna COVID-19 vaccine on 3/29/2021. On 3/31/2021, I was awoken at approximately 0230 am with severe chest pain. I went to the emergency room later that day and medical staff stated a blood test showed my heart was under stress. My systolic blood pressure also dropped into the low 80's. I was admitted to the hospital and stayed for two nights as multiple tests were conducted. I was discharged from the hospital on 4/2/2021 with the diagnosis of myocarditis and pericarditis. It was determined the only cause of this condition for me could be the COVID vaccine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1257176-1	Early in the morning 3 days after receiving the vaccine, patient awoke with chest pain that carried down his left arm. He drove himself to the emergency room at 7am because he just wasn't feeling right. After two EKG's, the Dr. at Hospital located in the area decided to air lift patient to another Hospital for an assumed fatal heart attack. Upon arrival, he was given a heart catheter and no blockages were found. They determined the had myocarditis, inflammation of his heart. However, he had not been sick or battling any illness.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1259621-1	Patient developed myopericarditis 3 days after vaccination.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1260787-1	Severe Myocarditis, radiating chest pain, difficulty breathing, dizziness
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1261543-1	Myocarditis; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of MYOCARDITIS (Myocarditis) in a 22-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). At the time of the report, MYOCARDITIS (Myocarditis) was resolving. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. No concomitant medications were provided. Patient developed myocarditis 48 hours after receiving his first Moderna COVID vaccine. The patient is still in the cardiac ICU in stable condition and improving. Treatment of the event was not reported. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1262834-1	myocarditis requiring hospitalization, drug therapy, fluids
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1263271-1	Patient received his doses of the Maderna Vaccine on: 3/20/2021 and 4/23/2021. Two days later he started complaining of chest pain and pressure midsternal which improved by sitting forward and worse by lying down. His EKG showed diffuse ST elevations c/w possible pericarditis. He has no prior cardiac hx. His troponins were extremely elevated. Cardiology consulted and his assessment is that pt has combined myocarditis and pericarditis. Likely immune-mediated response post vaccine and also there are reports of young men in other countries with post vaccine pericarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1263582-1	Myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1265584-1	"Achiness, fatigue, and mild nausea on 4/7/21 (day of second vaccination). Chest pain, fever, achiness, fatigue, mild nausea on 4/8/21. Symptoms mostly subsided on 4/9, so I returned to work at 3:00 pm. By about 5:00 pm, the crest pain returned and worsened until I went home, and then to the hospital around 7:00 pm. Tests were done before I was diagnosed with ""acute myocarditis, elevated troponin level, coagulopathy, NSTEMI (non-ST elevated myocardial infarction)"", told I likely had a heart attack, and was put on a Heparin drip and kept for additional testing and observation until 4/11/21 at approximately 5:00 pm. Official notes state"
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1266273-1	Patient devloped myopericarditis confirmed by MRI 2 days following 2nd dose of vaccination, COVID negative, Respiratory panel negative
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1267971-1	Patient presented to the ED and was subsequently hospitalized within 6 weeks of receiving COVID vaccination. Diagnoses include: severe sepsis, pneumonia, toxic shock, and myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1272552-1	Day of vaccine I kept waking up with headaches. Two weeks later on April 19th, woke up with bad headache and found it painful to breathe. I went to urgent care where they diagnosed me with an infection that caused inflammation around heart and lungs

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1272975-1	Sharp chest and shoulder pains (heart attack like symptoms) started on Sunday evening and I went to the emergency room. The emergency room cardiologist did an EKG and echocardiogram and determined there was something abnormal. The cardiologist then did a cardiac catheterization and the diagnosis was pericarditis and myocarditis, which is inflammation of the heart and damage to the muscle. I spent two days in the hospital and upon discharge I was sent home with three different medications that I will have to take for the next couple of months.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1273145-1	I received the vaccine on February 3, on February 4 at 0100 I woke up with chills. The rest of the day I would have chills and sweats. I was nauseous and threw up twice. I had a low grade fever of around 99 degrees but at one point it did go up to 101.3. My entire body hurt including my head and Tylenol and ibuprofen did not help. On February 5 I was feeling a little better, I still had body aches but could eat a little. On February 6 at around 0500 I woke up with chest pain. I waited a little while to see if it would go away but it had gotten more intense. I am a cardiac ICU nurse so I knew what chest pain could mean. I got out of bed and at that time my chest pain was a 10/10 and I was having shortness of breath. I woke my fiancT up and told him I needed to go to the ER. At the ER they ran test and admitted me to the hospital. They later diagnosed with myopericarditis with a small pericardial effusion.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1274031-1	Developed chest pain. Found to have myocarditis. Receiving NSAID for treatment.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1274364-1	Pt experienced malaise, sibjective fever, chills, headaches, and myalgias following vaccination then on 4/11 (3 days post vaccine) experienced sharp chest pains radiating up left side of neck and down bilateral arms. Pt presented to urgent care clinic where EMS was activated for transport to the Emergency Department. Pt was evaluated for STEMI by cardiologist in the ED, cath lab was not recommended and pt was admitted for ealuation of possible myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1274386-1	The patient presented with chest pain and dyspnea on exertion which started the day after receiving the second dose of the Moderna Covid vaccine. Pt was found to have myocarditis. He was admitted to the hospital and treated with NSAIDS and Steroids. He improved and was discharged after 2 days.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1274613-1	Weakness, fatigue, muscle aches, starting 3 days after first COVID Moderna vaccine, then worsened to fatigue causing her to stay in bed. Some bleeding gums on brushing, no other bleeding or ecchymosis noted. She went to hospital 2 weeks after vaccine. Myocarditis diagnosed in hospital with elevated troponins, also thrombocytopenia and elevated D Dimer.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1276743-1	myocarditis; abdominal discomfort; fever; chills; malaise; fatigue; chest pain; This spontaneous case was reported by a physician (subsequently medically confirmed) and describes the occurrence of MYOCARDITIS (myocarditis), ABDOMINAL DISCOMFORT (abdominal discomfort), PYREXIA (fever), CHILLS (chills), MALAISE (malaise), FATIGUE (fatigue) and CHEST PAIN (chest pain) in a 38-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Glioblastoma multiforme (in remission) in 2018 and CVA in 2018. Concomitant products included TEMOZOLOMIDE (TEMODAR) for an unknown indication. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient experienced MYOCARDITIS (myocarditis) (seriousness criterion hospitalization), ABDOMINAL DISCOMFORT (abdominal discomfort) (seriousness criterion hospitalization), PYREXIA (fever) (seriousness criterion hospitalization), CHILLS (chills) (seriousness criterion hospitalization), MALAISE (malaise) (seriousness criterion hospitalization), FATIGUE (fatigue) (seriousness criterion hospitalization) and CHEST PAIN (chest pain) (seriousness criterion hospitalization). At the time of the report, MYOCARDITIS (myocarditis), ABDOMINAL DISCOMFORT (abdominal discomfort), PYREXIA (fever), CHILLS (chills), MALAISE (malaise), FATIGUE (fatigue) and CHEST PAIN (chest pain) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Acute kidney injury: unknown (Inconclusive) unknown. In 2021, Angiogram: abnormal (abnormal) Bilateral lower lobe patchy and ground glass airspace opacities and mild degree of ground glass opacity within the peripheral right middle lobe.. In 2021, Echocardiogram: abnormal (abnormal) severe Hypokinesis of the mid to distal segments and apex, hypercontractile base--> estimated EF = 30% (Last known baseline 3/2019 EF 65%).. In 2021, Electrocardiogram: abnormal (abnormal) abnormal. In 2021, Fibrin D dimer: increased (High) increased. In 2021, Hyponatraemia: abnormal (abnormal) abnormal. In 2021, Leukocytosis: abnormal (abnormal) abnormal. In 2021, SARS-CoV-2 test: negative (Negative) negative. In 2021, Transaminases increased: abnormal (abnormal) abnormal. In 2021, Troponin: abnormal (abnormal) elevated troponin of 12. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Treatment was unknown. Continued to be hypotensive despite fluid and initiated on Levophed. Taken to cath lab with no evidence of coronary disease, LVEF down to 10% on LV gram, right heart catherization with evidence of elevated pulmonary capillary wedge pressure, patient was placed on Impella CP support. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, Further information has been requested.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. However, Further information has been requested.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1278061-1	The patient presented with pleuritic chest pain and shortness of breath. Was diagnosed with Acute Myopericarditis with a Cardiac MRI and Echocardiography. Was started on Colchicine and Ibuprofen. The patient was readmitted within 2 weeks with a large pericardial effusion with early tamponade physiology
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1281675-1	Began having chest pains on the morning of 4/27. I was taken to the ER at 7pm. An EKG was ran and came back normal. Blood tests showed my Trop level was high. I was taken to another hospital via ambulance. My trop levels were taken 2 more times that night, both coming high at 3.49 and 4.19. They took two more EKGs that night. On the morning of 4/28, they conducted an echocardiogram that came back normal. On 4/29, they performed an angiogram at 1:45pm that came back with no blockages. I was discharged on 4/29 at 6pm with the diagnosis of myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1282821-1	Chest pain 2 days after COVID vaccine. Midsternal cramping, pressure-like associated with shortness of breath. Pain resolved, but then returned later in the evening when lying down to go to sleep. Symptoms - chills, fever, shortness of breath, chest pain COVID 19 vaccine related myopericarditis cannot be ruled out
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1282926-1	chest pain diagnosed with myocarditis relating to vaccine administration
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1285276-1	4/29/21 3:30 PM - Vaccine Administered, right arm soreness and fatigue throughout rest of day 4/30/21 12:00 PM - Woke up, fatigue, body and headaches, fever, chills, chest pain and tightness throughout day, intermittent naps 10:00 PM - Fell asleep 5/1/21 11:00 AM - Woke up, chest pain and tightness persists, other symptoms minimized 9:00 PM - Check into ER, underwent series of tests (blood work, EKG, etc.) - EKG showed serious heart problems 11:00 PM - Medevaced to second hospital 5/2/21 12:00 AM - Underwent cardiac catheterization, showed inflammation around the heart 1:00 AM - Sent to ICU bed to recuperate and heal from catheterization 9:00 AM - Given Colchicine, Ultrasound admininstered showing still lower than normal heart activity Mid-morning/mid-day - Given metoprolol 12:00 PM - Moved to regular bed, symptoms somewhat improving Rested 5/2/2021 6:30 AM - diagnosis of Myopericarditis , 9:00 AM - Given colchicine and metoprolol, symptoms reduced 11:00 AM - Discharged
MYOCARDITIS	COVID19 (COVID19 (MODERNA))	MODERNA	1286393-1	had chest pain - was admitted to hospital with elevated troponin and was ultimately diagnosed with acute myocarditis. Was admitted on 4/25 and discharged on 4/27 - symptoms resolved within a week

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
	(1201)			discharged on 4/27 - symptoms resolved within a week.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1286471-1	Myocarditis, elevated troponin
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1289041-1	On Sunday April 25th 2021, I woke up with severe chest pain that went up to the right side of my neck, as well as having shortness of breath. I was admitted into the ER and they ran blood work, did a CT scan and x ray of My chest. When my bloodwork came back, it showed I had very elevated troponin levels. Because I was having continuous pain, I was given morphine but it didn't work. So they upped it and gave me dilaudid and that took the pain away. It was in the doctors best interest I get transported to a facility with a good cardiatric team. Upon arriving to the new facility, they further drew my blood and ran more tests. I got admitted as an in patient on the cardiatric floor. The cardiologists ordered for me to have an echocardiogram done, another CT scan with a special protocol to view my heart, and an MRI done of my heart. After my echocardiogram and CT scan came back fine, the doctors said they'd be surprised if the MRI DIDNT show something. When that result came back, it did reveal my heart was still inflamed. After ruling out all other possibilities they concluded that the 2nd Dose of Moderna COVID vaccination I'd received was the culprit behind my diagnosis. My diagnosis being, a case of myocarditis as well as a mild heart arrhythmia. For the next several months I am kn a medication called metoprolol 25mg, 2 half tablets a day, to correct my heart arrhythmia and relieve stress from my heart as well as minimize the amount of stress I encounter each day. No heavy lifting pushing or pulling of any sort for the next 3 months.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1289546-1	Admitted 72 hours after 2nd Moderna dose with acute onset chest pain, EKG changes, positive troponin and elevated CRP. Coronary CT ruled out coronary disease. Transthoracic echocardiogram revealed EF 55-60% with inferior wall hypokinesis. Findings on cardiac MRI consistent with acute myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1290716-1	Patient experienced fatigue, muscle aches, dyspnea and chest pain. Was told to go to ER and was diagnosed with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1292270-1	A few hours after 2nd dose of vaccine started having pain to entire left side of body including left arm, left chest, left neck, left leg. Presented to the ED 2 days later for her symptoms. Found to have elevated troponin consistent with NSTEMI vs. myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1292638-1	Patient received COVID-19 vaccination (Moderna) on 04/30/2021 from a store pharmacy. Patient presented to the Emergency Department on 05/04/2021 with a chief complaint of chest pain. Patient informed the care team that he began feeling intermittent, non-exertional chest discomfort on 05/01/2021. Patient was then evaluated by the inpatient cardiologist due to concern for a myocardial infarction. The patient had a troponin of 8.9 ng/mL that climbed to 19.9 ng/mL the next day. Patient was ultimately diagnosed with Myopericarditis and initiated on treatment with carvedilol and colchicine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1292903-1	Symptoms set in approximately at 0400. Numbness in hands/feet, pain on arms, pain in chest, shortness of breath, dizzyness, confusion. Symptoms began subsiding around 0700, and disappeared around 0900-1000, with only a slight tightness in chest remaining. Prescribed ibuprofen, metoprolol, and aspirin.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1292988-1	Patient developed fast heart rate, chest pain - seen by PMD who admitted patient to hospital cardiac scan showed Myocarditis. Symptoms started 5/1/21
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1293236-1	Emergency room transfer to telemetry; admited from 3/7 to 3/18/21 with centralized Chest Pain that radiated to her right neck and shoulder, shortness of breath associated with the pain, loose stools - took baby aspirin. Cardiology consulted: heart catheritization was performed and negative; Dischareged to home with AmLODIpine, aspirin, storvastatin, famotidine, imdur; follow up with PCP and cardiologist
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1296114-1	Admit for heart block and asymptomatic bradycardia to 40 bpm, found to have acute myocardial injury concenring for NSTEMI vs myocarditis; suspected immune checkpoint inhibitor myocarditis/myositis w/ complete heart block. 1 of 3 patients with similar presentation within 1 month (2 received 2nd dose Moderna, 1 received Janssen)
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1296631-1	Myocarditis Patient presented to the hospital with one episode of troponin positive chest pain. She was diagnosed with an NSTEMI for which she had a coronary angiogram which showed no significant coronary artery disease. She subsequently had CRP (normal)/ESR (mildly elevated) and DDIMER. Ddimer was elevated thus a V/Q scan was done which showed no pulmonary embolism. She went on to have a cardiac MRI which showed evidence of myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1301379-1	After 2nd vaccine dose developed myalgias, fever, chills, chest pain and shortness of breath hours afterwards which persisted and continued to worsen. Initial work up so far in the hospital appears to be myocarditis and is he is being admitted to telemetry.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1301548-1	Pt developed chest pain , shortness of breath 2 days after initial COVID-19 vaccination he was admitted to Hospital with myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1302423-1	Shortness of breath, swelling, diaphoresis. Diagnosed with myocarditis and acute heart failure which led to cardiogenic shock.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1302521-1	Following the 2nd shot I had rapid heart beats and high fever. Within 48 hours the heartbeats and chest pain continued to intensify. In 2.26.2021 I went to the ER and my heartrate was in the 150s/160s and my heart presented to be in failure. I was admitted to the hospital for 2 days because my troponin level was high and indicated heart issues. I had mulitple EKGs and other tests as well as a heart catheterization. The catheterization showed no blockages. My heart continued to have an arithmyia and PVCs as well as chest pain. I was diagnosed with myocarditis or periocarditis due to the effects of the vaccine and referred to a cardiologists. I have been seeing the cardiologist for 6 weeks. I had to wear a heart monitor, have an echo cardio gram and many EKGs. I have never had any heart issues prior to this vaccine. I am still under the care of the cardiologist and on heart anti-inflammatory medications due to the myocarditis. I have rapid, irregulary heart beats and am unable to do any physical activity.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1306957-1	2 days after the vaccine (on 2 May), I woke with an accelerated heart rate, chest pain, tightness of chest and shortness of breath. I presented to MD where they took my vitals and an EKG. The doctor called an ambulance for me as she assessed I was potentially displaying signs of pulmonary embolism. The ambulance took me to the emergency department. I ultimately stayed there two nights, and following many tests was diagnosed with acute pericarditis versus myopericarditis. My admitting doctor and the cardiologist both advised that while they could not be 100% certain, the pericarditis could very well be an adverse reaction to the Moderna COVID-19 vaccine. The admitting doctor told me she would report it as an adverse reaction. I am now on colchacine anti-inflammatory medication for 3 months and have one follow-up with the cardiologist to come.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1307122-1	myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1310448-1	This is a very pleasant and healthy 21-year-old with history of migraines with aura who presents to the ER 2 days after receiving his second Materna vaccine with complaint of chest pain, myalgias and fatigue. Patient reports normal postvaccination myalgias and fatigue for the last 2 days but had onset of left-sided chest pain that radiates to his upper back and is worse with deep inspiration, some positions and movement of his left upper extremity. He denies cough, shortness of breath or rash. He is low risk for pulmonary embolism with PERC score negative for PE. Screening EKG showed a sinus rhythm with elevated J point in anterior-lateral leads, ? ST elevation in 1 and AVL w questionable reciprocal changes in leads 3 and AVF. Patient went to CXR. Clinically very low risk patient for STEMI from CAD. ? Myocarditis or pericarditis? No hx of stimulant use or early CAD in family. Upon reevaluating the patient, clinically he seems to have musculoskeletal chest discomfort, worse with palpation and movement of LUE. Repeated EKG - showed more definative ST elevation through anterior and lateral leads with reciprocal changes in 2, 3, AVF. Slight ST elevation in AVL. ? Pericarditis vs myocarditis. Will call cardiac alert. Evolving EKG changes. Discussed with ED physician and Interventional Cardiology, we agreed, patient likely has acute myocarditis clinically. Very low risk for CAD. Gave aspirin and heparin. They will evaluate him. Labs coming back... wbc 17.4, normal chemistry. Sending off CRP, ESR. Troponin pending. Patient and family appreciative and understanding. 1710 - Follow up call from cardiology. Stat echo normal wall motion. With elevated CRP and mild trop 1.6, patient has myocarditis with pericarditis. Dr very appreciative for the detailed history and physical. CP free. Holding off on cath lab.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1310544-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1310730-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1310821-1	Pain in my chest, arms, back, shortness of breath, dizziness, heart palpitations. I was diagnosed with Myocarditis. I was an athlete my entire life and still don't feel good after 3 months. Still have back pains that are incredibly painful. I have not exercised in 3 months. I was put on prednisone and Colchicine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1311229-1	Myopericarditis, troponin 7.4. Pt admitted to hospital 4/30/2021-5/3/2021. Slightly reduced EF initially, started on heparin drop for c/f LV thrombus. EF normal, c/f LV thrombus resolved at time of discharge. Pt discharged on cochicine x 3 months, to f/u with cardiology.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1311758-1	Patient is a healthy 18 year old male with no history of Covid-19. Received 1 dose Moderna vaccine 5/8/21. Felt malaise, febrile to 103.5 that evening, 5/9/21 began experiencing chest pain. 5/11/21 presented to emergency department. Diagnosed Myopericarditis of unknown origin. Cannot exclude inflammatory response from vaccine as etiology.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1312600-1	Chest pain briefly at 6am on 4/23/21. Chest pain returned at 9am and was more severe. I went to the emergency room. I was given aspirin and ibuprofen and was admitted to the hospital because of elevated troponin. I was given heparin on 4/24/21. Diagnosis - presumed mild myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1313620-1	Severe inflammation and pain around heart and lungs, joint pain, nerve pain, vivid malar rash. Looked like a full blown Lupus flare up. I've never had that before.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1314450-1	Acute NSTEMI versus myopericarditis versus COVID-19 side effect. Patient requires telemetry monitoring due to high risk for electrolyte imbalance, sudden death from myocardial injury Follow-up cardiology recommendations for discharge planning, recommends to monitor for 24 hours while troponins are trending down. Follow-up respiratory panel possible viral infection as a source of NSTEMI. Replace magnesium.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1317773-1	63 yo male received 1st dose of Moderna Vaccine on 3/31/21. Admitted to hospital on 4/6/21 then transferred to another Hospital on 4/12/21 for idiopathic pericardial effusion, acute kidney injury then released home on 4/23/21. He presented to hospital on 4/25/21 with acute respiratory failure, septic shock, cardiogenic shock, acute myocarditis and acute on chronic kidney injury. Transferred to different Hospital on 4/30/21
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1318229-1	My father was experiencing, weak pulse and crushing chest pain since his injection. He has long standing CHF managed with meds which have never caused side effects. He has been admitted to the Hospital approximately 4 days after injection . He is continuing to have chest pain and was seen again today by his Doctor.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1321373-1	Diagnosed with Myocarditis. Severe chest pain began at 2:30am. Went to hospital ER at 4am. Was given an ekg and blood test which showed a potential heart attack and was treated with Nitroglycerin at 4:30 am. Was given a cardiac catheterization at 6am that showed no heart attack and no arterial obstructions but showed one wall of the heart was not functioning properly. Heart issue was confirmed later in the day by an echocardiogram study. Was admitted to the hospital. Had an additional attack of chest pains at approximately 2:30pm the next day which was treated with 3 tablets of Nitroglycerin. Blood tests showed markers for inflammation.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1321408-1	patient had chest pain and SOB Day 2 after vaccine and in ER has signs of myocarditis requiring hospitalization
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1322953-1	27 yo male with 3 days of fevers, chest pain x 3 days, beginning on 5/14/21 and presented to ED on 5/17/21. Found to have pericarditis and myocarditis, troponin I of 32.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1327018-1	Acute chest pain diagnosed as Myocarditis, 24 hours after the second dose of the vaccine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1327111-1	Patient was admitted to the hospital with myopericarditis. Presented to the ER with chest pain. He was admitted for trending troponin levels and monitoring for arrhthmia/cardiac function. Troponin peaked at 10.8 on 5/15.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1327242-1	Myocarditis with chest pain, resolved after 48 hours.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1327392-1	Pt experienced nausea, vomiting,, and heartburn after vaccination on 4/27. He awoke on 4/30 with chest pain, intermittent-radiating to his back at times. His troponin level was elevated, he was admitted for treatment of myopericarditis. He stayed for 7 days inpatient and was discharged home on 5/7/21.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1327441-1	Myocarditis in the setting of recent second Moderna vaccine. Troponin peaked at 9.67 and trended downward. He was taken for cardiac catheterization on 5/17/2021 and was found to have normal coronaries. He had a cardiac MRI on 5/17/2021 which was found to be positive for myocarditis. Echo completed displaying preserved EF without wall motion abnormality or Due to the episode of NSVT will start low dose metoprolol tartrate until follow up with cardiology in the outpatient setting then hopefully able to discontinue. Post procedure restrictions discussed, patient verbalized understanding. No cardiac rehab indicated.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1329937-1	Patient with onset of sharp chest pain 1 day after second vaccination. Patient diagnosed with myopericarditis and admitted to the hospital for further evaluation and management. Patient with improved symptoms, but placed on several medications for continued management of inflammation.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1333178-1	After having the shot, hedeveloped left arm pain and did develop some lymphadenopathy in his left axillary region. He was dealing with nausea and dizziness, and the following day, he went to work, although he was feeling a bit ill. While at work, he was found to have a fever, so he was sent home. He has been having hot and cold flashes since then. He has had a poor appetite. He has had a dry mouth and trouble sleeping. One day prior to admission, he then developed a chest pain that became constant and persisted, so he came into the emergency department on 05/19/2021 for further care. He has developed myocarditis after receiving the first of his Moderna Coronavirus Disease 19 vaccines.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1333399-1	The patient had his 2nd Moderna vaccine on 4/21/21. He had headache and malaise for 2 days that resolved. On 4/24, he developed chest pain radiating to his jaw and left upper arm. He presented to the ED, he had an elevated troponin of 2.24 increased to 12.87. EKG showed ST elevation consistent with myocarditis. He was transferred to RRH and underwent cardiac cath on 4/26 which showed no CAD. He was not febrile. He was treated with metoprolol

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1334563-1	Recevied vaccine on 5/14 around 6 pm. Started noticing chest pain, chills and fatigue on 5/15 around 6 pm. Evaluated by ED on 5/17 subsuquently admitted to PICU with intermittent chest pain and elevated troponin in the setting of recent Covid vaccination as well as a history of WPW status post ablation with recent onset of intermittent tachycardia. EKG demonstrates nonspecific ST segment changes and has elevated troponin which likey points to myocarditis as a diagnosis. Continues with elevated troponin level, no medication intervention at this time, no longer having chest pain
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1334567-1	chest pain, myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1336470-1	Patient developed myocarditis resulting in hospitalization at medical center. He was treated with medications for heart failure, symptoms resolved and he was discharged home with follow up in heart failure clinic.
MYOCARDITIS	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.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1337800-1	MYOCARDITIS: Patient developed chest pain and shortness of breath. He was seen by me in the emergency department on 5/16/21 and was found to have an elevated troponin. He was admitted to the hospital and underwent a coronary angiogram which was normal. He has evidence of some global hypokinesis on his echocardiogram and eventually had a cardiac MRI which confirmed that he has myocarditis. He became ill the day after his 2nd Moderna shot and then more ill the next few days and I saw him on Day #3 after his 2nd shot. He is otherwise healthy. He was hospitalized for two days. He was discharged on Losartan and Metoprolol and was not on any medications prior to his presentation.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1338373-1	13 Hours After Dose: Chills set in, which caused back spasming and back muscle seizing in addition to shaking for approximately 20 minutes (it may have been convulsions). Also had a fever, nausea, dizziness, and injection site pain. 24-70 hours later: Fatigue and a headache 70 hours later: Woke up with major chest pains and went to ER. Testing eventually determined it to be myocarditis. Hospital stay was approximately 54 hours.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1340977-1	Patient presented to the ED on 5/3/21 with sharp chest pain since 5/1/21. He had received his second dose of Moderna COVID-19 vaccine on 4/15/21. The patient was diagnosed with gout approximately 1 week prior and had been placed on prednisone. The patient was found to have ST elevation MI with myocarditis along with cardiogenic shock. He was managed in the CCU requiring IV dobutamine and IV furosemide. Patient was transferred to secondary Medical Center on 5/4/21 for advanced heart failure therapy
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1341001-1	Patient without significant past medical history presented 5/18/21 to the ED with sudden shortness of breath, chest pain and syncope. Found to have narrow complex tachycardia with 1st degree heart block with elevated troponin. Patient was admitted 5/18/21 with diagnosis of myopericarditis. Also found to have junctional tachycardia. Workup included CTA of chest negative for PE, echo showed preserved ejection fraction and cardiac cath was negative for CAD. Patient was treated with colchicine with improvement in chest pain and was discharged on 5/21/22. She was readmitted 5/22/21 with near syncopal event with sinus arrest and junctional bradycardia.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1341479-1	Received second dose on Saturday, woke up on Tuesday at 5 AM with chest pains. Went to the emergency room around 4PM Tuesday, transferred to another hospital, diagnosed with myocarditis, and treated and monitored there for 2 days and then discharged. On medication for the next 3 months due to condition.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1341717-1	One day following second dose of vaccine, patient developed chest pain. Was admitted to the hospital with concerning ECG features and high troponin elevation. No wall motion abnormalities, so less concern for STEMI. Likely diffuse myopercarditis. Full workup still pending
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1341769-1	10 days after the second dose, experienced minor chest pains, eventually almost fainted. Went to the ER and found troponin levels that peaked at 5.78, eventually trended down to 3.55 by the next morning. MRI revealed myocarditis in the left ventricle.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1342121-1	Chest pain turned out to be myocarditis. Was hospitalized for a 2-3 days were I received treatment to lower heart rate and inflammation. Discharged on March 1st with little chest pain and prescribed Colchicine for 3 months to continue to lower inflammation.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1342165-1	NSTEMI and myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1342411-1	Standard flu like symptoms, then on the 4th day I felt chest pain right underneath my sternum and my left arm started to go numb. Was diagnosed with myocarditis and released from the hospital 3 days later with a prescription for colchicine and metoprolol.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1342997-1	Patient developed chest pain and on workup had diffuse ST elevations on EKG w/ elevated troponin suggestive of peri/myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343221-1	Vaccine Received on Wed 3/10/2021. On Saturday - shortness of breath, very elevated resting pulse (by 25 bpm) reduced oxygen saturation (87 on oximeter vs 95), moderate ongoing chest pain. Primary care doctor advised to go to ER. ER visit resulted in misdiagnosis of Heart Attack which was later changed to heart inflammation. Troponin levels elevated and stayed elevated and continue to be elevated 8 weeks later. AFter 8 weeks Troponin levels still elevated and pain occurs upon anything more than modest exercise. Patient has a history as an edurance athlete. All other tests on heart function - stress test/ Ekg, perfusion, echo - show a high peforming heart - no other defects other than heart inflamation.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343266-1	On 4-18-21, 17 days after 1st dose of Moderna, he developed upper abdomen pain, chest discomfort. He thought it was indigestion and treated it as such. When he got no relief he went to Emergency room where a cardiac alert was initiated. After he died I was told he had developed myocarditis,/pericarditis and they had to remove a liter of blood from the sac around his heart, but that his heart had gone into cardiogenic shock and that he died. They were prepared to insert a stint thinking he had a blocked coronary artery, but his arteries were clear and they had no idea what had caused this to happen. When he died so soon after the vaccine there were people who wanted to blame the vaccine but I checked into it and there were NO links between the vaccine and myocarditis, pericarditis or cardiogenic shock. Within a few weeks of his death, there began to be possible links between the vaccine and myocarditis. I know 55 is older than what is being looked at, but he had absolutely no previous cardiac history prior to this and this case should e looked at as well
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343278-1	Myocarditis, Pericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343338-1	Patient was admitted to the hospital 2 weeks following first Moderna Vaccine for COVID. Diagnosed with pericarditis/myocarditis. No other clear preceeding illness or precipitant.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343404-1	Acute coronary syndrome with normal coronary arteries on coronary angiogram. Clinical presentation suggestive of myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343535-1	I had chills for 2 nights that cause my body to be feel rigid. Then on Thursday I had chest pain on 2 occasions that lasted around an hour each time and on Friday I had to go to the ER. I was released on Saturday and I either have myocarditis or pericarditis. I need more tests to be done
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343602-1	myocarditis presented with chest pain. elevated troponins to 16,263 pg/mL, viral studies negative. MRI showed revealed late gadolinium enhancement involving the basal inferior, basal to mid inferolateral, mid anterolateral, apical lateral, apical septal, and apical inferior wall segments in a subpericardial distribution pattern, consistent with myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1343698-1	I began having very mild tachycardia and occasional shortness of breath after I had Covid 19 in the middle of December. My symptoms were very mild and did not require a doctors visit. I improved and went to get my first covid vaccine on 1/26/21. I started noticing some more mild tachycardia and shortness of breath a few days after my vaccine but I assumed I was just out of shape from not working out & being sick. I got my second vaccine on 2/26/21 and began having more severe tachycardia and shortness of breath with lightheadedness a few days later. I went to the ED March 12th due to heart rate in 160s at rest, chest pain, and difficulty breathing. I saw the cardiologist March 18 and was told I most likely have myocarditis. No treatment other than rest and no exercise. I began feeling back to normal again around the week of April 12.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1344350-1	Chest pain,
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1344578-1	Diagnosed Myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1344610-1	2 days after 2nd Moderna vaccine, patient felt heaviness in chest, went to hospital, diagnosed with myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1345997-1	Myocarditis. I had to go to the ER on last Monday after having chest pains. After doing EKG, chest x ray, and other tests, they determined it was myocarditis due to an infection. Pain level was an 8/10
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1346481-1	Patient developed fever, headache, neck pain and myalgias several hours after vaccination. Then presented to our hospital 3 days after vaccination with chest pain. ECG concerning for STEMI and patient had cardiac catheterization which showed normal coronaries. Cardiac MRI suggestive of myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1346797-1	Hospitalized with myocarditis after the second shot

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1346837-1	Developed severe chest pain, admitted and found to have myocarditis, troponin 8, cardiac cath negative
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1347051-1	On 5/7/21 client c/o sore throat, coughing, wheezing and general discomfort. Client sent to ER at 5:30 PM. Client returned at 1AM on 5/8/2021. He was given a prescription for prednisone and an albuterol inhaler from hospital. MD reports says hospitalized for myocarditis triggered by covid 19 vaccine on 122-1/24/21.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1347236-1	Chest pain 2 days following vaccine. Was admitted to hospital and diagnosed with myocarditis. Please note that he had Coxsackie related myocarditis in May 2019.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1347238-1	Pt developed upper body pain 5/17, then back and chest pain 5/18. + Troponin. CT showed LMCA and RCA SCAD. Cardiac MRI showed active myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1347264-1	Acute Myocarditis requiring hospitalization. Treated with supportive care. Symptoms slowly resolving, will follow up with cardiology
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1347442-1	pt developed myo-pericarditis, admitted to Sunnyside medical center on 3/27/21 overnight. Treated with Ibuprofen and colchicine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1347563-1	Suspected myocarditis. Requiring admission for work up, oxygen supplementation, and diuresis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1347853-1	Patient is 22 year-old, admitted to the Cardiology 3 Emergency Department with acute myocarditis shortly following the receipt of his 2nd Moderna COVID-19 vaccination. He has a remote history of acute pericarditis (01/12/2014) following viral illness, which was treated with high dose ibuprofen 800 mg t.i.d. At that time, he presented with retrosternal chest pain worse with laying down and fever/myalgia, rigors and chills (T 103.3¦F) with laboratory findings consistent with leukocytosis 17.3, elevated inflammatory markers (CRP 43, but normal ESR 12) with a negative influenza screen. ECG demonstrated diffuse ST wave elevations in leads I, II, aVF, V1-V6. He had resolution of symptoms with NSAID treatment. On this occasion, he presented with non-radiating retrosternal chest pain not responding to Ibuprofen 800 mg. At the ED, ECG demonstrated diffuse ST elevation, troponinemia 629/725/712/1319, elevated inflammatory markers (CRP 38.2, ESR 19). He had normal D-dimer and SARS-CoV-2 PCR was undetected. A cardiac MRI was obtained that demonstrated patchy subepicardial enhancement in the mid-apical lateral-anterolateral myocardium, suggestive of myocarditis. EKG showed diffuse ST elevation. He was treated with Toradol and fentanyl for pain management with improvement of symptoms. He was then admitted to Cardiology 3 for further evaluation and management. Upon admission, Infectious Disease was consulted given the novelty of his presenting symptoms and findings. Extensive evaluation including connective tissue cascade, respiratory viral panel and tick bone panel have not yielded any significant findings. They suspected this could be related to his recent COVID vaccine given that there have been reports of myocarditis that have occurred following COVID-19 messenger RNA vaccinations, though it is not clear whether there is a definite cause or effect. Moreover, the association of myocarditis and the messenger RNA COVID-19 vaccinations appears to be controversial, not supported by recent FDA reports. All in all, the Infectious Disease team recommended no specific therapies, but the case should be reported as a possible adverse event associated with the recent Moderna vaccination to VAERS. The center where the patient received this vaccination should make this report. Emergency Management Director was notified to report the event. They also felt that it may be reasonable to avoid the Moderna and perhaps even the Pfizer messenger RNA COVID-19 vaccination in the future to be conservative. While inpatient, his troponin level continued to trend up and peaked at 1707. An EKG was repeated and showed improvement in ST elevation from his initial EKG with no other acute changes. His case was discussed with Dr., who felt that a steroid taper would be appropriate. Additional chest pain was treated with PRN Ibuprofen 600 mg QID. After initiation of steroids, troponin markedly improved to 706. Due to his history of impaired fasting glucose, his blood glucose levels were monitored q.i.d. While slightly elevated, he did not require any sliding scale insulin while inpatient. We will plan to have his primary care provider assess his glucose level at his follow-up visit. Additionally, while receiving NSAIDs and steroids, his blood pressure was elevated to the 150s to 160 systolic. He was initiated on Coreg prior to dismissal. He was dismissed on 04/29/2021 given improving troponin and no concerning arrhythmias on continuous telemetry monitoring. He will follow up in the Cardiomyopathy Clinic in 3 months with a repeat cardiac MRI and stress ECG. We have recommended the patient to avoid heavy lifting or strenuous activity for the next 3 months until seen by the cardiomyopathy Clinic. He was provided with education and a letter delineating work restrictions.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1348866-1	Experienced chest pain two days after shot. I did have covid-19 1 year prior to the shot but was sent to the hospital for myocarditis. I was in the hospital for 2 days, now in unable to exercise and cannot do any harsh work.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1350508-1	Per the nursing supervisor and medical records, this patient developed chest pressure, dizziness and shortness of breath 3 days after his second moderna vaccination.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1350827-1	Myocarditis with troponinemia to 4, no volume overload/heart failure. Presented with chest pain the day after vaccination, did not abate, associated with palpitations, went to the ED and found to have troponinemia. Treated conservatively. Left heart cath showed non obstructive CAD, preserved LVEF 55%, discharged home on colchicine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1350898-1	Chest pain with EKG changes and elevated troponin - final diagnosis - myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1351243-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1351476-1	Student started having chest pain the next day on 5/19/2021. Seen at student health on 5/21/21 for atypical chest pain. Had normal EKG. Labs drawn for D-Dimer and troponin. Sent to ED next day when troponin came back at critical level - 7.42. He was admitted from ED to hospital 5/22/21 with myocarditis - discharged on 5/52/21 with final Dx of Non-ST elevation myocardial infarction, Of note he has a twin who was diagnosed with myocarditis last year.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1351943-1	Awoke to chest pain on 5/24 @ 1AM. Waited 24hrs with pain fluctuations. Went into ED 5/25 @0630, with continued chest discomfort. Was given nitro, ibuprofen, colchicine. Was diagnosed with Myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1352163-1	2/19/21- Patient presented with shortness of breath that appears to be chronic, but potentially worse (this was 5 days after 2nd Covid vaccine). Lab tests showed thrombocytopenia (unknown if this is new or old) as well as mild transaminitis (again, not known if new) 3/23/21- Patient presented with a stroke involving the R frontal and parietal lobe. Echo normal at that time 4/22/21- presented to urgent care again and was found to have elevated troponin (without associated chest pain or EKG changes). Echo was normal, but cardiac MRI showed evidence of myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1352783-1	Heart beat racing . Severe palpitations. Mri done after several visits to be told i had Myocardiatis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1354158-1	For the next few days after I received the second dose of the vaccine, I experienced muscle and body aces, fatigue, and a low grade fever. About 3 days after getting the vaccine I woke up at about 2 AM on the 18th with severe chest pain, the other side effects had subsided at this point. I ended up going to the ER after about a half hour of the pain not going away. They ran a Troponin blood test and foinf my levels to be high. They also tested me for Covid which came back positive. They ended up doing an ultrasound of my heart, using a catheter to take a look at my arteries, a chest xray, a CT scan, and an EKG. The final diagnosis was myocarditis of the heart. I had to stay in the hospital for a few days while my heart stabilized. I was given orders to only participate in light exercise and to take it easy for now. I have a follow up visit with the cardiologist in about a week frok now. It was also found out through testing that I may have Wolf Parkinson's white syndrome.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1354208-1	1 day after vaccination developed new HA and nausea 2 days after vaccination developed new SOB, pleuritic chest pain
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1354426-1	HPI/Subjective: is a 47 year old male with minimal past medical history who presents in consultation. He was hospitalized with myocarditis. The patient presented to PWF 5/16 with CP, fatigue and elevated HR. He had received his second dose of the Moderna COVID-19 vaccine 3 days prior. The initial ECG showed nonspecific ST abnormalities. HS-troponin 1,438 -- > 5,951. Echo showed ejection fraction of 35% with global hypokinesis, akinesis in inferior and inferoapical segments, and mild right ventricular hypokinesis. He was subsequently transferred to to PPMC and underwent coronary angiogram on 5/18/21 which demonstrated normal coronary arteries. In consultation with Dr. , he was discharged on losartan 25 mg/day and metoprolol succinate 50 mg BID for outpatient follow-up. Cardiac MRI 5/19 showed T2 signal abnormality and LGE involving the subepicardium of the lateral wall, inferior wall, as well as septum c/w acute myocarditis. LVEF 53%. Dr. submitted his case to the VAERS site. reports feeling much improved. He denies fatigue, dyspnea, palpitation, or presyncope. He has noted fleeting chest discomfort. No fevers or chills.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1354446-1	From f/u note 5/18/21: HPI/Subjective: patient is a 37 y.o. male with above past cardiovascular history who presents today for follow-up. He was hospitalized at hospital from 4/1/21 to 4/2/21 after presenting to ED with 12 hours of chest pain, found to have markedly elevated troponin (9,142). Of note, he received 2nd COVID vaccine a day before symptoms began. CT coronary scan showed calcium score of 0. Cardiac MRI on 4/2 showed myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. He was started on colchicine x 6 months. Today, patient reports improvement in chest pain since discharge. He reports rare episode of chest pain with last episode ~3 weeks ago. He denies participating in very rigorous exercise, but did complete 20 mile bike ride recently. Denies palpitations, dyspnea, orthopnea, PND, abdominal distention, LE edema, fatigue, lightheadedness, dizziness, syncope or near syncope. Cardiovascular Problem List: #Myocarditis o 4/1/21. Echocardiogram: EF 60% o 4/1/21. CT coronary: Calcium score 0 o 4/2/21. Cardiac MRI: myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. Assessment/Plan: #Myocarditis: During admission, echocardiogram was normal with EF 60% and CT coronary angiogram showed Agatston score of 0. Cardiac MRI showed myocarditis, with anterior and lateral subepicardial enhancement as well as abnormal T1 and T2 signal. Of note, he received the second Moderna COVID-19 vaccine the day prior, so - Monitor, will consider repeat MRI at follow up (more for activity recommendations given age) - Continue colchicine for total of 6 months (until Oct 2021)
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1354494-1	HPI/Subjective: 78 yo with above PMH who presents for new patient evaluation. He was admitted to hospital on 4/3-4/5 for acute episode of dizzines jaw pain found to be hypertensive with elevated troponin. Troponin peaked at 10K. Echo showed no WMAs. Angiogram showed mild distal PLA disease but no other obstructive disease. Cardiac MRI showed a focal area of mid wall LGE consistent with myocarditis. Supportive treatment. Additionally during this admission was found to have small acute L occipital infarcts and tiny infarcts vs artifact in the left thalamus and medulla. Lipid panel and HbA1c unrevealing. ECHO unrevealing. CTA was unrevealing. Patient will D/C with zio patch. Long term blood pressure goal is <130/80. Today, reports feeling OK. No recurrence of the dizziness or jaw pain that brought him into the hospital. No chest pain or pressure or syncope or dyspnea on exertion. No orthopnea, PND or LE edema. Walking 2 miles fast pace without any symptoms. Blood pressures are 130-200s (pre increase in Lisinopril) lower in the morning and worse in the afternoon/evening. Former smoker (quit in '85). Family history - Mom had a AVR in 70s
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1354537-1	Synopsis: 29 y.o. male w hx myocarditis of unknown etiology in September of this year presenting w six days of palpitations - a sx he associates w prior myocarditis. No CP or SOB. No dizziness. No weight gain. Had second COVID vaccine 5/12/21 and sxs began within a day or two following. Seen in rapid care and found to have tropinemia. Spoke w cardiology who requested an echo, motrin (confirmed w pharmacy), colchicine, and planned an echo. Reeval to follow - if trop downtrending, may be able to go. He would prefer discharge. 29yo patient with history of depression, OCD, who was admitted 8/2020 with chest pain for 2 weeks found to have episode of myopericarditis with troponin T peak 0.95 and Troponin I of 6.35. CRP was 14. At the time TTE showed LVEF 50%. He was treated with lisinopril and ibuprofen and had improvement of pain. He later followed with a cardiac MRI 9/2020 which showed LVEF 55% and patchy epicardial/midmyocardial enhancement consistent with myocarditis. Trace pleural effusion. Patient was called by his cardiolgist today. He reported he has been feeling unwell for past 5 days (similar symptoms to his first moderna shot) after his moderna shot #2. He had fatigue, body aches, chest pain, back pain and feelings of palpitations. He had some mild fevers and chills initially as well. These symptoms also occurred when he had moderna #1 (exact same). He was asked by cardiologist to come to the ED concerning for myocarditis given reports of myocarditis post vaccination. Upon arrival to the ED, patients vitals were stable. He does not have any chest pain at this time. He reports that he had some palpitations starting after his shot. He denies any SOB, nausea, vomiting at this time. His HR was 60s in the ED with sBP 120s/67 on room air. His CRP was normal 2.8 Troponin I POC 1.66 EKG without any significant changes from prior but slightly more accentuates TWI in leads II, AVR. 29 y.o. male w hx myocarditis of unknown etiology in September of this year presenting w six days of palpitations - a sx he associates w prior myocarditis. No CP or SOB. No dizziness. No weight gain. Had second COVID vaccine 5/12/21 and sxs began within a day or two following. Seen in rapid care and found to have tropinemia. Spoke w cardiology who requested an echo, motrin (confirmed w pharmacy), colchicine, and planned an echo. Reeval to follow - if trop downtrending, may be able to go. He would prefer discharge.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1354606-1	Several days after vaccine administration patient developed shortness of breath, orthopnea, tachycardia, leg swelling, cough. Seen by Cardiology outpatient, had Echo which showed EF 15%. Admitted to medical center. Patient diagnosed with myocarditis post vaccine administration by ID.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1355197-1	Developed sharp,constant left sided CP which was relieved with sitting forward 3 days after his second dose of Moderna Covid-19 vaccine. No palpitations, edema or SOB. Dx: Probable Myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1355261-1	Myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1355532-1	"5/1/21: Patient woke with chest pain, elevated respiratory rate, nausea, and sweating. Recognizing symptoms of a heart attack, the patient presented to the emergency room at 5:30am. ECG normal, Troponin at 2.1 at presentation, continued to increase to 4.6 prior to being taken to Cath Lab. Coronary angiography showed no occlusion; patient admitted to telemetry unit for continued monitoring; discharged following day with order for cardiac MRI. Outpatient cardiac MRI conducted 5/5/21 revealed myocarditis. Treatment with beta blockers (Metopolol Succinate 25MG QID) and anti-inflamatory (indomethacin 25MG TID) with direction to avoid exercise. Light yardwork on 5/22 resulted in patient feeling ""racing heart""."
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1357694-1	Chest pain with Myocarditis/pericarditis onset 3 days after vaccine administration
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1358297-1	-NSTEMI (non-ST elevated myocardial infarction)
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1358379-1	Shortness of breath and feeling of pressure on sternum began on the evening of Sunday, May 8th and continued through Monday May 9th. Went to clinic on Monday evening (5/9/21). Slightly elevated troponin levels detected (0.14 ng/mL) and waas subsequently transferred to Hospital. After 2 days of testing in cardiac unit final diagnosis was mycarditis with no determined cause.
MYOCARDITIS	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.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1358576-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1358593-1	Patient with no past medical history, presented to the emergency department with complaints of acute onset left-sided chest pain while getting ready for work. Pain was described as burning sensation that is somewhat improved with leaning forward. Notably patient had received his second dose of the COVID 19 vaccine series (moderna) 3 days prior to presentation. He also noted generalized weakness with hot and cold chills after the vaccination that resolved within 24 hours. ECG in the emergency department with concerning for ST-segment elevations in anterolateral leads and cardiac enzymes were positive. Patient then underwent cardiac MRI which found evidence of perimyocarditis believed to be due to acute inflammatory response to second dose of COVID-19 vaccine series as all other tests were negative and patient had no previous viral illness prodrome. The patient was treated with colchicine and later discharged home after a 3 day hospitalization.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1359036-1	Myocarditis, pericarditis, pericardial effusion, pulmonary effusion

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1359866-1	Diagnosis: acute pericarditis and acute myocarditis. Patient received Moderna Covid19 vaccine 1st dose 4/21/2021 LOT 037A21B to left arm. Stated he had sore arm. Patient received Moderna Covid19 vaccine 2nd dose on Tuesday, 5/25/2021 LOT 044B21A to right arm. Tuesday afternoon he developed a fever but did not take his temperature. On Thursday morning (May 27) he was at rest and stated that's when he first felt chest pressure. Chest pain got worse since yesterday, prompting a visit to urgent care then urgent care sent patient to ED. Denies shortness of breath, dizziness, cough, or other associated symptoms. complains of anterior chest pain, does not radiate. non smoker. trop 3.79, CRP 35.4; sed rate 17, EKG . ED physician consulted with cardiologist. Patient given ibuprofen 600 mg PO x1 in ED and discharged on ibuprofen and will be following up with cardiologist. discharge dx by ED doc: acute pericarditis and acute myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1359882-1	Acute myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1360693-1	Mayocarditis; started as a feeling like I had a very bad viral infection on 5/18. Then 5/20 I started getting intense chest pain and went to Hospital where I was admitted for 5 days. They observed my condition and gave me Ibuprofen, Motrin, and Colchicine. Released on 5/25 once my fever broke.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1361223-1	Pericarditis or pleurisy. Was better after three days. Had myocarditits in 2019 and the infection timeline was identical. That one took 6 days to heal.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1361342-1	Myocarditis - admission and treatment in Hospital - discharge with treatment ongoing for myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1362473-1	"It is thought to be vaccine-induced myocarditis. Myocardial infarction was ruled out. Patient does now have a reduced ejection fraction of 45%. Here is the note from the ED today: ""He indicates that he was awakened from sleep with chest pain this morning around 2:50 AM. He ended up trying to sleep longer to see if it would improve and ended up going to his mother's room. She recommended that he drink some orange juice and gave him some Tylenol. He states that the pain continued to increase since that time and he asked her to bring him to the emergency department. The patient states that the pain is on the left side of his chest radiates to his left shoulder and down his left arm. He denies that it radiates to his back. He has had lightheadedness. He does not feel short of breath. He does have some pain into his left jaw as well. He has not had any vomiting. He denies abdominal pain. He denies diarrhea. The patient did receive his second dose of the Moderna vaccine on Friday to his left arm. He has had fevers over the past 24 hours to 103 at home. His mother and he indicate that the go away with Tylenol though seem to come back when the Tylenol wears off. He did complain of some headache, myalgias, malaise and sore throat which she states were all worse when he would have a fever and seemed to dissipate when his fever resolved. He states he did not and has never had chest pain like this until this morning. The patient does not have a history of Covid infection. He is active and has run track in the past. He has not had any travel. He denies any pain or swelling to his legs or calves. He has had no sick contacts. His mother received her second dose of the vaccine on the same day that he did and has not had any similar symptoms. """
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1365183-1	Bilateral shoulder and wrist pain. Elevated troponins. Diagnosed as myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1368040-1	Patient was diagnosed, admitted to hospital for 7 days and discharged home without O2, he got his 1 dose of Moderna vaccine after 45 days of COVID19 diagnosis. With in 8 hours patient started developing Shortness of breath, Chest pain and myalgia so admitted to ICU, intubated and found to have Diffuse alveolar hemorrhage and Myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1368362-1	Patient experienced myalgias, dizziness and nausea. Single episode of mild chest pain 2 minutes day prior to presentation. Diagnosed with myocarditis in the Emergency Department (5/24/2021) and admitted for treatment. Discharged on 5/26/2020.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1368434-1	Chest pain with exertion beginning night of Sunday (4/25). Increased chest pain with exertion through Monday morning and afternoon. Went to ER to get checked Monday evening. Admitted due to elevated troponins. Stayed in hospital for 2 nights. During stay had echocardiogram and heart cath done due to troponins continuing to elevate. These showed clear and ruled out anything serious like a blockage. Discharged Wednesday afternoon to rest at home with MRI scheduled for Friday morning. Appointment with cardiologist Monday after the MRI and given the diagnosis of myopericarditis. Still resting at home and avoiding strenuous activity to recover fully.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1368539-1	Patient received second Materna vaccine 5/28/2021 around 630 pm. Around 10 PM felt fatigue and headache. Felt very fatigued and unwell and slept most of 5/29 - 5/30. On 5/31, began experiencing chest discomfort radiating to left arm and palpitations. Presented to hospital which was notable for abnormal EKG with diffuse ST elevations and PR depressions, troponin peak of 25. TTE revealed low normal systolic function with EF 50%, no valvular disease or wall motion abnormalities. Cardiac MRI revealed subepicardial delayed myocardial enhancement in the mid, apex lateral wall of the left ventricle and adjacent pericardium consistent with myopericarditis. Patient was treated with colchicine and improved. Infectious work-up for cardiotropic viruses were sent, viral swab was notable for positive rhinovirus/enterovirus. Patient's presentation and timing of vaccine should be looked into as it is unclear wheter this presentation can be entirely due to presence of virus as above. This is notably at least the second presentation of teenager with myopericarditis on this cardiology service in the past 2 weeks in setting of recent Covid vaccination.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1368680-1	Pt was seen in the emergency department for substernal chest pain four days after his vaccination. He was found to have an elevated troponin. Echocardiogram in the ED was unremarkable. The patient was diagnosed with myocarditis and admitted for observation. Patient is currently stable and admitted.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1369308-1	acute myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1369788-1	Patient started having generalized body weakness and fatigue few hours after vaccination on 05/22/2021. He subsequently developed chest pain on 05/23/2021 which progressively worsened and resulted in his presentation at the emergency room on 05/25/2021. While in the ED, Troponin was elevated at 17.22. EKG done had revealed ST elevations with PR depression. Cardiac MRI done showed myocardial edema involving the mid/apical lateral wall suggestive of acute myocarditis/inflammation. Patient received a loading dose of Colchicine and Ibuprofen as anti-inflammatory agents. Troponin was trended and peaked at 23.60 and slowly down-trended to 1.84 on 5/28/21 and he was subsequently discharged to follow up as outpatient.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1369804-1	3/5/21: Fatigue Fever Headache Nausea Brain fog body Aches Pain at injection site Armpit lymph node swelling (left side) Sore throat Upper neck pain (left side) Hives 3/12/21: heart/chest pain 3/17/21: Sharp chest pain, coughing, constant heart pain and pressure, painful breathing, loss of appetite PCR COVID test = Negative 3/18 all of the above symptoms...felt really odd, fatigued, achy joints in knees and ankles 3/19: Swelling in upper lip Hives on left buttock and inner thigh PCR Covid Test = Negative 3/22/21: Chest tightness, Heart pain, loss of appetite, chills fatigue 3/22/21: Telehealth appt. and continued symptoms to varying degrees 3/31/21: noticeable and strong heart arrhythmia began early morning 4/1/21: continued heart arrhythmia with nausea, cough and rapid pulse, went to ED and diagnosed with PVC bigeminy. Labs were normal. 4/2/21: Continued PVC?s w/bigeminy. Saw Dr. (Cardiologist) outpatient and he ordered a stress echo and holster monitor. 4/3/21: Continued PVCs w/bigeminy 4/4/21: Continued, persistent PVCs w/bigeminy, racing pulse and increased blood pressure while resting. Went to medical Center ED, was assessed and admitted. 4/6/21: Diagnosed with Myocarditis, Discharged to home 4/11/21: Chest pain, arm numbness, left side pain. Assessed at ED and sent home 4/28/21: Seen by Cardiologist 5/8/21: Chest pain, fatigue, left arm pain, Assessed at ED 5/11/21: FDG PET Scan showed bilateral mild atelectasis, myocarditis has cleared To present date: continuing extreme fatigue and chest pain Disconnect to cosmic rhythm...hearts are all connected...measure the pulsation of the blood in the veins. Breathing soul in/out...3rd breathing...breath soul into incarnation and out of it. Space inbtween this and the new birth...new cosmos jourey...soul takes in planetary...take in ...return into incarnation...inspiration...inhaling. Yourself back...archangels/angels until tickle ba k in to mommy?s tummy take over controls..journey is expressed in to blood circulation...upper loop and lower loop...figure 8 realigned the cosmi original RH thing into your constitution...rhythm instead of dissonance...paradox and putting them together was often difficult...dissonance into feeling so love and rhythm of life...got a reboot. Start trickling into into me as a rise of joy and hope and later enter into each cell of my body. Speaking to: His health and redefinition of our relationship...contributed thought I see jovial and happy and emotional fragile...in concerns with other stressors...aspect of stability that shifted that I?m still redefining...self identity. Aspect with the children...affluent...growth..expanded who/how what we are...virus into my heart. Virus can be kicked Call in own angles and guides...clear presence and guidance and enough Flip top water bottle Black Slippers (in closet I think) Black Pj - top drawer on right. There are shorts, a top and pants Travel size liquid body wash....all sorts of samples in my drawer to the left of my sink
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1371251-1	patient received Moderna vaccine approx 1 week prior, developed chest pain x 2 days, presented to ED with elevated troponin I, possible STEMI on EKG, appears to be myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1371355-1	Woke up to chest pain 3.5 days after 2nd dose. Went to ER where elevated Troponin levels were found from bloodwork. Sent to another hospital in ambulance where I was put on a Heparin drip. After multiple tests (EKG, echocardiogram, CT scan) cardiologist diagnosed Myocarditis. Released from hospital after 2 days once they determined that the heart was healthy aside from the inflammation.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1371494-1	pericarditis/myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1371649-1	Left ventricle failure, lymphocytic myocarditis Lung bleeding pneumonia
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1371883-1	Tightness in chest. Shortness of breath. Sore jaw. Pain in left arm. Called 911 and paramedic took EKG and informed me I was having a heart attack on the way to the hospital. Once at the hospital they measured my TnT-Gen5 and the baseline was 2658 ng/L with another test taken an hour later showing 2873 ng/L which led to additional tests listed in box 19. Final diagnosis was perimyocarditis and I received a prescription of Colchicine 0.6 MG to be taken twice a day for 6 weeks and then follow up with a cardiologist.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1371913-1	Presented with chest pain that was determined to NOT be related to ACS. Myocarditis (no troponin) and pericarditis (no EKG changes, no effusion, no friction rub) remained in the differential with costochondritis. Her symptoms resolved with NSAID and colchicine and was sent home after a three day hospitalization.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1374008-1	"ON 3 JUNE 2021 @ 1453, ""25-year-old female who presents to the emergency department with 2 days of worsening left-sided chest pain associated with some myalgias shortness of breath she received her second covid vaccination on the first of June. she also has some bilateral anterior shin pain soreness into her arms as well. Denied any fever and a productive cough any nausea or diarrhea"". Patient was admitted to ICU on 3 June for NSTEMI in setting of chest pain/SOB with elevated TnT. Significant elevation of TnT >3K with unremarkable ECG. TIMI score 1, grace 52. Given her age etiology concerning for possible Myocarditis but will start appropriate tx for NSTEMI and order formal TTE.....Patient has been diagnosed with Myopericarditis. The patient didn't have any significant changes on her EKG, however, she did have elevated troponins up to 3134 ng/L which trended down to 2455 ng/L on recheck. Given the pleuritic nature of her chest discomfort, MD suspected Acute Myopericarditis. She is still symptomatic and thus, MD recommended she take high-dose NSAIDs. MD would not too keen on starting her on steroids and/or colchicine unless she doesn't get better on follow up evaluation. Echocardiogram showed intact ejection fraction. MD have sent off additional labs to look for other causes of myopericarditis. The patient should also be on a low-dose of beta blocker and ACE inhibitor. She'll follow with her primary care provider and cardiology."
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1374713-1	chest pain and developed myocarditis starting 2 days after receiving 2nd covid vaccine
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1374769-1	Myocarditis requiring hospitalization and medication treatment
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1375371-1	The second dose of vaccine was taken on 05/21 Friday at 8:30am. By that evening, I felt the usual symptoms of fever, body ache and chills, which continued for the next 48 hours. By Sunday, 05/23, I was feeling back to normal and in good health. The next morning, Monday, 05/24, I woke up with chest pain, a crushing pain by my heart and I went to the ER. An EKG was taken, and the cardiologist mentioned that it was abnormal and that a catheter angiogram needed to be done to check the arteries. That was followed by and ECG and a MRI and a stay at the hospital overnight. Next morning, the cardiologist told me that I have myocarditis caused by the vaccine and the inflammation is at the tip of the heart. I am currently on medication over the course of the next month, till my follow up visit with the cardiologist.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1376818-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1377360-1	myopericarditis chest pain, persistent tachycardia with ECG changes, elevated troponin
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1377894-1	Developed chest pain and elevated troponin levels. Course consiistent with myocarditis. Negative angiogram performed.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1378135-1	11:05- lightheaded, nausea, chills. Laid on the ground for probably an hour recovering. Once home, I noticed my chest feel a deep sore, achey. I chalked it up to the side effects, until i went mountain biking and had to turn around after there was so much resistance and pressure in my chest. I'm glad I turned around when I did. It continued to be a deep constant pressure for over a week after the shot. Eventually the pressure subsided but I also didn't do any physical activities after the mountain biking experience. As i tld the Dr.s this same story they told me I should have gone to the emergency room... Of course I didn't know, so I went about my life just reducing physical activity. I went in for my second shot today and was informed of the new possible linkage between myocarditis and vaccines. What the Dr.'s described (I had two in the room this time because of the way I reacted to the first shot) was exactly what I felt after the first shot. If I was having the same symptoms, as recently discovered, but only after the first one, I wasn't going to try and find out if I would die from this second one or how much worse the inflammation would be. I will disclose, pertinent or not, that I am a small individual at 5'7, 120.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1378317-1	Chest pain, elevated troponin, suspected myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1378388-1	myocarditis, pericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1381862-1	Acute myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1382002-1	Patient presented to urgent care and then doctor with chest pain that awoke him rom sleep. ECG showed signs of pericarditis. Bloodwork showed very elevated troponin (up to 17.5 ng/ml).
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1382039-1	Acute myopericarditis: chest pain, presenting w/ EKG findings of pericarditis and elevated troponins; improved w/ pain medications and supportive care; no significant complications at time of report (patient remains admitted for care coordination)
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1382121-1	Patient presented with chest pain .troponin peaked at 7.5. Patient discharged hospital with diagnosis of ?myocarditis secondary to moderna vaccination?.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1382313-1	myocarditis: presented with 1 day chest pain.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1382379-1	The patient developed myocarditis several days after receiving the vaccine. He was admitted to hospital and observed for several days before discharge in stable condition.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1382381-1	Moderna COVID-19 Vaccine EUA: Myocarditis, Type 2 myocardial infarction (NSTEMI) Patient received Moderna Covid Vaccine on 3/16/21 and second dose on 4/21/21. Patient presented to the ED on 4/24/21 complaining of acute onset central chest pain/pressure with radiation to jaw, left upper extremity that awoke him from sleep at 05:50 in the morning. After awakening, patient notes the chest pain was approximately 7 or 8/10, had diaphoresis, was anxious with the severity of the symptoms, but symptoms seem to have spontaneously improved and now has only mild 1 to 2/10 central chest pressure, mild discomfort in left arm, but no nausea, vomiting, headache, dizziness, and no recent febrile illness. Patient underwent cardiac cath to rule out SCAD. Cath was clean with no SCAD or CAD. Patient discharged on Aspirin, Metoprolol 12.5 mg QD.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1382398-1	Vaccinated 5/20/21. Onset of chest pain 5/26/21. Admitted to hospital 5/28/21. Dx of myopericarditis. Treated with bedrest, analgesia, and telemetry monitoring to r/o ventricular arrhythmias. Patient was recovered 5/30/21 and discharged.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				"Cardiology Consult: Patient ID: (Name) Date of birth: (Date) Primary Care Provider: (Name), MD Admitting Provider: (Name), MD Admitted: 5/22/2021 Reason for Admission: Chest pain SUMMARIZED H&P: Patient is a 36 year old male with no significant past medical history, healthy gentleman, that presents post covid vaccine with chest pain. He got his second dose of Moderna vaccine on Wednesday and then later that evening developed fevers, chills, body aches and flu likely symptoms. They continued through Thursday evening. He was taking ibuprofen but was having a hard time swallowing it. He started developing neck and chest discomfort and initially thought it was due to difficulty with pills. Symptoms continued through Friday despite the flu like symptoms improving. They talked to a family member that recommended they present for presentation. On presentation EKG showed diffuse ST elevation with PR depression. PR elevation in V4. Troponin peaked at 16.57 and is now 6.59. Echo with normal EF and no effusion. He was started on colchicine yesterday. Tele without any arrhythmias. He reports that symptoms were worse when laying down or taking deep breaths. Has not had any symptoms today. No history of heart disease, exertional symptoms or family history of early CAD Patient Active Problem List: Skin lesion of left leg Anisometropic amblyopia of right eye Myopia of both eyes with astigmatism NSTEMI (non-ST elevated myocardial infarction) PMH: has no past medical history on file. PSH: has a past surgical history that includes pr create eardrum opening,gen anesth (11/06). FH: family history is not on file. SH: reports that he has never smoked. He has never used smokeless tobacco. Social History Occupational History ? Not on file Tobacco Use ? Smoking status: Never Smoker ? Smokeless tobacco: Never Used Substance and Sexual Activity ? Alcohol use: Not on file ? Drug use: Not on file ? Sexual activity: Not on file Allergies: has No Known Allergies. Medications: Prior to Admission medications Medication Sig Start Date End Date Taking? Authorizing Provider fexofenadine (ALLEGRA) 180 MG tablet Take 180 mg by mouth once daily as needed Yes Provider, Historical, MD FIBER PO Take 1 tablet by mouth once daily Yes Provider, Historical, MD ibuprofen (MOTRIN) 200 MG tablet Take 200-600 mg by mouth every 6 hours as needed for Pain Yes Provider, Historical, MD Review of Systems: A 10 point ROS was obtained and was otherwise negative except for chest pressure Physical Exam: GENERAL: thin, well-appearing individual in no apparent distress. Vital Signs:*BP 98/70 Pulse 79 Temp 96.3 ¦F (35.7 ¦C) (Oral) Resp 18 Ht 5' 11"" (1.803 m) Wt 156 lb 6.4 oz (70.9 kg) SpO2 98% BMI 21.81 kg/m2Body mass index is 21.81 kg/m¦. EYES: EOM intact bilaterally. EARS: hearing is grossly intact. NOSE: patent and moist. OROPHARYNX: moist and pink. NECK: supple, no masses, no adenopathy, no thyromegaly, no JVD, no carotid bruits. LUNGS: Clear to auscultation bilaterally. No rhonchi, rales or wheezes. HEART: Regular rate and rhythm, normal S1 and S2, no murmur(s). No rubs or gallops. ABDOMEN: Soft, nondistended. Nontender to deep palpation. No palpable masses, or organomegaly. Positive bowel sounds. EXTREMITIES: No clubbing,cyanosis. no pedal edema. CIRCULATION: 2+ pedal pulses bilaterally. SKIN: No rashes or open lesions. NEURO/PYSCH: No gross focal deficits. Alert and oriented x 3. Appropriate affect and mood. Most recent diagnostics and Labs: Recent Labs Component Name 05/23/21 0808 CHOLESTEROL 142 TRIGLYCERIDE 60 HDL 44 LDL 86 NONHDL 98 Recent Labs Component Name 05/23/21 0808 05/22/21 1415 WBC 6.0 9.1 Recent Labs Component Name 05/23/21 0808 05/22/21 1415 SODIUM 141 140 POTASSIUM 3.8 4.0 CHLORIDE 104 102 CO2 32* 27* BUN 11 8 CREATININE 0.90 0.9 CALCIUM 9.4 9.2 GFR >90 >90 No results for input(s): APT, INR in the last 87600 hours. Echo: ? Ejection fraction is 5560%. Question extremely mild area of inferoapical hypokinesis. ? There is no clinically significant regurgitation or stenosis. ? Pulmonary arterial systolic pressure is within the normal range. ? No significant pericardial effusion. IMPRESSION: Myopericarditis 2/2 covid vaccine - EKG changes and positive troponin - No evidence of effusion - troponin trending down and symptoms are improving PLAN: I reviewed findings with patient and his fiancT. We discussed pathophysiology and treatment. Since he had a difficult time with ibuprofen, we will treat with colchicine for 6 weeks at 0.6mg BID. Discussed side effect of diarrhea. I reviewed recommendations for avoiding strenuous activity and contact sports for 1 month due to cardiac inflammation. I reviewed risk of cardiac arrhythmias with myopericarditis and do recommend continuing with metoprolol on discharge. Recommend follow up with general cardiology in 4-6 weeks for follow up Thank you, (Name), DO Cardiac Electrophysiology"
MYOCARDITIS	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1382688-1	Pt developed chest pain and shortness of breath. Evaluated in ER and found to have elevated troponin level. Pt admitted and treated for myocarditis.
MYOCARDITIS	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1383129-1	Acute myocarditis, pluritic chest pain, elevated troponins. normal echo
MYOCARDITIS	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1384941-1	3 Days after shot tightness in chest occurred, on the 4th morning patient went to Hospital and was admitted with myocarditis and pericarditis following x-rays, ekg, and bloodtests showing elevated troponin and white blood cell count. Next 24hrs patient was monitored, given Indomethacin, and lovenox. Patient responded well with no continued chest tightness and was discharged 5 days after initial vaccine.
MYOCARDITIS	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1385089-1	Patient had GI symptoms 4 days after vaccination and then developed dyspnea. By seven days post vaccination, patient had difficulty breathing and then came to the hospital. He was found to be in acute heart failure and multisystem organ failure. Leading diagnosis was post covid vaccination myopericarditis
MYOCARDITIS	**COVID19 (COVID19 (MODERNA)) (1201)**	**MODERNA**	1385381-1	

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1385868-1	Pt w/smoking hx and strong family hx of premature CAD p/w worsening severe, dull ache pain radiating in left arm that's been intermittent over past week and associated w/tightness in neck/chest & diaphoresis/SOB. Did receive 2nd Moderna vaccine prior week (5/7 & 6/4) and described feeling poorly x24hr, then started feeling above symptoms. EKGs showed sinus rhythm w/ST elevations (V3-V6), II, & aVF w/troponin 8.32 and 3-hr troponin 13.58. Was admitted & started on hep & nitro gtt, ASA, beta-blocker/ACE-I. CRP=6.1, ESR= 17. CXR was clear. MRI confirmed myocarditis & heart cath revealed no obstructive CAD. Pt improved & was ultimately discharged w/weekly CRP & clinic f/u in 1 mos.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1386872-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1388483-1	patient admitted to hospital on 6/8 with myocarditis. He had vaccine on 6/4. He began having fevers 6/5. Also discovered a tic on his feet on 6/5, treated with doxycycline.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1388580-1	Per pt : had midsternal chest pain for a few min the day of the first infection and then resolved . SHe mentioned that the the vaccine center during the second shot got mid sernal chest pain x 2 for a few min each time after the second dose _ within 24 hr of the vaccine and self resolved. + arthralgia's and muscle aches throughout the time She presented on 5/15/2021 with complains of chest pain in the midsternal area and to bilateral sides, no radiation and felt like pressure. EKG pertinent for v2,v3 TWI new from before. Troponin from 0.02--3.5 L heart Cath 5/17: No CAD , Normal LVEF Ct chest PE protocol : neg MRI heart :5/18: acute focal myocarditis left mid inferolateral segment with focal myocardial edema and fibrosis LYME AB SCREEN (Outside Lab) Latest Units: index <0.90 Negative SARS CoV 2 AB IGG (Outside Lab) Negative SARS COV 2 AB (IGG) SPIKE, SEMI QN Latest Ref Range: <1.00 index >20.00 (H) Adenovirus PCR Not Detected Enterovirus PCR Not Detected Sars-Cov-2 (Covid 19) by PCR Negative CYTOMEGALOVIRUS ANTIBODY (IGG) (Outside Lab) Latest Units: U/mL >10.00 (H) CYTOMEGALOVIRUS ANTIBODY (IGM) (Outside Lab) Latest Units: AU/mL <30.00 EchoV T6 Ab <1:10 EchoV T7 Ab <1:10 EchoV T9 Ab <1:10 EchoV T11 Ab <1:10 EchoV T30 Ab <1:10 EBV VIRAL CAPSID AG (VCA) AB (IGM) (Outside Lab) <36.00 EBV VIRAL CAPSID AG (VCA) AB (IGG) (Outside Lab) 242.00 (H) EBV NUCLEAR AG (EBNA) AB (IGG) (Outside Lab) 252.00 (H) INTERPRETATION (Outside Lab) Unknown PAST INFECTION HERPESVIRUS 6 AB (IGG) (Outside Lab) 1:20 (H) HERPESVIRUS 6 AB (IGM) (Outside Lab) <1:20 INFLUENZA TYPE B ANTIBODY SERUM (Outside Lab) Latest Ref Range: <1:8 titer 1:8 (H) PARVOVIRUS B19 ANTIBODY (IGG) (Outside Lab) Unknown 0.2 INFLUENZA TYPE A ANTIBODY SERUM (Outside Lab) Latest Ref Range: <1:8 titer 1:32 (H) PARVOVIRUS B19 ANTIBODY (IGM) (Outside Lab) Unknown 0.1 HIV 1 And 2 Latest Ref Range: Non-Reactive Non-Reactive
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1388608-1	Approximately 3 days after receiving the 2nd dose of the Moderna COVID-19 vaccine, this patient developed chest pain. He presented to the hospital where subsequent testing revealed pericarditis and myocarditis. Workup included EKG, labs, CTA of coronaries. His symptoms improved by time of discharge. He followed up as an outpatient and underwent cardiac MRI which confirmed diagnosis of myocarditis.
MYOCARDITIS	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.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1389112-1	Patient received his second Moderna COVID-19 vaccine on 6/5. Approx 5-8 hours after the vaccination, he developed severe chest pain, which has remained constant since that time. No fevers. No shortness of breath. No sick contacts at home. No h/o prior vaccine reactions. Presented to the emergency department on 6/8 due to persistent chest pain; found to have diffuse ST elevations on EKG and elevated troponin to 2.1 concerning for acute myopericarditis. Admitted to the children's hospital for work up and treatment. Remained hemodynamically stable throughout stay. Troponins peaked at 2.8. Echocardiogram showed normal cardiac function. Patient was started on 3 week course of ibuprofen for treatment of pericarditis. Cardiac MRI performed; initial read showed myocardial and pericardial inflammation. Awaiting final read at this time. Patient hospitalized for two days and sent home with close cardiac follow up.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1389281-1	"Myocarditis with pericarditis possibly due to COVID-19 vaccine - night of vaccination patient experienced burning pain ""all over"" his chest with EGK. Was admitted and lab positive for 1 mm ST elevation in inferior and lateral leads and troponin 6.19-- > peak 17.64. Patient underwent cardiac Cath 4/4/21 via heart alert, however no angiographic evidence of CAD. Patient was discharged home stable with meds."
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1389329-1	Myocarditis developed 2 days after second dose of Moderna Covid19 vaccination. Patient presented with bilateral arm pain, left shoulder pain, and left chest pain that had started at 2300 the night before.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1389814-1	I had pericarditis 2 years ago and 4 days after my 2nd dose of Moderna I felt similar symptoms to when I?d had it. They subsided after a day but came back 3 weeks later. Because of my history of having had Pericarditis I had ultrasound and CT Scan and they showed some inflammation. Blood tests showed C-reactive Protein levels high (70). On my own I googled if pericarditis was a side effect from vaccine as it was odd to me that my symptoms started so soon after. I read that there have been rare cases reported recently but mostly in young people and they?ve subsided. Perhaps because I had it two years ago it triggered a recurrent effect. I was prescribed 600 mg ibuprofen as before by Cardiologist and colchicine as before. My PCP suggested I might want to notify you. I thought I should report this given what I read and that I'm 55, so it?s different than other reports you?ve received. I do not know if I have pericarditis again but the symptoms have been identical to when I did and the CRP level increase would suggest so. I had Echo and EKG and heart alright so it's not Myocarditis. Symptoms included: pain in abdomen chest area, pronounced in URQ this time but it migrated, increased when walking or lying down, difficulty sleeping in side, slightly elevated fever 98.9-95 when I?m usually in 96-98 range, breath hiccups, some nausea. Since taking colchicine and ibuprofen have been feeling better, just concerned that this seemed to have recurred, and started exactly 4 day after my 2nd shot.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1391507-1	Early morning of 5/29/2021, I experienced chills, fever, fatigue. Chills and fever resolved after about 6 hours. Fatigue lasted about 48 hours. Since then, and still continuing as of the time of this report (6/11/2021), I am experiencing periodic chest tightness that comes and goes. It often, but not always, increases with physical exertion, but it sometimes is experienced even at rest. On 6/10/2021, I had a tele-medicine consultation with a doctor who prescribed 600mg ibuprofen 3 times daily for one week to try to resolve suspected myocarditis resulting from the vaccine.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392038-1	Basic symptoms two days after second dose. On the third day (May 3rd) was experiencing chest pain. Hospitalized for two nights. Had echocardiogram and MRI imaging done. Diagnosed with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392103-1	Severe chest pain started Thursday evening, May 27th. Chest pain lasted throughout the night but went away. Friday, May 28th chest pain came back at 10:00am and progressively got worse. Chest pain was localized in the mid- sternum region.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392456-1	Within 12 hours of the injection, he felt fevers, chills, and fatigue. Then about 48 hours from the vaccine, he developed chest pain that radiated down the arms. He presented to the ER. His troponins have trended up and peaked at about 1.8. His CRP was elevated. Toradol helped significantly with his pain. He was pain free by the following day. No heart failure symptoms. No arrhythmias other than a single PVC, a single ventricular couplet, and one ventricular triplet.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392576-1	March 1 to March 11, 2021: Light-headedness, presyncope events progressively worsen for 10 days. Continuous symptoms of Myocarditis such as heart palpitations, arrhythmias, and irregular pulse. Tachycardia and Bradycardia. Some chest discomfort. Occasional blood pressure spikes and drops. Sudden onset Glaucoma in left eye over two months following vaccine. March 11 Admitted to Emergency room, High blood pressure peaks at systolic 205 mm Hg. Pulse irregular and drops to 30 beats per minute in Emergency ward. Cardiac arrhythmias evident. Several episodes of presyncope over few hours.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392581-1	symptoms: acute chest pain, headache, stiff neck, pain at the injection site treatment: morphine (bolus), IV heparin (bolus plus drip), tylenol, asprin, IV fluids diagnosis: myocarditis and pericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392777-1	Myocarditis with troponin I HS 31,561, wall motion abnormalities, LV dysfunction, Improved with high dose IV steroid.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1392878-1	myocarditis. chest pain, elevated troponin
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1394450-1	I started to feel that my heart was gradually becoming achy. Once the chest pain started, my pain was a 3 on scale of 0-10. Over the course of the day, my chest pain increased to a 10. I was feeling as if an elephant was sitting on my chest. I was feeling like I couldn't catch my breath and was only able to sit tripod position. I tried to lay down, the pain became unbearable. I was unable to climb a flight of stairs and decided to go to the Emergency Room. They did bloodwork, a chest X-ray, and an EKG. They said that the bloodwork/enzymes and EKG were incongruent with having a heart attack and a pulmonary embolis. They said that my chest x-ray showed an inflamed chest wall- myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1394568-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1394770-1	Myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1394857-1	Myocarditis, Pericarditis, passing out, vomiting
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1395086-1	Myocardis, chest pain, palpitations, shortness of breath
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1395941-1	Chest pain and clinical signs and symptoms consistent with myocarditis/pericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1396013-1	22M hx asthma recieved Moderna dose #2 on 6/10. Within 12 hrs developed shortness of breath, and chest pain. Presented to this hospital's ED in this setting. On arrival he was not exhibiting symptoms of asthma exacerbation. The chest pain improved with sitting up and leaning forward.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1396040-1	Patient woke up on 5/26/2021 at 8:00AM feeling extremely tired and fatigued. She was not able to get out of bed for three days. She still felt bad on 5/29, but was able to get out of bed. On 5/30/2021 she felt a lot better and was able to do her normal daily activities. On 6/2/2021 she woke up and had slurred speech and was really tired and fatigued again. She went to bed hours earlier than normal. Her husband four her unresponsive by her bed later that night. The patient could not move her lower extremities and could not open up her hands or even talk. She had to be helped back onto her bed. They called 911 and when the ambulance arrived the patient's husband said the patient had a blood pressure of 70/??. They brought her to the hospital where he said they diagnosed her with pneumonia and myocarditis. She was in the hospital from 6/3/2021 at 2:00 am until 6/13/2021 12:00PM. She still has a lot of weakness and cannot walk far without being out of breath and exhausted.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1396047-1	nausea, vomiting, weak, rapid heart beat, insomnia. Went to hospital (Medical Center) where they performed test on my heart, echocardiogram, ekgs.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1396321-1	Acute Myocarditis, pericarditis. Admitted to hospital
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1396353-1	Worsening abdominal pain and distention on 3/2/21 which progressed to include shortness of breath for which he did not seek medical care. He was found unresponsive on the couch on 3/11/21 and resuscitation was unsuccessful.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1396461-1	acute chest pain myopericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1396661-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1398487-1	Myocarditis; This spontaneous case was reported by an other health care professional and describes the occurrence of MYOCARDITIS (Myocarditis) in a 30-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In February 2021, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criteria hospitalization and medically significant). The patient was hospitalized on sometime in February 2021 due to MYOCARDITIS. At the time of the report, MYOCARDITIS (Myocarditis) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant medications were not provided by the reporter. Treatment information was not provided. Based on the current available information and temporal association between the use of the product and the start date of this event, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of this event, a causal relationship cannot be excluded.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1398521-1	Myocarditis; Chest pain, crushing pain in my heart; Fever; Body ache; Chills; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYOCARDITIS (Myocarditis) in an adult patient of an unknown gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 21-May-2021 at 8:30 AM, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 21-May-2021, the patient experienced PYREXIA (Fever), MYALGIA (Body ache) and CHILLS (Chills). On 25-May-2021, the patient experienced MYOCARDITIS (Myocarditis) (seriousness criterion medically significant). On 23-May-2021, PYREXIA (Fever), MYALGIA (Body ache) and CHILLS (Chills) had resolved. At the time of the report, MYOCARDITIS (Myocarditis) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 24-May-2021, Angiogram: unknown Unknown. On 24-May-2021, Electrocardiogram: abnormal (abnormal) Abnormal. On 24-May-2021, Magnetic resonance imaging: unknown Unknown. Concomitant product use was not reported. It was reported that by that evening, patient felt the usual symptoms of fever, body ache and chills, which continued for the next 48 hours. By Sunday, 23-May-2021, patient was feeling back to normal and in good health. The next morning, Monday, 24-May-2021, patient woke up with chest pain, a crushing pain in heart and went to the ER. An EKG was taken, and the cardiologist mentioned that it was abnormal and that a catheter angiogram needed to be done to check the arteries. Treatment included overnight monitoring by the cardiology team. Next morning, the cardiologist told the patient that the patient has myocarditis, and that it is showing up in younger adults who have taken the vaccine. Patient is currently on medication over the course of the next month, till follow up visit with the cardiologist. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1399142-1	I am a nurse practitioner who admitted a male in his late 30s to the hospital about 4 to 6 months ago. Two weeks after receiving the second Modern vaccine he developed chest pain with significantly elevated cardiac markers/troponin. Angiogram at the time was unremarkable. Symptoms were attributed to myocarditis at the time. I don?t have the patients name but could find it if needed. At the time this was not a common adverse reaction seen after Covid vaccine. Now that there?s been an increase in cases of myocarditis following the Covid vaccine I feel I should report it.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1399189-1	On 6/11/2021, patient presented to the Emergency Department complaining of chest pain that started initially in the evening of 6/10, which had initially self-resolved, but has since recurred, now also with shortness of breath. Troponin was significantly elevated on presentation at 16.3, and 12-lead EKG showed an abnormal rhythm concerning for STEMI vs perimyocarditis. After negative cardiac/embolic work-up in cath lab & CT imaging, myocarditis was felt to be the most likely cause of this patient's symptoms. On the following day, patient was noted to have brief bursts of Vtach, for which metoprolol was initiated. The patient was subsequently discharged home in stable condition on 6/13/2021.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1399453-1	Vaccinated on Friday AM. Typical fever chills of vaccine about 10 hours later. Pt was taking NSAIDS, and symptoms continued Sat and Sun getting worse Sunday Night. Woke up Monday AM with severe CP 8/10. Came to ER. Found to have Trop HS of 222, EKG changes with diffuse ST elevation, and preserved EF. diagnosis of perimyocarditis and actively recovering. Treated with anti inflammatory medications.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1399455-1	Early the next morning after the vaccine I woke up feeling like my chest was caving in. Felt as if I had 30 bricks on my chest causing SOB. 6/10 I was transported to the ER where an EKG was performed resulting in having a combination of Peri and Myocarditis. Various test and CBC was perfomed resulting in my troponin levels being very elevated and never went down so I was admitted and more test were performed. My BP was low during the entire stay but there wasnt much treatment d/t me being pregnant so I was monitored to ensure the symptoms didnt worsen and was released after 2 days. EDD-1/27/2022
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1399968-1	The adverse side effects were myocarditis. I went to the hospital and they ran many tests to confirm this was the outcome due to the vaccine
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1402420-1	Myocarditis and Pericarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1402643-1	Patient had and uneventful COVID 19 infection in Dec 2019. Recovered quickly and completely. Had Moderna Vaccine April 29, 2021 with only a temporary low grade fever as the side effect. Underwent his second Monderna vaccine June 6, 2021 and 2 days later developed a high grade fever and severe chest pain. Admitted to the hospital and had a positive troponin I to 18. Also COVID SARS 19 PCR positive on admission. Cardiac Cath showed normal coronaries with non thrombosis. Cardiologist confirmed acute myocarditis due to troponins, chest pain, and segmental wall motion abnormalities by Cath and echocardiogram. ID has been consulted and confirmed diagnosis as well.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1402967-1	Weak, nauseated, headache on 4/18/21 with weakness and SOB with sx worsening drastically on 5/29/21. Diagnosed with myocarditis by doctor.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1402971-1	A patient with no past medical history presenting with chest pain and troponin leak following Moderna COVID-19 vaccination. Work up and imaging was consistent with Myocarditis. The patient received pain medication for symptom relief, nitroglycerin x1 with no improvement of symptoms, and the patient was briefly on a heparin drip. Coronary CT was negative and thus heparin drip was discontinued. Patient was discharged on Beta-blocker and Tylenol with resolution of symptoms
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1403701-1	The patient presented 3 days after receiving the 2nd dose of Moderna vaccine with chest pain. Initially, the patient was started on Heparin drip, a beta-blocker, high-intensity statin, and aspirin. Cardiac MRI showed evidence of myocarditis with normal biventricular systolic functions. An echocardiogram showed a normal Ejection fraction with apical hypokinesis. The patient was discharged on aspirin only. In the last follow-up visit, the patient denies any recurrence of chest pain.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1403703-1	Elevated heart rate, led to arrhythmias on Sunday 5/16 - 48 hours after my 2nd dose. Apple Watch indicated AFib several times that day. Went to sleep and heart arrhythmia woke me out of my sleep at 4am on Monday 5/17/21, so I went to the ER to get checked out. In the hospital, I was diagnosed with myocarditis, was held there for 4 nights for monitoring and am still taking medication to keep it under control.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1403746-1	The patient presented 2 days after receiving the 2nd Moderna Vaccine with worsening acute onset right-sided lower chest pain and right upper quadrant abdominal pain associated with shortness of breath. CT pulmonary embolus protocol showed subsegmental pulmonary embolus with evidence of pulmonary infarcts for which the patient was started on an anticoagulant. An echocardiogram showed a mild to moderate decrease in LV systolic function with global hypokinesis. Cardiac MRI findings were consistent with acute myopericarditis with underlying non-ischemic cardiomyopathy disproportionate to the degree of myocarditis. The patient was discharged on a beta-blocker.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1404010-1	Chest and neck pain, shortness of breath, slight nausea, hot flashes Chest pain was from myopericarditis- inflammation of heart
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1407172-1	chest- elevated troponin Myocarditis
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1407676-1	acute myocarditis 3 days post 2nd dose of vaccine
MYOCARDITIS	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.
MYOCARDITIS	COVID19 (COVID19 (MODERNA)) (1201)	MODERNA	1410209-1	Patient Developed Myo-pericarditis with chest pain and troponins peaking at 3000. Normal Echocardiogram treated with colchicine
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0935452-1	1/6/21 8pm started with Nasuea, vomiting, diarrhea and fever. 1/7/21 started having intermittent chest pain in the morning. Then in the evening it became constant. Went to ER that evening due to chest pain. EKG showed t wave abnormality. 1st Trop was negative went from 0.08 to 2.3 Had 2 Echo's done and they were normal. Platelets were 85. Was discharged without chest pain. Troponin on discharge was 0.67 and platelets 61. Was admitted due to Chest pain and troponin. Attending provider diagnosed as myocarditis and thrombocytopenia R/T vaccine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0937932-1	Patient presented with myalgias, fevers, and chest pain on 1/10/21 and was found to have diffuse ST elevation and elevation troponin. He was evaluated by cardiology and diagnosed with acute myopericarditis. He was treated with NSAIDs and colchicine. He improved with this treatment and was discharged on 1/12/21 with ibuprofen and colchicine and outpatient cardiology follow up.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0952497-1	"Patient with PMH of depression and GERD who presented 1/8 with constipation, abdominal discomfort and worsening dyspnea. Symptoms began around 12/29. COVID vaccine 12/19. Previously quite active, marathon runner, gained some weight over last couple years but was still in good enough shape to complete 10K in New Orleans in early February. In late February, had a flu-like illness, as did one of his friends from church. 2020 was hard on him - weight gain, decreased activity, stress, overall deconditioning. No issues apart from sore arm after COVID vaccine 12/19 but then starting getting abdominal fullness/discomfort around 12/29, which steadily worsened, also develop worsening dyspnea on slight exertion. No known sick contacts.. Work-up notable for pericardial effusion, pleural effusions. Echo with severe diffuse LV hypokinesis, concern raised for myocarditis. COVID PCR negative, serology negative. RVP negative. . Concern raised that COVID vaccine may have played a role in myocarditis. He was found to have the following conditions Acute heart failure with reduced EF NYHA FC II, non-ischemic cardiomyopathy. Myocarditis appears subacute per MRI hypertension obesity small pericardial effusion-asysmptomatic no pericarditis suspected obstructive sleep apnea. .Started on the following medications. Continue Carvedilol 12.5mg BID, Farxiga 5mg daily, Digoxin 0.125mg daily, Entresto 97-103mg BID, and Spironolactone 25mg daily. Per MD note. While it remains uncertain, team is doubtful COVID vaccine played a role in his cardiac issues. Given the MRI findings are not acute, more likely that the cardiac insult occurred weeks to months ago - potentially in the setting of the February 2020 illness. Perhaps his ""deconditioning"" in 2020 was related to worsening cardiac function. Nevertheless, will hold on 2nd COVID vaccine dose given absence of a clear explanation for his myocarditis. conversation with team will continue to determine if candidate for second covid vaccine. If consensus is that myocarditis pre-dated vaccine, might be able to proceed with dose 2 of vaccine."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0966243-1	According to patient, he received the COVID vaccine on 1/18 and endorsed typical vaccine symptoms (myalgias, fatigue, lymphedema on right axillary, sweats and chills). He was taking ibuprofen for prophylactic symptom relief and was able to attend work the following day. The patient stated to still endorses symptoms of the vaccine days after but did not seek medical attention because he thought the symptoms would resolve. The morning of 1/21, patient sustained constant, nonradiating chest pain located along the sternal that was moderate to severe in nature and exacerbated with deep inspiration that lasted 2 hours. Lying on the side provided minimal relief but the pain was still moderate. Nausea also accompanied the pain but the patient denied any vomiting. Patient decided to go to the ED for work-up. Patient had two further episodes of chest pain and EKG revealed diffuse ST elevations. Troponin level peaked at 3.02. He was diagnosed with myopericarditis and started on colchicine, with improvement of chest pain.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0967286-1	s/p vaccination with 2nd Covid Vaccine dose, developed low grade viral type illness with fevers up to 102 with myalgias, fatigue. Began to recover, teh awoke in the morning of 1/16/20 wtih crushing, substernal chest pain. Presented to the emergency department. Was admitted to he hospital - diagnosed with myopericarditis. Stayed in the hospital one night, and discharged the next day.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0970198-1	First day I was lightheaded, dizzy, sore all over, weak and had the chills. The second day i had severe chest pain and trouble breathing, I went to the ER and was admitted into the hospital because of this. After an EKG it was found that I had Myocarditis. To treat it they gave me an IV for the pain, then I was prescribed ibuprofen and 2 other meds for the inflammation around my heart.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0985024-1	13 hours after injection: Typical chills, body aches, cold sweats lasting 24 hours. Relief with Acetaminophen and Ibuprofen. On 1/25/21 around 4:00 PM: Following intercourse, shortness of breath and mild chest pain. Unable to go for walk with son and wife due to fatigue and mild chest pain. Discomfort ameliorated with rest. On 1/26/21 around 6:00 AM: Shortness of breath and chest pain in shower with minimal effort. Pulse around 140 BPM. Drove to ER for workup. Transferred to hospital for admission.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	0998532-1	The patient was admitted to the hospital on 24 January with chest pain, elevated troponin, and EKG changes in the setting of a couple days of chills, sweats and malaise after receiving the covid vaccine. Initially there was concern for acute MI and he was taken for a coronary angiogram. The angiogram was clean and showed no obstructive disease. He had a cardiac MRI which showed findings consistent with myocarditis. He was treated with supportive care and eventually was discharged. He was worked up for other causes of myocarditis with none to be found.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1005747-1	Starting last Thursday January 28th ,I started to experience shortness of breath at rest. Friday January 29th I was experiencing constant chest tightness/discomfort. Breath started to catch with speaking, fatigue. On Saturday January 30th at work in teh hospital I moved a heavy patient, became short of breath that the patient heard it and inquired about it, and my heart rate went up into the 120s. After a hot shower on January 31st, my heart rate went into the 110s, shortness of breath experienced. Vital signs have all been normal, no fever, normal blood pressure, normal oxygen saturation. My heart rate only increased on Saturday and Sunday and have been fine since. Negative fro Covid on January 29th and Negative for COVID, flu A and B and RSV on Monday February first. Saw to PCP on Wednesday February 3rd and with my symptoms states it is mild myocarditis from the vaccine, to rest and take an NSAID daily for two weeks.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1007452-1	Reported moderate fever, chills, muscle aches, and fatigue for 2 days following dose 2 vaccination. Then, began complaining of chest pain. EKG abnormal and referred to Hospital for evaluation. Found to have elevated troponins and myocarditis. Then discharged home.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1011883-1	I had a fever, headache for two days following the vaccine. Two days after I had chest pain and went to the emergency room. I was admitted with elevated troponin and diagnosed with myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1027010-1	Pt received vaccine on 1/22/21. On 1/31/21 he presented to urgent care with fever and morbiliform rash. He tested negative for the flu and was given empiric oseltamivir. He had persistent fever and was given doxycycline and ceftriaxone by urgent care on 2/2. On 2/4 at urgent care he was noted to be hypotensive and referred to ER. He had findings of cardiogenic shock and intra-aortic balloon pump was placed. He was treated for acute heart failure with improvement in symptoms. He was also treated for pneumonia with piperacillin/tazobactam as well as amoxicillin / clavulanic acid. He was discharged with resolved fever, resolved rash, and improvement in EF based on cardiac MRI. Workup for other viral causes of myocarditis was negative.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1040340-1	Enlarged or inflamed heart, lungs full of fluid, myocarditis, vomiting, dehydration
MYOCARDITIS	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.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				Heart enzymes were elevated; Anaphylactic reaction; Blood pressure was 220/116/ her blood pressure was out of control; dizziness does not allow her to go to work; lingering dizziness; Get a tightening in her chest; Fatigue; Left side of temple toward the crown of head she has pressure on the left side of the body; Left side of temple toward the crown of head she has pressure on the left side of the body; lightheadedness; troponin kept increasing; Inflammation around heart; This is a spontaneous report from two contactable consumers or other non health professional (including patient self, a healthcare worker works with patients with lymphomas, a licensed massage/lymphatic therapist). This 53-years-old female received her 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EL1283, Expiry Date: 30Apr2021) at 0.3 ml single dose intramuscular injection in left arm on 22Jan2021 10:28 (also reported as 10:38) for Covid-19 vaccination. Medical history was none (also reported as no patient history). Concomitant drug was none (reported as no other products). Family Medical History Relevant to AE(s) was none. Historical vaccine included flu shot in Nov2020 for immunisation. History of all previous immunization with the Pfizer vaccine considered as suspect (or patient age at first and subsequent immunizations if dates of birth or immunizations are not available) was none. Additional Vaccines Administered on Same Date of the Pfizer Suspect was none. No other vaccines given the same day or 4 weeks prior. AE(s) following prior vaccinations was none. Patient never had a reaction to any vaccine or shot before. Patent experienced anaphylactic reaction on 22Jan2021, heart enzymes elevated on 22Jan2021, blood pressure was out of control on 22Jan2021, get a tightening in her chest on an unknown date, lingering dizziness on an unknown date, dizziness did not allow her to go to work on an unknown date, inflammation around heart on 22Jan2021, troponin kept increasing on 22Jan2021, fatigue on an unknown date, lightheadedness on an unknown date, left side of temple toward the crown of head she has pressure on the left side of the body on an unknown date. Seriousness for heart enzymes elevated and anaphylactic reaction was hospitalization from 22Jan2021 to 23Jan2021. The events anaphylactic reaction required a visit to Emergency Room, but not Physician Office. The event clinical course was as follows: patient received her 1st dose of the Pfizer vaccine she had an anaphylactic reaction. She was given 3-4 Epis on site (on 22Jan2021) before being transferred to the ER. In the ambulance, she was administered a 4th EpiPen (on 22Jan2021) before getting to the ER, and then admitted to the cardiac unit on 22Jan2021 for observation. Patient also reported Given 3-4 EpiPens on 22Jan2021 and EpiPen auto-injector was Lack of Effect. No Return Sample Received. When she first started having symptoms, her blood pressure was 128/73. When the symptoms got worse her blood pressure started increasing. Her blood pressure was 220/116, they had to admit her to the cardiac unit because her heart enzymes were elevated and her blood pressure was out of control. Her troponin kept increasing and had inflammation around her heart. Her symptoms of anaphylactic reaction went away that same day, 22Jan2021, at the vaccination from her anaphylactic reaction. Patient was discharged and released from the cardiac unit on that Saturday (23Jan2021) around 7:30pm. No one could tell her anything about this since she was still having lingering effects and was getting ready to locate a cardiologist and still has tightness in the chest. She mentioned the dizziness did not allow her to go to work. She experiences it on and off, not consistent but less severe than initially. She still had lingering dizziness and she had to drive for a majority of her day and that was concerning. She said that on the left side she will get a tightening in her chest. She said that no one knows what this means moving forward. Patient was concerned about the severity of the reaction and was still not back to normal. She had never had a reaction to any vaccine or shot before and has been in the military. She needed help, direction since she was still not at the full potential to work. She was still fatigued and has tightness of her chest and those are concerns for her. Patient mentioned a part of the symptoms she also had were lightheadedness and dizziness and that started after the vaccine and it's not as severe, but she still had it. On left side of her temple toward the crown of her head she had pressure on the left side of the body and that was the same side where she received the injection, on that left side. Outcome of anaphylactic reaction was resolved with sequel on 22Jan2021. Outcome of heart enzymes elevated was resolved on 23Jan2021. Outcome of blood pressure was out of control was resolved with sequel on 23Jan2021. Outcome of lingering dizziness was resolving. Outcome of left side of temple toward the crown of head she had pressure on the left side of the body, lightheadedness was not resolved. Outcome of tightness in the chest and fatigue was not resolved. Outcome of inflammation around heart and troponin kept increasing was resolved with sequel on an unknown date. Outcome of the other event was unknown.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1048204-1	
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1051710-1	On 2/2 received 1 st dose of vaccine. On 2/14 developed nausea, vomiting and diarrhea. Admitted to hospital and found to have a troponin of 72 and coronary angiogram done. Endomyocardial biopsy revealed myocyte damage and mixed inflammatory infiltrate concerning for myocarditis. Patient ultimately has started to recover with treatment of methylpred 1 gram x 3 days.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1058476-1	Day of vaccine, 4hrs post vaccine: felt drunk/high/intoxicated (touch was intensified, numbing feeling) Day 2-3: exhausted and fever of 102F, body aches, chills, nausea Day 4: started feeling better, fever went down with Tylenol Day 5 3am: woke up with chest pain (3.5-4/10), went away with Tums; 0930pm chest pain 6/10 while sitting at desk, increased to 7/10, lasting 2 hours by the time I went to the ER

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1059800-1	Patient developed typical fever, myalgias, body aches in the days after his vaccine. He would describe them as severe. This was followed by chest pains. These chest pains prompted him to seek care in the ER. Upon workup, I found the patient to have developed myocarditis with a significantly elevated troponin prompting hospitalization.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1060751-1	Heart attack. Chest pain and numbness in both arms and back. The pain lasted from 3:00AM until 5:00AM at which time I as in the ER. Troponin levels were at 6.0 and I had a small abnormal finding on my EKG. The Cardiovascular physician on call said it could be something and they would do a cardiac cath to determine where a blockage may be. The angiogram cam back with no blockages. troponin levels reached a 10 by the end of the first day. The Echo the next day showed no issues in structure. The Cardiac MRI showed fluid and 4% of my heart had myocarditis from the issue. Troponin levels reduced to 7, then 6 by the end of the second day. On the third day I went home with new meds, an order for a follow up and cardiac rehab.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1065155-1	Heart attack; Myocarditis; Chills; didn't check her temperature but is sure she had one/She didn't check her temperature but she is sure she had a fever; was soaking wet when she woke up like her fever had broken and then she was fine/She woke up and was very sweaty; achy right side; Headache; This is a spontaneous report from a contactable consumer who reported for herself, a 60-year-old female patient who received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Lot number: EL3246), via an unspecified route of administration in the right arm, on 06Jan2021 at 18:00 at the age of 60 years, at a single dose for Covid Prevention/COVID-19 immunization. The patient's medical history was not reported. There were no concomitant medications. The patient previously received the first dose of Covid-19 vaccine (Manufacturer: Pfizer, with Lot Number: EK5730) in the right arm, on 18Dec2020 at the age of 60 years for COVID-19 immunization. The patient reported that 13 days after the last dose of the vaccine, on 19Jan2021, she had a heart attack. She has no heart issues whatsoever. She had diagnostic testing such as a cardiac catherization, echocardiogram, both on 19Jan2021; and a heart MRI with contrast on 20Jan2021. The test results indicated that she had myocarditis caused by a virus. The cardiac catherization and echocardiogram also revealed heart attack because of myocarditis. She did not have any other issues with her heart. The patient asked if they would they let her know if anything comes up as far as information. The patient has recovered with lasting effects. She would be on medication for the next 3 years supposedly. The heart attack was caused by myocarditis which was caused by a virus. There were no other issues with her heart, arteries or anything. These events required a visit to the emergency room. She first went to a hospital in the city and was transferred via ambulance to another hospital in another city on the same day. Patient was hospitalized for the heart attack and myocarditis from 19Jan2021 to 22Jan2021. She had a lot of other symptoms the next day after receiving the vaccine on 07Jan2021. She also experienced chills. She didn't take her temperature but is sure she had one. She was achy on her whole right side and she had a headache. She started having chills at 1:30 PM (13:30) while at an eye doctors appointment. She laid down and was soaking wet when she woke up like her fever had broken and then she was fine. She didn't check her temperature but she is sure she had a fever. She woke up and was very sweaty. The outcome of the events heart attack and myocarditis was recovered with sequelae on Jan2021. The outcome of the remaining events was recovered on 07Jan2021.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1070726-1	Had severe chest pains and pain radiating down left arm three (3) days; Had severe chest pains and pain radiating down left arm three (3) days; I was diagnosed with myopericarditis (inflammation of both the lining of the heart and the heart muscle); This is a spontaneous report from a contactable consumer. This 28-year-old male consumer reported that: Report about Covid vaccine: Yes Reporting type: AE Reporter type: Patient Age group: Adult (18-64 Years) Current age: 28 Current age unit: Years Gender: Male Patient occupation: None of the above Covid vaccine details: (product=COVID 19, brand=Pfizer, lot number=EL3246, lot unknown= False, administration date=18Jan2021, administration time= 04:00 PM, vaccine location= Right arm, dose number= 2), (product= COVID 19, brand=Pfizer, lot number= EJ1685, lot unknown= False, administration date= 29Dec2020, administration time=11:00 AM, vaccine location= Right arm, dose number=1) Facility type vaccine: Hospital If other vaccine in fourweeks: No Other medications in twoweeks: No Adverse event: Had severe chest pains and pain radiating down left arm three (3) days (Thursday 21Jan2021) after receiving the second Pfizer COVID vaccine (lot:EL3246) on Monday 18Jan2021. I was admitted to the hospital the same day, and was discharged on Saturday 23Jan2021. I was diagnosed with myopericarditis (inflammation of both the lining of the heart and the heart muscle). I was given a 90 day prescription of colchicine 0.6mg and I am still currently taking the medication twice daily with 1g of Tylenol (acetaminophen) once daily. Adverse event start date: 21Jan2021 Adverse event start time: 03:00 AM AE resulted in: [Emergency room/department or urgent care, Hospitalization] No days hospitalization: 3 If patient recovered: Recovered If treatment AE: Yes AE treatment: Colchicine 0.6 mg tablet (twice daily) If Covid prior vaccination: No If Covid tested post vaccination: Yes Covid test post vaccination: (covid test type post vaccination=Nasal Swab, covid test date=21Jan2021, covid test result=Negative) Known allergies: Penicillin/Amoxicillin Other medical history: No

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1076954-1	Patient is a 27 year old male with no significant medical history presents to MC on 2/6 from Urgent Care for further evaluation of chest pain. He states that he woke up at 5:30am with abrupt onset of chest pain with present like quality in the middle of the chest. It was non-radiating with associated nausea, small amount of emesis, and dyspnea. His pain lasted for about 15 minutes and he started experiencing it again after half an hour with numbness and tingling of his bilateral distal digits and diaphoresis. He decided to seek evaluation at local Urgent Care around 7:30am. States that he was immediately send here through ambulance due to findings of EKG changes. He was given aspirin and nitroglycerin with some alleviation of pain. Currently, he feels little better although continues to have chest pressure substernally every 45 minutes lasting 5-10 minutes. His dyspnea is resolved. He does not have pleuritic chest pain, fever, chills, nausea, vomiting, abdominal pain, diarrhea, leg swelling, rash. Additionally, he has been in normal state of health until this 2/2/21 when he received second dose of COVID-19 (Pfizer) vaccine. He had extreme fatigue with left arm soreness. He reports no sick contacts, recent illness, or travel. MRI cardiac done 2/9/21 with assessment reveals Infero-lateral myocarditis. Patient remained hemodynamically stable and was discharged with ibuprofen taper for 10 days, c/w colchicine 0.6 mg QD x 3 months and pantoprazole 40 mg QD
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1081208-1	This is a 18 y.o. male who is generally healthy. He received a second dose of the SARS2-COV vaccine on 3/4. The following morning he felt feverish and achy with malaise. He stayed home, drank fluids and rested and felt well enough to come up to ski this weekend. During skiing he had some anterior chest pain, it resolved and he went about his day. Tonight at 2245 the pain became sharp and awakened him from sleep. He felt nauseated and clammy as well. Father brought him to the ER for evaluation. His emergency department evaluation showed ST elevations most notably in the inferior and lateral leads as well as in the lateral precordium.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1087143-1	myocarditis; severe chest pain; developed severe flu symptoms; This is a spontaneous report from a contactable healthcare professional (patient). A 39-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, batch/lot number and expiration date were unknown), via an unspecified route of administration in the left arm on 02Feb2021 at 08:30 AM (at the age of 39 years old) at a single dose for COVID-19 immunization. The vaccine was administered to the patient at a hospital. The patient had no medical history and had no known allergies. The patient had no COVID prior to vaccination. Concomitant medication included testosterone. The patient had no other vaccine in four weeks. The patient previously received the first dose of BNT162B2 on 12Jan2021 at 12:30 AM (at the age of 39 years old) in the left arm for COVID-19 immunization. The patient developed severe flu symptoms on 02Feb2021 at 20:30. The patient experienced chest pain and myocarditis on 12Feb2021 at 03:00 AM. It was reported that after 12 hours, the patient developed severe flu symptoms for the following 48 hours. Then she developed severe chest pain and was hospitalized for myocarditis. The patient was hospitalized in Feb2021 for 5 days. The patient received treatment for the events which included heart medications and heart angiogram. The patient was tested for COVID post vaccination which included blood test and nasal swab, both with negative results on 12Feb2021. The outcome of the event was recovering. Information on the batch/lot number has been requested.; Sender's Comments: The event myocarditis was most likely due to influenza, which was an intercurrent infection, and unrelated to suspect vaccine BNT162B2. There is no plausible mechanism implicating BNT162B2 to the reported event based on the drug known safety profile. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1088210-1	Patient presented to BIDMC on 02/23/21 with ~5d of sore throat and intractable fever and was found to have fulminant myocarditis. She required ICU stay with VA ECMO and Impella circulatory support from 02/25/21-03/03/21. She received a course of hydrocortisone. Cause of myocarditis was unclear but felt to be viral or post-viral versus inflammatory. As of this submission she has been transferred to the cardiac floor and seems to be recovering. Symptoms started ~14d after 1st dose COVID vaccine. She also had self limited COVID infection in early January, 2021.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1109460-1	Headache Five days Elevated Troponin Myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1122743-1	severe thrombocytopenia; Bleeding at Impella insertion site; peripheral swelling in hands/feet; cardiogenic shock; myocarditis; hypoxic respiratory failure; mural thrombus; hypotensive despite pressors; fever; cough; myalgias; This is a spontaneous report from a contactable physician. A 46-year-old non-pregnant female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot number and Expiration date was not provided), intramuscularly on 05Feb2021 as a single dose for COVID-19 immunisation. The patient's medical history included hyperlipidemia and COVID-19 pneumonia from an unspecified date in Jan2021 to an unspecified date in Jan2021 (the patient was diagnosed with COVID-19 pneumonia prior to the vaccination. Recovered. Returned to work on 25Jan2021). Concomitant medications included atorvastatin orally at 10 mg, once a day, acetylsalicylic acid (ASPIRIN) orally at 81 mg, once a day, colecalciferol (VITAMIN D); all the drugs were received within two weeks. The patient previously took clindamycin and experienced known allergies: Clindamycin. The patient did not receive other vaccine in four weeks. The patient developed fever, cough, myalgias on 19Feb2021 at 12:00 AM. She developed peripheral swelling in hands/feet on 24Feb2021, she was evaluated in the ER; admitted to (hospital name withheld) on 24Feb2021 with cardiogenic shock, myocarditis, hypoxic respiratory failure. The patient was started on IV vancomycin and Unasyn. TTE (transthoracic echocardiogram) demonstrated LVEF (left ventricular ejection fraction) 35%; reduced biventricular function; mural thrombus on 24Feb2021. Remained hypotensive despite pressors on 24Feb2021. Patient had elevated PCW with preserved cardiac index. Patient underwent VA ECMO (veno-arterial extracorporeal membrane oxygenation) and Impella placement on 25Feb2021. COVID-19 PCR was negative. Blood cultures were no growth. She developed severe thrombocytopenia and developed bleeding at Impella insertion site on 25Feb2021; required multiple, PRBC transfusions. Evaluated for HLH; Soluble IL2 receptor on 26Feb2021 elevated at 7232 pg/mL; ferritin 3054; CRP > 300. ECMO stopped 03Mar2021. The patient was treated with IV antibiotics, mechanical ventilation, pressor support, underwent VA ECMO and Impella placement. The patient was hospitalized from 24Feb2021 to 16Mar2021. Number of days of hospitalization was 20 days. The patient tested COVID post vaccination. The patient underwent lab tests and procedures which included blood pressure: hypotensive despite pressors, LVEF: 35 %, nasal swab: Negative on 24Feb2021, blood cultures: No growth, nasal swab: Negative on 25Feb2021, ferritin: 3054, HLH: Evaluated, Soluble IL2 receptor: 7232 pg/mL (elevated at 7232 pg/mL), CRP: > 300 on 26Feb2021, nasal swab: Negative on 11Mar2021, nasal swab: Negative on 14Mar2021. The events were considered as serious (hospitalization and life threatening) by the physician. The outcome of the events was recovering. Information about lot/batch number has been requested.; Sender's Comments: the events being serious, life threatening and hospitalisation ,medical intervention required are assessed as possibly related to the suspect drug __BNT162B2____ based on strong temporal association, but consider also possible contributory effects from patient's medical history and/or concomitant medications.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1133032-1	"Myopericarditis suspected to be 2/2 to vaccine.; This is a spontaneous report from a non-contactable physician. A 28-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; batch/lot number and expiration date unknown), via an unspecified route of administration on 02Mar2021 as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient has no COVID prior to vaccination. The patient experienced myopericarditis suspected to be ""2/2 to vaccine"" on 04Mar2021. The event resulted in hospitalization. The patient was not tested for COVID post vaccination. The outcome of the event was unknown. No follow-up attempts are possible; Information about lot/batch number cannot be obtained."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1135371-1	Patient developed myalgias and chills the day after vaccination. Three days after vaccination, awoke from sleep wtih burning upper chest and neck pain lasting several hours. Came to the ED. ECG notable for lateral ST elevation. Troponin I elevated. CRP elevated. COVID PCR negative x2. Treated with aspirin and intravenous heparin infusion. Echocardiogram revealed left ventricular systolic dysfunction (EF 48%). Cardiac catheterzation revealed no coronary obstruction or thrombosis. Cardiac MRI revealed late gadolinium enhancement and myocardial edema consistent with acute myocarditis. Max temperature during hospitalization 37.4C.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1138067-1	24 hours following administration patient developed body aches, fever (101), sore throat and nausea. 72 hours after receiving the shot he developed sudden onset substernal chest pain described as sharp and burning with radiation to his bilateral arms.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1141993-1	At 2-8-21 at approximately 1:00pm I recieved my 2nd shot. At 5:00am on 2-9-21, I woke up experiencing an extreme headache, nausea, body aches, and severe chest pain. I checked my heartrate with a PulseOximeter and found it to be elevated at 105-115. I called out of work and rested in bed for the day. On 2-10-21 most of my symptoms had subsided however the chest pain persisted through 2-11-21. On 2-11-21 at 2:00pm, I visited the Urgent Care. While there, the provider ran an ECG, Chest X-Ray, and bloodwork. Test results showed Troponin levels in my blood had reached critical levels of 7.72ng/ml. I was immediately transported to the ER at the Hospital, where upon arrival they did an EKG and bloodwork. I was then admitted and seen by a cardiologist, who ordered an CT Angiogram, more bloodwork, and an Echocardiogram. After I was admitted, my mother contact the nurses station to check on me and asked what was wrong. She was then told the hospital was treating me for an NSTEMI and Myocarditis. This resulted in a 3 day hospital stay where the results of the tests showed there was nothing wrong with my heart other than the increased Troponin levels. It should be noted that I have had ZERO previous cardiac issues, or any other significant health issues. I was discharged from the hospital with lower but still elevated Troponin levels, and told to follow up with my primary care doctor. I had no health issues and felt fine until I had my second dose of the Covid-19 vaccine. I have copies of my hospital records detailing all of this.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1147032-1	Pt reports generalized body aches, fatigue, fever 3/26, one day after receiving vaccine. Evaluated at ED 3/28, received Ketorolac and was discharged. While in parking lot, patient experienced blurring of vision, lightheadedness, nausea, SOB, and left-sided chest pain with return for re-evaluation. Pt treated for possible allergic reaction and concurrent EKG and blood work showed elevated troponin and transient ST elevation. Cardiology consulted and evaluated patient to have severe acute onset systolic heart failure, cardiogenic shock with pulmonary edema, Idiopathic fulminant myocarditis with myonecrosis, and hypoxic respiratory failure. Placed on furosemide, supplemental oxygen, and pending MRI.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1152205-1	Patient received first dose of Pfizer COVID-19 vaccine on 3/22/21, the next day the patient reported feeling myalgia, diarrhea, and body aches and chills. The patient presented to the ED and was admitted with myocarditis and NSTEMI. Left heart cath did not show evidence of epicardial coronary artery disease. The patient was discharged from the hospital after receiving fluid resuscitation and supportive care. The patient returned to the ED with worsening myocarditis and was found to be in cardiogenic shock requiring vasopressor support. The patient developed VT storm and was intubated and sedated. The patient is currently in the ICU and remains intubated and sedated
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1154628-1	Patient felt pressure on chest & weakness on inside of left are in the bicep area shortly after getting up at 6 am 3/29/2021. Slight light-headedness was felt shortly afterwards. Symptoms did not change after moving around & on the advice of patient's insurance company's Nurse Line, she went to the Emergency Room shortly after 7 am. Patient underwent a heart catheterization that day (3/29/2021) and a cardiac MRI the following day (3/30/2021). Cardiologist informed patient he suspected either Stress Cardiomyopathy or Myocarditis. Patient was discharged 3/31/2021 with 4 medications and follow-up appointments scheduled
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1164186-1	I received my second shot of the Pfizer coronavirus vaccine on Saturday, March 20th at noon. Saturday at midnight, I woke up in full body sweats and aches. I took two ibuprofen and tried to go back to sleep, but I would toss and turn in full body sweats and aches for the next 8 hours. I took another 2 ibuprofen around 400am. Sunday morning I woke up feeling OK, not great, but OK. Sunday night ? it was very strange ? the full body chills and aches came back. Not as bad as Saturday night, but they returned nevertheless. I had another restless night of sleep, and I took another two rounds of ibuprofen to try and help me sleep. Monday I woke up feeling OK again. Monday evening, around 8:00pm, I could feel the full body chills and aches coming back again, creeping up slightly. This time, I also felt a mild burning in my upper chest and throat. I went to bed around 8:00pm, then woke up at 9:00pm, this time in a lot of pain. It felt like burning and a stabbing sensation in my throat and upper chest. I took some ibuprofen, and tried to fall asleep. I tossed and turned in agony for the next few hours, apparently falling asleep at some point around 1:00am. At 2:00am I woke up in severe pain again. It was very bad, like an 8 out of a 10. It felt like a burning and stabbing sensation in my lower throat and upper chest. I had my wife call 911, and I was brought to hospital in an ambulance. I would stay in the hospital for the next 3 days, getting discharged Thursday at around 5:00pm. I had peak troponin levels of 5, so I basically had a moderate heart attack. I had a cardiac catherization procedure done, as well as a cardiac MRI. The cardiac catherization procedure showed I had no blockages at all in my arteries. The cardiologists diagnosed me with myocarditis. The cardiologists told me they believe the vaccine triggered a heavy response from my auto immune system. The response from my auto immune system in turn caused my heart to become inflamed, giving me myocarditis. It was a horrible experience, and my doctors are convinced that it was brought on by the second coronavirus vaccine shot that I received.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1167955-1	Pfizer-BioNTech COVID-19 Vaccine EUA (administered on 03/26/21) Fever, chills, headache, general soreness all began on 03/27/2021. On 03/28/2021, I began to notice chest pain and simultaneous pain in my left arm on 03/28/2021. The fever, chills, headache, and general soreness subsided on 03/29/2021, but the periodic chest and arm pain persisted and continued to get worse. On 03/29/2021 I also had nausea/vomiting and sweating. On the morning of 03/30/2021 during an episode of chest and arm pain we went to the Emergency Department at. At the emergency department, they detected elevated troponin levels indicating damage to the heart muscle. I was rushed via ambulance for an emergency heart catheterization. I was admitted to the hospital and monitored while various other tests were performed. It was determined that there was inflammation of the heart muscle (myocarditis).
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1177803-1	"Per triage note of 4/7/2021: ""Chief Complaint: pt presents with Nausea & vomitting, ha, body ache, unable to sleep, swollen feet. Symptoms started 3/25 after he recieved his 1st covid vaccine. has had to use a walker and gets SOB. pt had COVID 11/2020"" Assessment reveals mild CHF, positive troponin, myocarditis per physician's notes of 4/7/2021 Patient treated with Zofran 4 mg IV and given 500 ml NS IV then Lasix 40 mg IV. Patient transferred to Medical Center 4/7"
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1191828-1	nausea; vomiting; chest pain; myocarditis; thrombocytopenia; This is a Literature-spontaneous report 2021, 1-4; entitled Thrombocytopenia following Pfizer and Moderna SARS-CoV-2 vaccination. A 44-year-old woman was hospitalized for nausea, vomiting and chest pain on the day that she received the Pfizer vaccine (BNT162B2) via an unspecified route of administration on an unspecified date (Batch/Lot number unknown) at single dose (at 44-year-old) for COVID-19 immunization. Her laboratory values included a platelet count of 85 x 109/L and a peak troponin level of 4 ng/mL (normal < = 0.04 ng/mL). The patient was diagnosed with myocarditis but did not require treatment for thrombocytopenia. Her platelets were 61 x 109/L on discharge, but subsequent platelet counts were not reported. The outcome of the events was unknown. No follow-up attempts are needed. Information on Lot/batch number cannot be obtained.; Sender's Comments: The causal association cannot be excluded between the reported events and BNT162B2 vaccine use. The impact of this report on the benefit-risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for AE. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, ethics committees and investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1192054-1	"moderate heart attack; myocarditis; my heart to get inflamed; Monday evening, 22Mar, I started getting pain in my upper chest; getting pain in my upper chest and throat; I had full body chills; I had full body chills and aches; This is a spontaneous report from a contactable consumer. A 37-years-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), , administered in Arm Left on 20Mar2021 (Batch/Lot Number: ER2613) as SINGLE DOSE for covid-19 immunisation. Age at vaccination :37 years.The patient received the first dose on 27Feb2021 (Brand Pfizer,Lot number EN6203 , administration time 12:00 PM, Vaccine location Left arm).Medical history included none. There were no concomitant medications.The clinical course was reported as follows: ""I received my second covid vaccine shot Saturday at noon, 20Mar. I had full body chills and aches Saturday and Sunday night. Monday evening, 22Mar, I started getting pain in my upper chest and throat. I woke up at 2:00am with severe chest pain. I called # and rode in an ambulance to the hospital. I spent 3 days in the hospital. I was diagnosed with myocarditis. The cardiologist believes my auto immune response to the vaccine attached my heart and caused my heart to get inflamed. I had a moderate heart attack from the vaccine"".Th Adeverse events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event.The patient received treatments for the events (ae treatment medication, cardiac MRI, cardiac catherization).The patient was recovered with sequel from all events.No Covid prior vaccination , No Covid tested post vaccination: Yes (covid test type post vaccination Nasal Swab on 23Mar2021:Negative)"
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1193443-1	Thursday, March 25th at 3:10pm I received my 2nd dose of the Pfizer vaccine. Thursday, March 25th at 9pm I had cold chills, headache, low grade fever, diarrhea, and fatigue. These symptoms lasted Thursday night, Friday, Saturday (March 25th - March 28th). Sunday, March 29th at 4am I woke up with severe chest pains, shortness of breath and light headed. At this time I went to the emergency room.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1197826-1	Chest pain developed 3 days following vaccine administration. Presented to ED the morning of 4/11/2021, and was found to have diffuse ST elevation on ECG, and troponin level of 0.52. Received dose of aspirin, and then was transferred to Hospital for treatment and monitoring of pericarditis the afternoon of 4/11. Echo at Hospital with good LV function. Repeat EKG demonstrated ST elevation again, and he was started on ibuprofen 600 mg every 6 hours. Chest pain recurred in the evening of 4/11, but resolved some time after administration of ibuprofen. Troponin level upon arrival to Hospital were 3.92 at 17:11 on 4/11, then rose 8.68 at 23:42 on 4/11 at the time of his worsening chest pain. Chest pain still resolved by morning of 4/12, and troponin level downtrended to 5.87 at 6:22 on 4/12. Diagnosis consistent with myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	1208348-1	mild myocarditis with fevers +constitutional symptoms, trop and BNP elevation (without other cause), ekg abnormalities, EF wl

Symptoms	(1200) Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1210297-1	Patient awoke in the middle of the night (1:20am) with severe discomfort in the neck and throat. Excess saliva. As the pain persisted the pain radiated to the left arm/shoulder. We sought help at our local emergency department where she was found to be in new onset atrial fibrillation. A battery of tests were ordered including a troponin which was noted to be: 1.48. She was transported via ambulance to the hospital to be admitted and undergo left heart cardiac catheterization with the presumptive diagnosis of NSTEMI.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1214410-1	Myocarditis after 2nd covid shot 27 year old female received her 2nd covid shot on 4/10/21 then presented to the hospital with substernal chest pressure upon waking radiating to the left arm on 4/13/21. No previous cardiac history. test shown below, discharged from hospital on 4/15/21. She was improved, no chest pain at time of discharge.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1217884-1	Woke with up chest, arm and jaw pain on 03/21/2021. Presented to the ED. Her initial EKG was negative for any acute changes but her troponin was elevated. Cardiology was consulted. Her echo was negative for cardiomyopathy or hypertrophy. But after her troponin continued to rise she was taken to the cath lab to look for ischemia. Her cardiac angiography was negative for obstructive disease, and coronary arteries were completely normal. Had low magnesium and potassium- so started on oral supplementation. Discharged on 03/22/2021 with nitroglycerin (which was not helpful and made her feel worse/nauseated) and to follow up with outpatient cardiac MRI and cardiology. This imaging revealed significant myocardial edema consistent with myocarditis. 04/01/2021 Per Cardiology: -Given that the patient had covid 19 back in November 2019 I believe she may have had a low yield subacute myocardial infection at that time that was somehow exacerbated by her 1st covid vaccine. Therefore, after some consideration and careful discussion I am advising against the 2nd vaccine at this time. -No physical exercise for 6 months given her current myocarditis and family hx of sudden cardiac death -May trial PRN NSAIDS for pain relief -Recommend birth control and no pregnancy until at least after her follow up cMRI -Follow up in 6 months with cMRI prior
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1219312-1	3 days later I was in the hospital with a heart attack. I was in CCU for 3 days. The muscle above my heart was inflamed and caused my heart not to do it?s job. I had tests run on my heart and my body and all conclusions came to the vaccine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1221001-1	Myocarditis with a troponin level to 26.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1224211-1	admitted to hospital with chest pain, elevated troponin with clinical exam consistent with myocarditis/pericarditis. No known past medical history, no recent upper respiratory / GI illness preceding admission
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1224441-1	Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; Chest Pain as a Result of Elevated Troponin Levels Caused by Myocarditis; This is a spontaneous report from Pfizer Sponsored Patient Support Program. A contactable consumer (patient) reported for himself that a 43-year-old male patient received his second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN6202), via an unspecified route of administration at the age of 43-year-old at arm left on 09Mar2021 14:00 at single dose for covid-19 immunisation. Medical history included high blood pressure. The patient wasn't allergies to medications, food, or other products. Concomitant medications included metoprolol tartrate and vitamin D NOS. The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot number: EN6202) at left arm on 15Feb2021 6:00 PM for COVID-19 immunisation. The patient experienced chest pain as a result of elevated troponin levels caused by myocarditis on 27Mar2021 14:00. The events were serious for being hospitalized (duration 3 days). The adverse events result in Emergency room/department or urgent care. Facility where the most recent COVID-19 vaccine was administered in hospital. Prior to vaccination, the patient wasn't diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. The patient underwent lab tests included nasal swab: negative on 29Mar2021. The patient was received treatment (Heparin, Nitroglycerin and Cardiac Catheterization) for events. The outcome of events was recovering.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1225732-1	On 4/16/21, the day after receipt of the second SARS-CoV-2 vaccine the patient developed new headache, fever, malaise, and myalagias. on 4/17/21 the patient then developed chest pain which worsened over time and lead to diagnosis of myocarditis with decreased left ventricle function of 44-47% and with troponin I of 1.58 ng/mL.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1227947-1	The patient appears to have developed acute myopericarditis within 3 days of receiving the vaccine.; This is a spontaneous report from a contactable physician. A 22-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTEC COVID-19 VACCINE, Solution for injection, Batch/ Lot Number and expiry date were not provided), via an unspecified route of administration on 31Mar2021 (at the age of 22-years-old) as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient did not have any allergies to medications, food or other products. Patient did not receive other vaccine in four weeks of vaccination. Patient did not receive any other medications within 2 weeks of vaccination. Patient has not COVID, prior vaccination. On 03Apr2021, the patient appears to have developed acute myopericarditis within 3 days of receiving the vaccine (adverse event result in Emergency room/department or urgent care). Patient received treatment with acetylsalicylic acid (ASPIRIN) and colchicine. Patient has been tested for COVID in 2021, post vaccination, Test type: Nasal Swab and result was negative. The outcome of the event was recovering. Additional information on lot/batch number has been requested.; Sender's Comments: Based on the known vaccine safety profile the causal association between the reported event patient appears to have developed acute myopericarditis within 3 days of receiving the vaccine and the usage of the vaccine BNT162B2 is unlikely but cannot be completely excluded because of strong temporal association between the event and the suspected vaccine. The case will be assessed once the new information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1229345-1	Assessment: 1. Suspect acute myopericarditis likely immune related/related to second dose of Covid vaccine. 2. Troponin elevation likely due to acute myopericarditis. This is a 30-year-old male with no previous cardiac history. This past Thursday he got the second dose of Pfizer Covid vaccine. He had the usual muscle aches at the site of the injection. The next day he felt crappy, cold, etc. Nevertheless he went to work. This was Friday. On Saturday he felt better. He visited his grandma. On the way to home he felt a little dizzy. He took a meclizine when he got to the his grandmother's home. He helped her eat, and then went home. On Saturday night he started to feel cold and chilled. His face felt li
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1230539-1	Hospital course: 23 yo female with no significant PMH presenting to the ED with right sided CP, worse with deep inspiration. Received 2nd covid vaccination last week- mild reaction with fever thereafter. She had w/u in the ED including an EKG with inferior and septal TWI and trop of 1.61. CTA chest was negative. She was admitted. After admit, troponin trended up (1.61--3.71--4.93). CRP 49.1, ESR 21. Echo showed apex hypokinesis so with TWI on EKG and elevated trop, cardiology elected for LHC. This was normal. Cardiac MRI showed myopericarditis. She was started on high dose ASA, colchicine and bblocker for this. Likely viral etiology (Covid, Resp 4 plex negative). Trop trended down on 4/13 (CRP still rising). Cardiology was ok with discharge. Will need 2 weeks of ASA and 3 months of colchicine. No strenuous activities for that time frame. She is getting her Masters in music/violin and did not need a return to school note. Feeling somewhat better at discharge- rated pain 6/10. Internal Medicine followup in 1 week Cardiology followup in 2 months
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1231560-1	On 4/17/21 (ie within 48 hours of receiving COVID 19 Pfizer Shot #2 (4/15/21), my daughter began experiencing chest pain in the PM (PM of 4/17). It was initially mild so we did a watch and wait overnight but when it did not go away by morning of 4/18/21 we went to Urgent Care . Upon presentation at urgent care, she had an irregular EKG, we were advised to immediately do to a Hospital ER , upon arrival she presented with same EKG findings from urgent care, BW was run and her troponin level was a 7, this hospital recommended (after consultation with their cardiologist) that based on her age and urgency of the heart condition, we should be transported to a pediatric hospital with cardiology expertise. She was transported by ambulance to another Hospital, Cardiology Unit. . After a scary 24 hour overnight stay at the hospital she was released on 4/19/21.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1233181-1	Experienced a unrelenting headache beginning on day 2 of the vaccine until approximately 3/16. Starting experiencing chest discomfort and pain on 3/19. Evaluated in physicians office on 3/24 and sent to ED for abnormal EKG. Admitted to hospital for elevated troponin levels. Currently on anti-inflammatory medications and still experiencing chest pain after the diagnosis of acute myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1235397-1	Young healthy patient presented with chest pain starting 3 days after vaccine. Profoundly abnormal EKG and marked troponin elevation. Workup consistent with acute myocarditis of unclear etiology.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1235437-1	Pt presented with chest pain, diagnosed with myocarditis with troponin peak of 5. Normal ECHO and EKG.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	1238456-1	Presented with chest pain, found to have diffuse ST elevation, elevated troponin/CRP/pro-BNP and echo concerning for low normal left ventricular systolic function. Ultimately diagnosed with myopericarditis.

Symptoms	Vaccine (1200)	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1238704-1	8 hours after 2nd pfizer covid vaccination. Fever 101.3 , chest pain with diaphoresis, trended troponins to a nadir of 19.0. EKG changes with ST changes in 3 non-contiguous leads. Initially treated for an NSTEMI with heparin. Transitioned to colchicine and ibuprofen for myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1239131-1	DIAGNOSTIC STUDIES: 1. Chest x-ray that was normal. 2. CT angiography of the chest showing no abnormalities. 3. Echocardiogram showing no significant abnormalities. HOSPITAL COURSE: A 24-year-old male, primary care patient, received a second dose of the Pfizer COVID-19 vaccination 3 days prior to admission. Following this, he had a fever, chills, body aches, and then developed severe chest pain. The pain was worse lying flat, better when sitting up and leaning forward and worse with a deep breath. He had gone to an urgent Care and was recommended going to the emergency room. The patient's troponins were elevated and his EKG was fairly classic for pericarditis. He was felt to have probably viral myopericarditis and was admitted for observation. He was placed on aspirin and colchicine. He seems stable from Cardiology to be discharged on this regimen as well as symptomatic treatment. It was not known whether the COVID vaccine was implicated with this or not. DISCHARGE DISPOSITION: CONDITION: Stable and improved. MEDICATIONS: 1. Colchicine 0.6 mg b.i.d. 2. Aspirin 650 mg t.i.d. 3. Oxycodone/acetaminophen 5/325 mg every 4 hours p.r.n. for pain. 4. Zofran 4 mg sublingual q.8 hours p.r.n. for nausea. DIET: Regular. ACTIVITY: As tolerated. FOLLOWUP: With Cardiology on May 3rd. If worsened pain, shortness of breath, or high fever, return for evaluation sooner. In which case, steroids may be administered.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1239205-1	10:00PM Saturday, 4/17/21 Sudden chest pain. Tried to sleep it off, pain lingered all day Sunday 4/18/21. 8:00PM went to local ER with same chest pain, had not gotten better. ER took blood draw, my troponin was 4.6 and doctors thought it was an error since I am 38 years old and otherwise health with no history of chest pain or family history of heat trouble. Second blood draw showed troponin at 5.0 getting worse. They called an ambulance and took me to the hospital nearby. Third blood draw showed 6.0 and I spiked at 10.0 overnight. I had several EKGs, a CT scan, and an angiogram. None of these showed any obstructions or blockages in the heart or blood vessels that could have caused the heart trauma. I had an echocardiogram which showed that my heart is only pumping at 50% which is low for a healthy young person who is a runner. I was diagnosed with myocarditis and with having had a Non-ST Segment Elevation Heart Attack. Again, I have no family history of this, I am otherwise healthy, I do not use drugs and I did not have any trauma to my chest, such as a car accident, that could have caused this. The only explanation is that it was related to the COVID shot, which I had roughly 48 hours before my sudden chest pain
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1242167-1	Shortly after second dose, patient experienced myalgias, fatigue, but 3 days later, developed chest pain with troponin elevations and was found on MRI to have myopericarditis. He is otherwise stable, He is being treated with antiinflammatories with good response
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1242378-1	chest pain, elevated troponin, suspected myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1242672-1	Myopericarditis, chest pain, elevated troponin
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1248105-1	Patient noticed some SOB and chest tightness the evening after receiving the Pfizer COVID vaccine. A few days later his symptoms worsened to chest pain. He went to the ED and was further transferred to the hospital where he was found to have myocarditis. He is being treated with colchicine and lisinopril.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1248441-1	Acute Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1248500-1	Acute myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1251793-1	Symptoms similar to myocarditis. Body aches- more at first lasting for 2 to 3 weeks. Mental confusion and lack of ability to concentrate. Reduced stamina - continuing still.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255183-1	"myocarditis; severe pain in my left shoulder, radiating down my left arm all the way to my fingertips; severe pain in my left shoulder, radiating down my left arm all the way to my fingertips; severe pain in my left shoulder, radiating down my left arm all the way to my fingertips; This is a spontaneous report from a contactable consumer (patient). A 43-year-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration at the age of 43-years-old, administered in Arm Right on 26Mar2021 12:30 (Lot Number: EA8732) as single dose for COVID-19 immunization. Medical history included allergies, asthma, genetic predisposition to heart disease. Concomitant medication included unspecified medications. The patient previously received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration at the age of 43-years-old, administered in Arm Right on 05Mar2021 12:30 (Lot Number: EN6199) as single dose for COVID-19 immunization. The patient reported, ""I had severe pain in my left shoulder, radiating down my left arm all the way to my fingertips. The pain was severe enough to be admitted to a hospital, where they performed an angiogram and MRI, resulting in a myocarditis diagnosis. The doctors suspect that these symptoms may have been at least partially triggered by."" The patient experienced myocarditis and severe pain in my left shoulder, radiating down my left arm all the way to my fingertips on 28Mar2021 18:00. Events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization. The patient was hospitalized for the events for 3 days. The patient underwent lab tests and procedures which included angiogram: myocarditis diagnosis on 28Mar2021, MRI: myocarditis diagnosis on 28Mar2021, SARS-CoV-2 test: negative on 02Mar2021. Therapeutic measures were taken as a result of the events which included Ibuprofen, Colchicizine, and Metoprolol. The outcome of the events was recovered/resolved with sequel on an unspecified date. No other vaccine in 4 weeks. Not diagnosed with COVID prior vaccination."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1255732-1	Myocarditis; Arrhythmia; Chillblains; This is a spontaneous report received from a contactable other Health Care Professional. A 70-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2, intramuscular, administered in left deltoid on 08Feb2021 (Lot Number: EL9265), at the age of 70 years, as a single dose for COVID-19 immunization. The patient medical history was not reported. Concomitant medications taken within two weeks of vaccination included vitamins nos, acetylsalicylic acid (ASPIRIN (E.C.), Vitamin D nos, metoprolol tartrate (LOPRESSOR), atorvastatin calcium (LIPITOR). Historical vaccine included BNT162b2, dose 1 on 14Jan2021, lot # EL3216, intramuscular in right deltoid. On an unspecified date, the patient experienced myocarditis, arrhythmia, and chilblains. The patient had lab tests which included haematology test: normal on 17Feb2021, clinical chemistry: normal on 17Feb2021, sars-cov-2 test negative: negative on 22Feb2021. The clinical outcome of the events myocarditis, arrhythmia, and chilblains was unknown.; Sender's Comments: Based on an implied vaccine-event chronological association, a causal relationship between reported events and PFIZER-BIONTECH COVID-19 mRNA VACCINE cannot be completely excluded. The case will be reevaluated should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1256179-1	Myopericarditis 48 hours after 2nd dose of Pfizer vaccine with chest pain, shortness of breath, and nausea.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1256617-1	I went to the emergency room at Hospital on April 14, 2021, after experiencing chest pain and shortness of breath. After an abnormal EKG, blood tests showed a high troponin level. An ultrasound determined my heart ejection fraction had declined to 35-40 percent. An angiogram was performed that showed no blockages or tears in my heart. I was diagnosed with Myocarditis and admitted to the hospital. Over the next 36 hours my troponin level rose to more than 11 before starting to decline. I have prescribed a number of medications for treatment. On April 22 I had a cardiac MRI which confirmed the Myocarditis diagnosis. My heart function has improved to 55 percent and an EKG showed normal rhythm. I have more tests and follow ups scheduled in the coming weeks.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1257886-1	Myocarditis, started with fever and chills on 2/20-21, ultimately hospitalized on 2/27-3/6 at hospital transferred to medical center for higher level of care. Required dobutamine. Underwent R and L heart cath as well as endomyocardial biopsy, which was consistent with lymphohistiocytic myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1257935-1	myocarditis. Positive troponin, downtrended. Neg EKG , echo.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1258085-1	patient admitted for chest pain and code MI. elevated troponin with normal coronary, 0.5-1 mm ST elevation in inferior leads and V5 when troponin was positive at 0.5. MD stated patient is diagnosed with myocarditis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1260989-1	Chest hurting from shoulder to shoulder, arms going numb, hard time breathing. Start 1 day after second Pfizer shot, lasted for 3 days until taken to ER. Taken to ER, thought he was having a heart attack but heart was fine, just inflammation around the heart. Diagnosis was acute myopericarditis and demand is chemical myocardial.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1261746-1	Symptoms consistent with myocarditis; EKG showed very subtle diffuse ST elevations; chest pain; dyspnea; Troponin trended to 19; This is a spontaneous report from a contactable physician. A 45-year-old male patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration on 08Apr2021 (Batch/Lot number and Expiration date were not reported) as a single dose for COVID-19 immunization. Relevant medical history included chronic back pain, degenerative disc disease, and Clostridium difficile (C. Diff) colitis; the patient had no risk factors for cardiac disease other than obesity; all from an unknown date and unknown if ongoing. The patient's concomitant medications were not reported. The patient previously took cyclobenzaprine and pregabalin (LYRICA) and experienced allergies. It was unknown if the patient had other vaccine in four weeks. The patient had no COVID-19 prior vaccination. On 08Apr2021, 8 hours after the 2nd Pfizer vaccine was received, the patient developed chest pain with dyspnea. It was also reported that on 08Apr2021, troponin trended to 19; electrocardiogram (EKG) showed very subtle diffuse ST elevations; and the symptoms were consistent with myocarditis. All the adverse events (AE) resulted in a doctor or other healthcare professional office/clinic visit; an emergency room/department or urgent care; and hospitalization on an unspecified date for 3 days. The patient underwent lab tests and procedures, which included other/Xpert Xpress SARS-CoV-at assay: negative on 10Apr2021 (post vaccination). Therapeutic measures were taken as a result of all the events, which included colchicine and ibuprofen. The patient was recovering from all the events. Information on the batch/lot number has been requested.; Sender's Comments: Information provided was so limited to prevent a meaningful medical assessment. Other than a temporal association, there was no evidence or argument suggesting a causal relationship for BNT162B2 in the reported events, serious due to hospitalization. Otherwise, this patient did not show risk factors for cardiac disease, except for obesity. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1262194-1	Patient received vaccination on 4/22 and started developing chest pain on 4/24. patient presented to the Emergency Department on 4/25 and was evaluated and found to have a troponin of 1500 and was diagnosed with myocarditis. The source is unknown at this point but may be related to the vaccine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1262893-1	HPI: The patient is a very pleasant healthy 21 y/o male with no sig PMH, he received the second dose of Pfizer's vaccine on the 15 th, he had some retrosternal sharp chest pain which was worse with breathing about 2 days ago which got better, but last night he started having more chest pain radiating to his lower jaw, he presented to the ER where his troponin came elevated, he has no fever chills no SOB no other complaints. His chest pain resolved with no recurrence, his EKG was normal. No h/o heart issues or chest pain in the past.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1263276-1	pt admitted as inpatient with congestive heart failure, myocarditis and non sustained ventricular tachycardia
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1263815-1	Patient developed significant myopericarditis requiring hospitalization

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1266031-1	Myocarditis; My heart ejection fraction was reduced to 35-40 percent and had a troponin level that spiked to 11; My heart ejection fraction was reduced to 35-40 percent and had a troponin level that spiked to 11; having pain in my shoulder and left arm; having pain in my shoulder and left arm; body aches; headache; fever; chills; shortness of breath; chest pains; shooting pain in back; This is a spontaneous report from a contactable consumer (patient). A 39-year-old male patient received bnt162b2 (Pfizer BioNTech Covid 19), dose 2 via an unspecified route of administration, administered in right arm on 11Apr2021 11:00 (Lot Number: EW0153) as single dose for COVID-19 immunisation. The patient has no known allergies and has no other medical history. Concomitant medications were not reported. The patient had no other vaccine in four weeks and had no other medications in two weeks. The patient previously received 1st dose of bnt162b2 (Pfizer BioNTech Covid 19, lot number EL9264) on 21Mar2021 03:00 PM in the right arm for COVID-19 immunisation. The patient was not diagnosed with covid prior vaccination. It was confirmed that after receiving the second dose, the patient experienced chills, fever, headache, body aches. Those symptoms went away about 24-36 hours later. The patient started experiencing shortness of breath and chest pains. The pain increased over time and started having pain in shoulder and left arm. Fever began off and on. Experienced chest pains, when tried to lie down, had shooting pain in back. The patient went to the emergency room and was subsequently admitted to the hospital where he was diagnosed with myocarditis. Heart ejection fraction was in 30s (reduced to 35-40 percent) and had a troponin level that spiked to 11. Angiogram did not indicate tears or blockages. Vital checks good as of 15Apr2021. Initial COVID-19 test on 14Apr2021 (unsure of type) was positive; plan to retest today (15Apr2021) for confirmation. It was also reported on 23Apr2021 that Nasal Swab on 14Apr2021 was negative. Onset of events reported as 13Apr2021 07:30 PM. The patient underwent lab tests and procedures which included angiogram: did not indicate tears or blockages on 13Apr2021, electrocardiogram (EKG): unknown result on unspecified date, heart function/heart ejection fraction: 30s on 13Apr2021 (reduced to 35-40 percent), COVID-19 test (unsure of type): positive on 14Apr2021, vital checks: good on 15Apr2021, nasal swab COVID-19 test: negative on 14Apr2021, troponin: spiked to 11 on 13Apr2021, ultrasound: unknown result on unspecified date. Events resulted in emergency room/department or urgent care, hospitalization, life threatening illness (immediate risk of death from the event). The patient was hospitalized for 2 days for the events. The patient received treatment for events. Outcome of events was reported as recovering.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1267547-1	4 days after vaccination, patient woke up with severe chest pain, radiating to L arm. Presented to ED where he was found to have elevated troponins. Cardiac cath normal. Echocardiogram normal. Cardiac MRI with evidence of Myocarditis. COVID testing at the time of chest pain NEGATIVE.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1268109-1	"Pt received Pfizer COVID vaccine on 3/26 at facility. Pt presented to the ED on 3/30 for evaluation of chest pain at around 0722 on 3/30. Per ED provider note, ""This patient is a 43 y.o. male who presents to the ED for evaluation of chest pain. The patient drove here two days ago and was feeling well when he went to sleep. He was awoken from sleep early yesterday morning with ""intense"" left sided chest pain with radiation and tingling sensation down his left arm. The patient says that his pain has since been fairly constant, waxing and waning in intensity. He says that his chest pain is still currently present, mostly localized in his left shoulder, but improved when compared to the pain that woke him up again this morning around 03:00. No reported vomiting, abdominal pain, fevers, chills, cough, or shortness of breath. Patient notes that he received the second dose of the COVID-19 vaccine 4 days ago. Patient reports family history of cardiac disease in his father. He denies any personal history of cardiac disease, and says that his last cardiac work up was a couple years ago for PVCs. The patient is not a smoker and denies any history of diabetes, hypertension, or high cholesterol. There are no other complaints. There are no other exacerbating or alleviating factors. There are no other reported associated signs or symptoms"" Pt was given nitroglycerin ointment and aspirin chewable 324mg in the ED. "" In addition, ""This is a 43-year-old male presenting to the emergency department with just over 24 hours of left-sided chest pain with radiation into the left shoulder and down the left arm. Symptoms were more severe prior to the patient's arrival to the hospital. He was given nitroglycerin and aspirin upon arrival here. EKG shows subtle ST abnormality in the inferior lateral leads. Troponin is elevated at 11. Differential includes non ST-elevation myocardial infarction, myopericarditis. Patient will be admitted to telemetry. He will undergo a cardiac catheterization today."" Pt was admitted, and per hospitalist note on 4/1, ""Patient presented hospital with chest pain and EKG changes-there was initial concern for NSTEMI. Had cardiac catheterization with clean coronaries. Then thought to have pericarditis. Patient had trivial pericardial effusion on echocardiogram. Had MRI that demonstrated myocarditis as well. Patient improved on colchicine and NSAID therapy. Discussion had with cardiology will continue this and to be tapered in the office setting. Will continue NSAIDs for approximately 2 weeks then begin tapering. Will likely need colchicine for approximately 3 months. Patient was placed on beta-blocker to help with symptomatic treatment and help alleviate plain. Patient was started on metoprolol, was cautioned side-effects of hypotension, bradycardia, exercise intolerance .Patient should monitor heart rate and blood pressure daily. Hold if heart rate <50 or blood pressure less than 100 systolic and notify provider. Patient was advised he may follow-up with Dr. Caution GI upset, nausea vomiting diarrhea. If diarrhea with colchicine would recommend back down to daily from b.i.d. treatment. Patient was ambulatory and functional without significant symptoms, vital signs within tolerable limits, and agreeable to discharge plan.. Patient ultimately discharged in stable condition. All questions answered to apparent satisfaction. Patient cautioned side effects of medications. Patient was instructed if reoccurrence or any concerning symptoms to contact provider or present to nearest emergency department based on acuity. Patient and family voiced understanding of recommendations and in agreement with discharge plan.""""
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1268870-1	On Wednesday April 14th I got my second vaccination shot. The following day I had a 103 F fever, body aches, chills, migraine, sore muscles, couldn't walk, excessive thirst. Those effects lasted all day and I felt better on Friday. Saturday night chest pain started along with sore arm getting worse. I took ibuprofen and melatonin to sleep. Woke up Sunday morning and pain came back and gradually got worse until I went into the ER around 9 am. They gave me Morphine to put the chest pain at bay. Then transferred me by ambulance to a different hospital with a cariology department. They treated me as if it was Myocarditis and also got an x-ray of my chest. The next morning I had an MRI and that is what confirmed it to be Myocarditis. I was then discharged with lots of medications to keep the inflammation down.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1269511-1	chest tightness/pain; chest tightness/pain; short of breath; nausea; headache; lethargy; temp 102.6; hard swollen lymph node right axilla; elevated troponin peaked at 9.6; myocarditis; This is a spontaneous report from a contactable consumer. A 19-years-old male patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE) lot number: ER 8727, via an unspecified route of administration, administered in right arm on 03Apr2021 18:00 as single dose for Covid-19 immunisation. Medical history included asthma. There were no concomitant medications. On 04Apr2021, the patient experienced headache, lethargy, temperature 102.6, hard swollen lymph node right axilla. On 05Apr2021, signs and symptoms persisted with addition of nausea. On 06Apr2021, the patient experienced chest tightness/pain and shortness of breath. The patient went to ER on an unspecified date in 2021 with elevated troponin peaked at 9.6 hence heparin drip was started. The patient was admitted to hospital. On 09Apr2021, the patient was discharged with diagnosis of myocarditis. The outcome of the events was recovering.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1273447-1	1 day after the 2nd shot in the Pfizer COVID vaccine series he began to develop substernal pressure like chest pain . Patient was admitted into the hospital for 2 days (4/27-4/29) for this substernal chest pain. A CTPE, EKG, and CXR were ordered that were unrevealing as to the etiology of the chest pain. Troponins were elevated on admission with a slightly decreased delta (515->479). An ECHO was ordered that showed a LVEF of 35-40% with moderate global hypokinesis of the left ventricle, right ventricles moderately dilated, and no pericardial effusion. A Cardiac MRI was then ordered to determine etiology that showed subepicardial late gadolinium enhancement of the basal inferior and mid-inferior and inferoseptal wall consistent with acute myocarditis. Additionally, a small pericardial effusion without signs of inflammation, calcification, or cardiac tamponade physiology. Patient was then D/C on 4/29 after the cardiac MRI with no medical therapy with the recommendation to not partake in physical activity for one month. Will have follow up with cardiology clinic in 1 month and will participate in cardiac rehab.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1274139-1	1/20/2021 - pt experiencing marked fatigue 01/23/2021 - pt went to ED with fatigue, sweats, cough, and low BP. Admitted with diagnoses of cardiogenic shock, myocarditis, acute renal failure, heart failure, anemia, UTI, oral thrush. Treated with IV fluids, dialysis, temporary pacemaker. 02/06/2021 - discharged to rehab facility 02/17/2021 - discharged home
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1274640-1	Heart attack symptoms resulting from cardiac event, leading to hospitalization for 4 days. Diagnosed with Myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1275852-1	Developed chest pain, dizziness, palpitations, and diaphoresis 3 days after receiving 2nd dose of Pfizer COVID-19 vaccination. Ultimately found to have myocarditis. Discharged to home in stable condition, asymptomatic. Supportive care.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1277983-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1279292-1	peri/myocarditis; peri/myocarditis; This is a spontaneous report from a non-contactable consumer (patient). An 18-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection; Batch/Lot number was not reported), via an unspecified route of administration, administered in the left arm on 14Apr2021 at 11:30 AM at the age of 18-years-old as single dose for COVID-19 immunization at Public Health Clinic. The patient had no COVID prior vaccination. The patient had no other vaccine in four weeks. The patient's medical history included known allergies to nickel and dust mites. The patient's concomitant medications were not reported. The patient developed severe chest pain between the night of 16Apr2021 to 17Apr2021, and was admitted to the hospital on 17Apr2021, diagnosed with peri/myocarditis. The cardiology team was convinced it was an adverse reaction to the vaccine. He remains hospitalized (number of days of hospitalization was also reported as 2). The events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, and hospitalization. The patient was tested for COVID post vaccination which was a nasal swab with negative result on 17Apr2021. Therapeutic measures were taken as a result of peri/myocarditis which included ibuprofen, aspirin, and colchicine. The outcome of the events was recovering. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1280371-1	Acute onset chest pain began 4/11/2021, he took NSAIDS and tried to sleep. The following day, 4/12/21 the chest pain was still present. He was admitted to hospital and diagnosed with acute myo-pericarditis. He was treated with Colchicine with improvement in his symptoms.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1280499-1	Heart & BP Event: Angiogram - to rule out heart attack - heart looks good and no blockages; Echocardiogram - showed small area in left ventricle thinning/bulging; MRI of heart - findings were consistent of acute myocarditis. I am on 2 additional BP medications and 1 heart medication. I was in the hospital for 5 days.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1280921-1	After an hour, I felt a lot of pressure in my chest. It got worse over the next day and a half so I went to the hospital where I stayed for 3 days. I went back to the hospital a few days later and am still seeing multiple doctors regarding this. My symptoms are: Pain in the middle of my chest and the left side which they have said is from myopericarditis, I have inflammation in my esophogus and in my nerves. I also have endemetriosis and have had a lot of pain with this as well since my shot.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1281795-1	acute myocarditis; acute onset chest pain; admitted to the pediatric intensive care unit; about to receive IVIG. Chest pain started 5/1/20 about 2 days after her 2nd Pfizer COVID-19 vaccination
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1282128-1	Myopericarditis secondary to Pfizer vaccine

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1282202-1	Received dose #1 on 4/8/21 and dose #2 on 4/30/21. On 5/1 evening developed chest pain and tightness. He told his family about the chest pain the following day, on 5/2, which prompted his Mom to take him to an ED. In ED on 5/2 and found to have ST elevation, elevated troponins and elevated inflammatory markers. ECHO with mildly decreased systolic function. Picture consistent with perimyocarditis. Admitted to Hospital 5/3 AM. Currently clinically stable but admitted for close monitoring.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1282354-1	25-year-old male with a history of exercise-induced asthma who presents with headache, myalgias, nausea, vomiting as well as sudden onset chest pain with diarrhea in the setting of recent Covid-19 vaccination. He was found to have diffuse ST elevations and PR depressions on EKG with downtrending troponins from 0.15 ng/mL and admitted for myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1282356-1	Shortly after receiving his 2nd dose, he developed the expected fever, chills, and myalgias. However, he also developed substernal chest pain that was persistent.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1282491-1	On 25 April I woke up and felt fine and then at 10:30 am I started to feel weak. I had fever and chills and couldn't get out of the bed until 4:00pm that day. I was dizzy and drove to the hospital. They did blood work and did two Covid 19 tests. They released me and the next day I developed Heavy pains. On 27 April I woke up and went back to the hospital. They said I had elevated enzyme levels when they drew blood and they started three iv?s. They said I was having a non emergency heart attack. They had me transferred by ambulance to the another Hospital. They drew more blood and did elf?s and ultra sounds. The next day they said they were going to put a stint in my heart. The next day I was prepped for the procedure and they went in and said my heart didn?t need it. The surgeon said I had Myocarditis and at 7:00 pm that night I was released. My nose broke out with acne bumps and it feels like I have a chest cold and cough.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1282512-1	Patient with initial low grade fever which resolved but then developed 3 days after shot developed acute myopericarditis with elevated troponins requiring intensive care unit and therapy.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1282991-1	Fever, vomiting, diarrhea, headaches, body aches, myocarditis, hypotension
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1283185-1	Previously healthy 16 year old young man presenting with chest pain admitted for myopericarditis. He was in his usual state of good health until 2 days ago when he experienced fever, chills and myalgias after receiving his 2nd dose of COVID pfizer vaccine. He improved until 5/2 when he developed a crushing, non-radiating, substernal chest pain which was waxing and waning in nature without specific alleviating factors. He had shortness of breath, but no palpitation, dizziness, or changes in pain on exertion vs rest. Family activated EMS who gave 325 mg of aspirin en route to the ED. In the ED, he was afebrile and hemodynamically stable. He was mildly diaphoretic, but otherwise, unremarkable on physical exam. STAT EKG showed ST elevations in V5 and V6 and ST depressions in V1 and V2 as well as PR depressions, which persisted on repeated EKG. Given concern for myopericarditis, they ordered labs including CBC, CMP, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and CRP 3.5. Chest x-ray was normal. Cardiology was consulted and they recommended transthoracic echo which is pending. Cards also recommended starting Ibuprofen 600 mg q8 hrs and admission to cards for further management.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1284476-1	16 year old male who got first Pfizer Covid vaccine 4/30, then by the next morning experienced non-bilious emesis for a few hours, as well as fever, chills, body aches, and HA. The body aches and HA continued through today when he began experiencing chest pain while lying down. Chest pain improved on sitting up, standing, sitting forward. No shortness of breath.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1284862-1	myocarditis; Chest pain; This is a spontaneous report from a contactable Physician. A 43-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE Solution for injection), dose 2 intramuscular on 23Apr2021 (43-year-old at time of vaccination) (Batch/Lot number was not reported) as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. Patient had no prior vaccination. Patient had no known allergies. Patient previously took dose 1 of BNT162B2 (lot number: not available/provided to reporter at the time of report completion) for COVID-19 immunisationThe patient presented with chest pain found to have myocarditis on 27Apr2021. The patient was hospitalized for myocarditis and chest pain for 2 days. Patient resulted visiting emergency room and physician office due to myocarditis. Patient had test post vaccination test which is nasal swab (COVID-19 virus test) on 27Apr2021, and the result was negative. Outcome of the event s was not recovered. The events assessed serious as these caused hospitalization, disability and was life threatening. Information on the lot/batch number has been requested.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1285538-1	On day following, suffered high fever and aches for the following 36 hours. On Sunday, experienced NSTEMI due to myocarditis (not previously diagnosed) and remained hospitalized for two days following.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1285887-1	Chest pain, inpatient therapy 4-17-2021 to 4-19-2021. Discharge diagnosis of myo -pericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1285944-1	chest pain starting 2 days after vaccination that resulted in hospitalization for 3 days. Started on beta blocker and anti-inflammatories. Discharge diagnosis : presumed myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1286225-1	The patient developed acute perimyocarditis 2 days following Covid-19 vaccination. Ultimately this was mild, with recovery with NSAIDs alone.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1286674-1	Patient felt febrile with flu-like symptoms on 4/29/21. Woke up on 4/30/21 with chest pain. Went to the emergency department. They evaluated him and transferred him by ambulance to Medical Center where he stayed for three days for tests and evaluation. Patient was ultimately diagnosed with acute perimyocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1289071-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1289438-1	Received first dose of Pfizer on 3/1. Felt tired for few days and was fine. Started having neck and back pain and then extreme heart burn, pain down left arm, trouble breathing etc. Admitted into hospital on 3/20/21 with Triponin Level at 1.8 and Blood Platelets level at 20,000. Fever and resting heart rate of 135 BPM. Extreme heart burn and pain down left arm. Triponin level rose to 4.5. Platelet levels did not increase. After multiple blood tests to make sure they were correct Cardiologist and Hematoligist diagnosed as Myopericarditis and ITP blood disorder. Spent 4 days in hospital on heavy Decadron dose for ITP and levels improved. Myopericarditis being treated with Colchicine and Metoprolol. Was discharged from hospital on 3/24 and monitored at home. ITP levels still fluctuating and Myocarditis and Pericarditis are still being treated. No previous history of any heart or blood problems and no family history. 23 year old healthy male with no previous health conditions.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1289987-1	The day following the vaccine c/o tactile fever, headache, stomach ache and fatigue (on 5/2). On 5/4 developed chest pain and shortness or breath. Reported to the ER with concerning EKG and troponin levels and therefore transferred where he has been admitted for myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1290102-1	Pfizer-BioNTech COVID-19 Vaccine EUA: three days after vaccination patient presents to emergency department (ED) reporting sudden onset severe chest pain, emesis, numbness/tingling of arms, and nausea. Initial vital signs: pulse = 90 beats per minute, blood pressure 142/100 mmHg, oxygen saturation 95% on room air. Patient admitted for management of NSTEMI: differential includes myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1291851-1	pt developed chest pain the day after the vaccine that worsened over days-presented to hospital on 5-2-21
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1291951-1	vaccine 4/29/21, developed chest pain 5/3/21, cardiac MRI consistent with myopericarditis, peak 5th generation troponin T 1360
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1293316-1	Myopericarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1294203-1	acute myocarditis after vaccination against SARS-CoV-2; Blood analytics showed myocardial infarction markers elevation; persistent fever of 38¦C or higher; manifested intermittent and interscapular thoracic pain; This is a literature report entitled Acute myocarditis after administration of the BNT162b2 vaccine against COVID-19; published in 2021. The adverse reactions to vaccines are usually ordinary, but cases of myopericarditis have been reported following their application. On the other hand, different cases of myopericarditis related to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have been recently published. A case has been described of a 39-year-old male patient, medical doctor, with personal record of bronchial asthma, autoimmune hypothyroidism, chronic atrophic gastritis, isolated episode of atrial fibrillation and spontaneous pneumothorax recurrence with left apical segmentectomy. Last months, he had various screenings through PCR and serology for SARS-CoV-2 infection, all of them negative. Patient has had given informed consent for writing and publishing of the clinical case. Following the vaccine series against COVID- 19, he was administered with the first dose of BNT162b2 vaccine, without relevant adverse reactions. Past the 6 hours of vaccine second dose administration, 21 days after first dose, he initiated with persistent fever of 38¦C or higher, that was treated with antipyretic medication. Subsequently he manifested intermittent and interscapular thoracic pain, that persisted several hours without relief from conventional analgesia, reason to reach out emergency department. At his arrival, electrocardiogram showed sinus tachycardia of 130bpm with narrow QRS and diffuse ST elevation. Thoracic x-ray did not show relevant findings. Blood analytics showed myocardial infarction markers elevation, with a first outcome of high sensitive troponin T (hs-TnT) of 139 ng/l. PCR for SARS-CoV-2 was performed and resulted negative. Given the medical data, electrocardiographic alterations and analytical parameters, a transthoracic echocardiogram was run, that showed good biventricular function, without segmentary alterations of contractility, significant valvulopathies or pericardial effusion. Furthermore, an acute aort ic syndrome was ruled out through throracic computed tomography angiography (CT-angio); coronary study could not be performed through this technique due to impossibility of optimal heart rate control. With diagnostic suspicion of acute myocarditis, anti-inflammatory treatment was restored, and patient remained asymptomatic. However, patient's transfer to a reference third level hospital was decided to continue the study. At presentation, patient arrived with a hemodynamic stability condition and asymptomat ic, with punctual episodes of thoracic pain. Consecutive electrocardiograms showed a partial rectification of ST changes, with negativization of T wave in precordial derivations. Enzymatic peak of hs-TnT was 854 ng/l. First 48 hours a coronary CTangio was performed that ruled out coronary disease and a magnetic cardiac resonance that showed edema in T2-STIR weighted sequences and subepicardial enhancement in the distal medial lateral region, compatible with acute myocarditis. Study was completed with viral serology and screening through polymerase chain reaction (PCR) of prime cardiotropic viruses plasma, as well for SARS-CoV-2 in a new oropharyngeal sample, with negative result. It was proven by unspecific positive IgM serology study, positive IgG (spike) and negative IgG (nucleocapsid), pattern that shows immunization after SARS-CoV-2 vaccination, since spike protein is the one coded by mRNA administered with the vaccine. Due to low risk profile and promising evolution, an endomyocardial biopsy was not proposed. At last, the patient presented beneficial clinical response, with full recovery of the symptoms, 6 days after admission he was discharged. Given the obvious temporary relation between the vaccination process and clinical picture development, and the exclusion of other acute cardiological conditions, this acute myocarditis picture is being proposed as an adverse reaction related to BNT162b2 vaccine. In this case, a patient with personal record of bronchial asthma, autoimmune hypothyroidism and chronic atrophic gastritis, it is stated the hypothesis that the vaccine could have caused the autoimmune reaction manifested as acute myocarditis. In the presented case, the definitive etiological diagnosis, equally to several pictures of acute myocarditis, is difficult to establish. Because of the clear temporary relation and the matching serological pattern with immunity after vaccination, as well after acute infection ruling out, it seems reasonable to link the clinical picture developed by this patient with an adverse reaction to BNT162b2 vaccine against COVID-19. In conclusion, a case of acute myocarditis after vaccination against SARS-CoV-2 is presented in which has been outlined that is the first case published as adverse reaction to this vaccine. Information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on chronological connection to the vaccine, causality between reported events and BNT162B2 vaccine cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1294704-1	Myocarditis; Troponins greater than 11,000; Mild Fever; Chills; Malaise; Chest pain; Body Aches; Cough; Headache; Nausea; This is a spontaneous report from a contactable nurse. This nurse reported for a 18-year-old male patient that: This is a spontaneous report from a contactable other hcp. A 18-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2 via an unspecified route of administration on 30Mar2021 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation . Medical history included ongoing attention deficit hyperactivity disorder (ADD) , ongoing autism. Historical vaccine included BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose1 received on 10Mar2021, LOT: Unknown for COVID-19 Immunization. Concomitant medication(s) included risperidone (RISPERDAL) taken for attention deficit hyperactivity disorder from an unspecified start date and ongoing; methylphenidate (METHYLPHENIDATE) taken for attention deficit hyperactivity disorder from an unspecified start date and ongoing; cetirizine hydrochloride (ZYRTEC [CETIRIZINE HYDROCHLORIDE]) taken for an unspecified indication from an unspecified start date and ongoing. The patient presented to the ER two days after receiving his second dose of the vaccine. The patient experienced myocarditis (hospitalization 01Apr2021 to 03Apr2021, medically significant) on 01Apr2021 with outcome of unknown, patient was post ICU admission, chest pain (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , body aches (hospitalization) on 30Mar2021 with outcome of unknown , cough (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , headache (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , nausea (hospitalization 01Apr2021 to 03Apr2021) on 30Mar2021 with outcome of unknown , troponins greater than 11,000 (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , mild fever (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , chills (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown , malaise (hospitalization 01Apr2021 to 03Apr2021) on 01Apr2021 with outcome of unknown. The patient underwent lab tests and procedures which included echocardiogram: unknown result on unknown date, electrocardiogram: no acute changes on 01Apr2021, electrocardiogram: abnormal with ST elevation on 19Apr2021 and patient needed to consult with Cardiology, COVID-19 antigen test: negative on unknown date. The patient was treated in the ICU, exact treatment unknown at this time. Information about Lot/batch number is requested.; Sender's Comments: The contributory role of the suspect BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2 via an unspecified route of administration on 30Mar2021 (Batch/Lot number was not reported) to reported events is probable.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1294723-1	Myocarditis; This is a spontaneous report from a non-contactable nurse via a Pfizer-sponsored program . An 18-year-old patient of an unspecified gender received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (batch/lot number was not reported) as a single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient was admitted into the hospital with myocarditis after taking the Covid vaccine on an unspecified date. She was wondering when Pfizer would be reaching out to patient's family as it was their vaccine that put the patient into the hospital. Also wondering if Pfizer was tracking this as a side effect. The outcome of the event was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.; Sender's Comments: Based on the available information and known product information, the causal relationship between the reported myocarditis and use of BNT162B2 cannot be fully excluded. There is limited information with regards to medical history and clinical course thus precluding a more meaningful assessment. The case will be assessed further upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1295221-1	Myopericarditis -diffuse ST elevations on EKG with elevated troponin. Cardiac MRI shows inflammation and area of fibrosis in septum. Started on motrin 600mg QID. S/p 1x IVIG, 2x IV solumedrol, transitioned to PO prednisone course for 3.5wks, ASA 81mg daily.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1295323-1	Two days after vaccine suddenly had sever central chest pain worse with lying flat. Ultimately EKG showed pericarditis. Troponins were done which showed significant elevations. Patient diagnosed with myopericaditis, likely 2/2 vaccine. No other illness whatsoever. Further diagnostic tests were ordered, patient unfortunately left AMA before further workup was completed.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1295341-1	Developed chest pains 48 hours after vaccination. Had chest pains daily for several days. 96 hours after vaccination, went to clinic. Tests showed irregular EKG, confirmed myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1295509-1	My 16-year-old daughter, very healthy without any health conditions, got her first dose of the Pfizer vaccine on Saturday evening, April 10th, at around 5pm. On Wednesday, she started complaining of shortness of breath, chest pains, which she described as a feeling of someone stubbing her heart. By Thursday, she began blacking out repeatedly throughout the day, each blackout lasting about a minute. These progressed and whenever she blacked out, she would not remember what happened. At first, she and I brushed it off as maybe lack of calcium since she rarely drinks milk. But as they intensified, I began to become more concerned. I told her I cannot leave her by herself in the house as I prepared to go pick up her young siblings from school then schedule an appointment with her doctor. On our way back home, she blacked out again, however, it was for more than a minute. Straight away, I drove to the ER close by. The doctor came back to inform me that her heartbeat was irregular and concerning based on her age. In that same moment, she began complaining of excessive pain like someone punching her heart out, and then she passed out again. Still with my two other children, the whole ordeal began to frighten them and illicit some heavy tears. Being that this ER was general admission, the doctors insisted they call in the paramedics to transport her to another ER for children. However, after being transported to the other ER, her condition began to intensify rather quickly and the pediatric doctor at the second ER informed us we would have to be transferred to Childrens intensive care unit where the cardiologists could check her heart, find the ultimate cause, and monitor her closely. In that moment, as a mother, I was speechless and extremely terrified. Seeing my daughter being transferred from ER to ER, made it even tougher on me so much that I could no longer hold myself together. Here she was in terrible pain and being moved around with no clear diagnosis and treatment. From there on, we spent a couple days in the Cardiac ICU waiting and praying with friends for answers and the best treatment she could get to ease the pain. By about the third day of being in the ICU, the cardiologists informed me, she had Acute Myocarditis. This was so shocking in a sense that both sides of the family have no history of heart issues. Secondly, she is a very healthy child.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1295940-1	Myopericarditis with fatigue, myalgias, joint pains, and dispnea on exertion since his second COVID 19 shot. Pt also found to have a DVT.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1296139-1	myopericarditis, received toradol, cardiac cath negative, admitted to hospital
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1296591-1	Dull chest pain which increased with deep breath or bending over. Blood tests revealed extremely elevated Tropinin-i and CRP levels. Required hospital stay, for 2 days
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299091-1	positive cardiac enzymes; myocarditis; hypotension 3 days post 2nd vaccination who was admitted; left-sided chest pain; sob; diaphoresis; dizziness; paresthesia's to his hands; transient fever; chills; headache; body aches; This is a spontaneous report from a contactable physician. A 22-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: UNKNOWN) via an unspecified route of administration, in the left arm on 17Apr2021 (Batch/Lot Number: ER8731) (at the age of 22-years-old) as a single dose for COVID-19 immunisation as a single dose for COVID-19 immunisation. Medical history included scoliosis from an unknown date and unknown if ongoing , depression from an unknown date and unknown if ongoing. There were no concomitant medications. The patient previously received the first dose of BNT162b2 on 22Mar2021ont at 08:45 in intramuscularly in the left arm (Lot Number: ER8727) for COVID-19 immunisation. The patient had not received any other vaccines within 4 weeks prior to the COVID-19 vaccine. In Apr2021, the patient developed transient fever, chills, headache, and body aches which resolved 24 hours after his 2nd Pfizer vaccine, followed by left-sided chest pain, shortness of breath (SOB), diaphoresis, dizziness, paresthesias to his hands; hypotension 3 days post 2nd vaccination, on 20Apr2021, patient was admitted to hospital with positive cardiac enzymes, initially troponin T baseline at 663, 1 hour follow-up troponin T at 943 with troponin T delta at 42%. A 3-hour troponin T at 1913 with a troponin T3HR delta at 189% and CPK >1000 with the diagnosis of myocarditis. Covid screen was negative, Covid antibody was negative, HIV was negative, drug screen negative and rest of work up for other causes so far negative. On 20Apr2021, he was transferred to another hospital for further cardiac care. Treatments for the events included pressor, cardiac medications, cath, etc. Patient remains hospitalized. In Apr2021, the patient recovered from the events, body aches, headache, chills, transient fever. The patient had not recovered from the events, positive cardiac enzymes, myocarditis, hypotension, left-sided chest pain, SOB, diaphoresis, dizziness, and paresthesias to his hands.; Sender's Comments: A contributory role of BNT162B2 to the reported events cannot be fully excluded based on temporal relationship and lack of alternate explanation at this time. Case will be reassessed if additional information is received. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299305-1	This is a spontaneous report from a contactable other HCP who reported for a patient. A patient of unspecified age received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Batch/Lot number was not reported) on 17Apr2021 via an unspecified route of administration on an unspecified date as a single dose for covid-19 immunization. Historical vaccine included: bnt162b2 (COMIRNATY, Solution for injection,) dose 1 on 18Feb2021 04:00 PM, for covid-19 immunization. No prior cardiac past medical history. Medical history was not reported. Concomitant medications were not reported. On Patient received 2nd dose of Pfizer COVID-19 vaccine on 17Apr. That evening noticed SOB and chest tightness. Over the next 3 days went to ED with worsening CP. Found to have elevated troponins and EKG changes. CTPE negative. Symptoms improved with pain management, steroids, and colchicine. Cardiac MRI done on 23Apr that showed EF 52% and findings consistent with myocarditis and small pericardial effusion. Patient managed with ACE and colchicine. The clinical outcome of the events was unknown. Information on lot/ batch number has been requested.; Sender's Comments: Based on the information provided, the contributory role of the suspect product second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Batch/Lot number was not reported) to reported events myocarditis and small pericardial effusion is possible. Case will be reassessed upon receipt of follow-up information.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299825-1	myopericarditis, chest pain, elevated troponin, EKG changes, moderately decreased LV function (started 3 days after vaccine administration). treated with NSAIDs
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299961-1	Patient is a previously healthy 16 year-old M presenting with acute onset chest pain, shortness of breath, nausea, vomiting, malaise, fever and myalgia to ED on 5/6/2021 at 20:44. He started experiencing symptoms on 5/6/2021 morning a t06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10:: AM. In the ED, CBC, CMP and UA was within normal limits. EKG at 20:46 and again at 21:14 showed ST segment elevation in inferolateral leads with possible myocardial injury, ischemia or pericarditis. Troponin 0 hour was 835 and at 2 hours 1674. Patient was admitted to the PICU for further evaluation and management. Echo on 5/6/2021 showed normal LV systolic function with SF 31% . Cardiac MRI on 5/7 showed contrast enhancement of inferolateral wall consistent with myo-pericarditis with small pericardial effusion. Troponins were trended every 12 hours and plateaued in the 1800's on 5/8/2021. Patient was diagnosed with acute myo-pericarditis. Respiratory viral PCR and COVID-19 PCR on 05/06/2021 were negative. Thyroid studies were normal. ANA titer is pending. Viral serology for HbsAg was negative and HIV was non-reactive. Results for additional viral serologies for Coxsackie viruses, EBV, CMV and HHV6 are awaited. Patient was treated with NSAIDs and Colchicine. IVIG was not given based on clinical judgement. Pediatric Cardiology was involved in patient's care and clinical decision making. Patient remained hemodynamically stable on room air throughout his PICU course. He was discharged on 5/9/2021 with Pediatric Cardiology outpatient follow up in 2-3 weeks. He will continue Ibuprofen 600 mg every hours and Famotidine 20 mg 2 times daily until his follow up.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1299978-1	Chest pains started on 5/5/21 around 4pm and worsened through 9pm. The next morning chest pains continued to the point where I went to the Emergency Room. There, a cardio ultrasound, blood work and a cardio catheter were performed. Tests for all respiratory viruses all came back negative. I was taken to the Critical Care Unit and remained under supervision overnight and through the morning 5/7/201, when I was discharged. I was diagnosed with Myocarditis and Pericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1300044-1	Myocarditis. Developed severe headache (3 days) with chest pain (for 1 days). Noted to have high sensitivty troponin 6000 > 6000 > 8000. ECHO WNL. CTA heart, WNL.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1301093-1	Myopericarditis with chest pain. currently improving
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1301113-1	Myopericarditis. Chest pain that has now resolved, but continued troponin leak and EKG changes
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1302279-1	Myocarditis, pericarditis, symptoms of chest pain and abnormal EKG/Troponin. Treated with NSAIDS
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1302473-1	Acute myopericarditis 24h after 2nd dose
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1303262-1	Pt presented to Urgent Care on the third day after vaccine (5/9) with chest pain, left arm pain, nausea and vomiting. EKG showed T-wave inversion on V2 and pt was sent to the ED for further evaluation. At the ED, bloodwork showed a significantly elevated troponin level. Pt was admitted for a possible NSTEMI and placed on a heparin gtt, diagnosis changed to myocardial injury

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				within the setting of myo/pericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1303394-1	Chest pain with myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1303530-1	"Patient received his 2nd Pfizer COVID vaccine on Tuesday 4/27/2021; he had low grade fever (100.3 deg F) on Wed 4/28/2021. On Thursday 4/29/2021, he developed ""heartburn"", and on Friday 4/30/2021 he developed chest pain that radiated to his jaw and left arm. He presented to Hospital on late 4/30/2021 or early 5/1/2021 for evaluation; initial labs showed a CRP of 1.23, POC troponin of 6.56 ng/mL (03:18 on 5/1) and lab level of 17.6 ng/mL (03:05 on 5/1) that increased to 24 ng/mL later in the morning on 5/1. COVID-19 PCR was negative. He was transferred to another Hospital mid-day on 5/1/2021 due to concerns for myocarditis/myopericarditis. He was started on NSAIDs. His troponin level improved, had decreased to 9.69 ng/mL on 5/2/2021; at that point as his chest pain had improved and labs were improving, parents requested that he be discharged from the hospital. He had 2 echocardiograms at PCH which reportedly showed normal biventricular systolic function. He had an echo at the hospital on 5/2/2021 which showed normal biventricular systolic function, no pericardial effusion, and normal valves. As an outpatient, he had repeat troponin-I levels: 2.49 ng/mL on 5/3; 0.31 ng/mL on 5/5; the troponin level was reportedly normal on 5/10/2021 per his primary cardiologist"
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1303631-1	5/6 - 2nd dose of Pfizer COVID mRNA vaccine 5/7 - fatigue, malaise, muscle aches, fever 5/8 - near resolution of symptoms 5/8 - dinner with family and 6-7 beers; chest pressure sensation at bedtime with fatigue, malaise, some dyspnea 5/9 early AM - woke with acute L chest pain, stabbing, radiation through chest, worse with exertion, 7/10 in severity, pleuritic, also with dyspnea 5/9 - presented to ED. Afebrile, hemodynamically stable, CBC and CMP overall wnl other than mild hyperglycemia. CPK 500s. ESR 4, troponin 3.77, EKG with t wave inversion in III, chest xray normal, d-dimer negative. COVID/resp viral panel negative. Initially admitted to the ICU and treated as NSTEMI/ACS with heparin drip, aspirin, beta blocker, and statin. left heart cath with normal coronaries and TTE was normal. Troponin peaked at 7 and downtrended to 5. a1c is pending. 5/10 early AM - symptoms had resolved. Cardiology recommending cardiac MRI to further evaluate but working diagnosis is myocarditis. He has no precedent viral illness, and no history of tick bite but does live in a wooded area and goes for hikes, states he always checks for ticks after being outside.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1306335-1	Myopericarditis requiring hospital admission. Elevated trop and decreased EF on ECHO.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1306598-1	Pt came to ER with nausea, vomiting, difficulty breathing. Pt was coughing up blood O2 sat 90 room air initially then down to low 80's. Put on high flow 10 L nasal cannula. Diagnosis hypoxia, dyspnea at rest, pericarditis, elevated troponin 35. Transferred to second hospital. Update from them : likely myopericarditis with cardiogenic shock, respiratory failure, diffuse ST elevation on EKG, on Inotropes
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307084-1	Chest pain, myocarditis, elevated troponin levels.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307502-1	18M with no PMH s/p pfizer vaccination dose 2 on 5/4/21 who presented with chest pain. He initially had chest pain the day prior to admission with pain in his back and down his left arm. This improved with Tylenol and resolved prior to bed. On the morning of 5/6 the chest pain returned and was so severe it woke him from sleep. He was difficult for him to characterize, but he said it was all over his chest, sometimes sharp and pressure-like, most severe in mid substernal region and was so substantial that he had difficulty speaking properly. He feels that the pain is most severe when lying flat and is best managed when he is resting at a 45 degree angle. Patient was at ED he was found to have an initial ECG with ST depressions in aVR and elevations in II, aVF, and V2 through V6 raising suspicion for pericarditis/myocarditis. Initial troponin was elevated at 4.35 as well. Cardiology Dr. was contacted by ED physician, case discussed, and EKGs reviewed and felt this was more likely pericarditis, but not STEMI. Of note, he reports a family history significant for his mother having a?hole in her heart.?He was given Toradol with improvement in his pain and upon arrival to hospital his chest pain was markedly improved. He was noted to have troponins peaking at 39.415 that down trended and an elevated CRP of 4.8 on admission. D-dimer was 0.26. Covid PCR was negative. He was evaluated by cardiology again here who upon review of his ECG and cardiac enzymes as well as presentation was consistent with pericarditis. Echocardiogram showed normal LV systolic function with trace posterior pericardial effusion and telemetry was monitored without any arrhythmias. He was started on low-dose beta-blockers, aspirin 650 mg 3 times a day, and colchicine 0.6 mg every 12 hours for 2 doses followed by 0.6 mg daily. He is planned to continue this for approximately 3 months and will need to follow-up with cardiology in 1 to 2 weeks for repeat monitoring and management with plan to taper off aspirin once his CRP normalizes. Later that night, he even had a similar episode of sudden onset chest pain for which she received IV Toradol with minimal relief and oral Tylenol with relief of symptoms after that. No telemetry abnormalities were recorded at that time. ECG the following day showed improving ST changes and troponin of 26.328 with CRP 4.2. He had no further symptoms for over 24 hours and is responding well to treatment. He is advised to take Tylenol as needed in addition to the above-mentioned medicines should he have any recurrent chest pain.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307797-1	Diagnosed myocarditis, ICU x 2 days
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307848-1	Myopericarditis requiring hospitalization and cardiac MRI. Patient experienced chest pain. Patient treated with Ibuprofen 600mg TID and Colchicine 0.6mg BID.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1307907-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1308223-1	Presented with chest pain. Evaluation revealed perimyocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1309631-1	myopericarditis; This is a spontaneous report from a contactable consumer (patient). A non-pregnant 21-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration, administered in left arm on 28Apr2021 at 13:00 (at 21 years old, no pregnant, Batch/Lot number was not reported) as a single dose for covid-19 immunization. The patient medical history was not reported. No other medical history and no known allergies. The patient not had Covid prior vaccination. The patient previous took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration, administered in left arm on 07Apr2021 at 13:00 (at 21 years old, no pregnant, Batch/Lot number was not reported) as a single dose for covid-19 immunization. The patient's concomitant medications were not reported. The patient was ended up in the hospital with myopericarditis on 02May2021 at 06:45AM. Patient was a health 21 years old who had no heart problems before. Also had no heart problems in the family. The event was resulted in Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event). Hospitalized 1 day. Prescribed colchicine and metoprolol for event. The patient underwent lab tests and procedures which included SARS-CoV-2 test (Nasal Swab): negative on 02May2021. The outcome of the event was recovering. Information about the Lot/batch number has been requested.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1310120-1	The patient developed severe chest pain on the 4th day after the vaccine, he presented to the local emergency room and had the abnormal tests as described below. His symptoms improved rapidly but due to active myocarditis was given recommendations for limited activity to reduce risk of fatal arrhythmia

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1310189-1	Patient presented as a transfer to our facility for Myopericarditis. He had received 2nd covid vaccine on Friday (5/7/21), subsequently had mild body aches the next day that improved with otc Tylenol. On sunday night he started to develop mild chest pain. Monday morning his pain acutely worsened with 8/10 chest pain, shortnes of breath, and emesis x1. He was ultimately found to have myopericaridits after being transferred to our facility for cardiac MRI. His troponin peaked at 5.71, had no pericardial effuison, and normal EF. Pain well controlled with colchicine and ibuprofen. After 2 days of observation he was discharged home. He did not have any viral prodrome or illness recently, no hx of family hx of rheumatological conditions.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1310285-1	Chest pain, elevated troponin. Acute myocarditis confirmed by cardiac MRI
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1312045-1	Patient admitted to my hospital 4 days after second dose of Pfizer vaccine for Covid with imaging confirmed myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1313037-1	"second dose was April 2nd and and her one two weeks earlier; second dose was April 2nd and and her one two weeks earlier; she has myocarditis; Sick for several days; This is a spontaneous report from a contactable consumer (patient's mother). A 50-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 Vaccine, Batch/Lot Number: Unknown), via an unspecified route of administration on 02Apr2021 at age of 50 years old as 2nd dose, single for COVID-19 immunization. Medical history included mast cell disease (mast cell activation syndrome). The patient's concomitant medications included other medication: ""She received chemo every 2 weeks for it."" The patient experienced myocarditis, sick for several days, both on an unspecified date in Apr2021. The second dose was 02Apr2021 and other one two weeks earlier. Description: Reporter stated, the oldest daughter (patient) had, well all of this happen, little last when they got Pfizer Covid 19 vaccine, she got her last one 02Apr2021 and she was sick for several days and they finally diagnosed her at the reporting date, they taken her to emergency room then finally she was able to see a cardiologist, she said that she had myocarditis and they were just wondering, the reporter realized that it could possibly be from the vaccine because reporter just saw that on news and reporter was calling because some information about. When probed if start experiencing the side effect after the second shot: Reporter stated, ""Actually she didn't right way."" When confirmed about the patient, reporter stated, ""She was the only one their whole family got this. Just her."" Treatment: She went to the emergency room 2 times and saw cardiologist. No."" The outcome of events was unknown. Information on the lot/batch number has been requested."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1313852-1	presented to ER for chest pain on 5/11 and 5/12, diagnosed with myopericarditis with elevated troponin level, abnormal ECG; hospitalized and treated with anti-inflammatory (Ibuprofen)
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1314425-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1314732-1	Diagnosed with myocarditis on day of admission, found to have elevated troponin levels, currently hospitalized for observation and potential supportive care, however patient with no cardiac compromise and stable. Patient with chest pain that has resolved.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1315653-1	Myocarditis. Patient initially presented with chest pain 12 hours after vaccination. No other risk factors. Patient required to be in Pediatric ICU for treatment and cardiac monitoring.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1316153-1	host of issues that culminated into atrial fibrillation and heart inflammation; host of issues that culminated into atrial fibrillation and heart inflammation; This is a spontaneous report from a contactable consumer, the patient, based on information received by Pfizer from BioNTech SE (manufacturer control number 46869). A 37-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot unknown, second dose) solution for injection intramuscular on an unknown date (at the age of 37-years-old) as a single dose for COVID-19 vaccination. Medical history and concomitant medications were not reported. Historical vaccine included BNT162B2 (first dose) for COVID-19 vaccination on an unknown date. After having the second Pfizer vaccine, the patient had a host of issues that culminated into atrial fibrillation and heart inflammation. The outcome of the events atrial fibrillation and heart inflammation was unknown. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				Pericarditis; cardiac enzymes have continued to go up, not down; myocarditis; ST evaluation on the EKG; Increased troponins and enzymes, troponin levels were elevated; Severe Chest Pain; Chest tightness; Lightheadedness; didn't sleep at all and were uncomfortable all night and had pain; didn't sleep at all and were uncomfortable all night and had pain; feeling really crappy and they thought it was like the flu; feeling really crappy and they thought it was like the flu; Tiredness and Fatigue; Headache; This is a spontaneous report from a contactable consumer (patient's mother). A 22-year-old male patient received second dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation Solution for injection, Lot number EW0170 and expiration date not reported) via an unspecified route of administration, administered in Arm Left on 26Apr2021 10:00 as single dose for covid-19 immunization. Medical history included ongoing incredibly rare metabolic disorder. Concomitant medications were not reported. The patient previously took first dose of BNT162B2 on 05Apr2021, lot number: ER8735, administered in left shoulder for covid-19 immunization. The patient experienced tiredness and fatigue and headache on 26Apr2021,severe chest pain, chest tightness, lightheadedness, didn't sleep at all and were uncomfortable all night and had pain, feeling really crappy and they thought it was like the flu on 27Apr2021, pericarditis and Increased troponins and enzymes, troponin levels were elevated on 28Apr2021, cardiac enzymes have continued to go up, not down, ST evaluation on the EKG and myocarditis on an unspecified date. The reporter stated that she has identical twin sons that are 22 years old and they received their second dose on Monday morning, 26APR2021. Reporter states all 5 member of the family have gotten the Pfizer vaccine. Reporter states the twins were hospitalized on Wednesday with myocarditis/pericarditis, inflammation around the heart. Reporter states she knows there have been incidents reported. Reporter states she saw in Israel there were 62 out of unknown amount of people and some members of the military. Reporter states that two identical males with the DNA same, that had the vaccine at the same time, had the reaction at the same length of time, and it would go a long way to help understand the complication. Reporter added, they have the same lifestyle and live at the same house. The reporter stated that they received the vaccine at 10:00a.m. on 26APR2021 and then that evening they were felling pretty tired and fatigued and a little headachy, but nothing anyone worried about because they all had that same reaction. Call states Tuesday morning they were feeling really crappy and they thought it was like the flu and it would pass. Tuesday evening they said they didn't sleep at all and were uncomfortable all night and had pain. Wednesday the pain didn't go away., and the twins had ST evaluation on the EKG that they have. Reporter sated they decided to take one in and said the other twin had the same symptoms but he kept saying his wasn't as bad as his brothers because he didn't want to go to the hospital. Reporter states the doctor advised her to come back home and bring the other one in. Reporter states they had the same echo cardiogram, and their troponin levels were elevated. Caller states their cardiac enzymes have continued to go up, not down. Treatment: States they have them on Ibuprofen and Colchicine, which is the therapy for Pericarditis and they are using Toradol for breakthrough pain and severe chest pain. The seriousness of the event pericarditis was reported as (hospitalization, medically significant), cardiac enzymes have continued to go up, not down, myocarditis and ST evaluation on the EKG reported as medically significant and other events was reported as non-serious. The event pericarditis was resulted in emergency room visit. The outcome of the events pericarditis, cardiac enzymes have continued to go up, not down, severe chest pain, chest tightness, increased troponins and enzymes, troponin levels were elevated, tiredness and fatigue, was reported as not recovered feeling really crappy and they thought it was like the flu was reported as recovered on 27Apr2021, headache and lightheadedness recovered on 28Apr2021 myocarditis, ST evaluation on the EKG, didn't sleep at all and were uncomfortable all night and had pain was reported as unknown. No follow-up attempts are needed. No further information is expected.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1316203-1	
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1316235-1	Mild myocarditis; This is a spontaneous report from a contactable consumer (patient). A 20-year-old male patient received bnt162b2, via an unspecified route of administration, administered in left arm on 27Apr2021 12:30 (Lot Number: EW0170) at unknown dosage #, single for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient experienced mild myocarditis minutes after the second shot (on 27Apr2021 12:45) with outcome of not recovered. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. Additional information has been requested.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1316299-1	4/28 4am Fatigue 8am joint pain 10 am chest pain, difficulty breathing 8pm chills, sweating 4/29 Chest pain 4/30 2am vomite, chest pain, sweating, difficulty breathing. 3am myocarditis.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1316735-1	Post Vaccine Myocarditis
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1316761-1	Post Vaccine Myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1317129-1	HI, couple days after my son (17 years old) got the 2nd shot he was heaving a pressure in his chest and left arm so we rushed him to the hospital. When we got to the hospital with his level of 26 (normal 1) and blood test show also lever inflammation they hospitalized him right away. He was there 3 days and just got released. now he need to be under care with medication and visit to a heart cardiology doctor every few days for tests. he cannot do any activity (per to the doctor including computer games that can raise his heart rate)
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1317677-1	Chest pain started 2 days after the second dose of Pfizer vaccine. Found to have myocarditis requiring admission. Full recovery is expected.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1318207-1	4 days after patient received her second COVID 19 vaccine, she developed midsternal chest tightness radiating to bilateral jaw and left arm while driving that persisted therefore, she came to hospital for further treatment and evaluation. She was found to have elevated Troponin T 5th Gen and a cardiac MRI was done showing acute myopericarditis. She also subsequently developed EKG changes as well.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1320164-1	"Myocarditis, it's a heart inflammation; Pain; unknown if might have pain; This is a spontaneous report from a contactable consumer for reporter's son. A 22-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) lot number: ER8731; expiration date: 31Jul2021) via an unspecified route of administration in right arm on 14Apr2021 (22-year-old at vaccination) at a single dose for COVID-19 immunisation. Medical history and concomitant medications were reported as no. The patient experienced myocarditis, it's a heart inflammation on 17Apr2021 with outcome of recovered 21Apr2021, pain; unknown if might have pain on an unspecified date with outcome of unknown. The patient was hospitalized for myocarditis from 17Apr2021 to 21Apr2021. The patient was getting the vaccine two weeks ago and had an adverse reaction and ended up in hospital. He ended up getting myocarditis/it's a heart inflammation, so the reporter just wanted to report to ""CBC"" (not clarified) he was in the hospital for like 4 days. He had done lot of blood work and test. He was in hospital in intensive care Unit, blood test and everything. He had electrocardiogram, MRI, he had it all."" Treatment for the event was reported as they had given him some painkillers (unknown if might have pain), it could be warfarin and ""formoterol"" (further not clarified the name) something like that and warfarin, on acetylsalicylic acid (ASPIRIN) and colchicine. He was on colchicine right now and doctor ended giving him steroid, now he started taking that."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1320294-1	Myocarditis; Pleuritic Chest Pain; Difficulty breathing; Myalgia; Headache; Flu-like symptoms; This is a spontaneous report from a contactable physician. A 38-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported), via an unspecified route of administration on 01May2021 as second dose, single for COVID-19 immunization. Medical history and concomitant medications were not reported. The patient previously received the first dose of BNT162B2, on an unknown date, for COVID-19 immunization. The patient experienced myocarditis on 05May2021, and in May2021 (reported as started 2 and a half days after receiving the second dose) experienced pleuritic chest pain, difficulty breathing, myalgia, headache, and flu-like symptoms. The patient was hospitalized for the events from 05May2021 to an unknown date. The reporter assessed the events as life-threatening. The adverse events required a visit to Emergency Room. The reporter assessed that the patient's events were caused by the vaccine. The outcome of the events was unknown. No follow-up attempts are possible. Information about batch/lot number cannot be obtained. No further information is expected.; Sender's Comments: Based on the limited information currently available, a possible association of the suspect drug administration with the reported events cannot be excluded, due to a plausible temporal relationship. This case will be reassessed when additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1320301-1	"myocarditis; Strange weird bilateral wrist pain severe; Pericarditis/inflammation around the heart; This is a spontaneous report from a contactable consumer (patient's mother). This consumer reported similar events for two patients (twins). This is the first of two reports. A 22-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EW0170), via an unspecified route of administration, administered in the left arm, on 26Apr2021 10:00, as 2nd dose, single, for COVID-19 immunization, at a pharmacy/drug store. Medical history included ongoing rare metabolic disorder. The patient's concomitant medications were not reported. Historical vaccine included the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: ER8735) received at age 22 years, on 05Apr2021, for COVID-19 immunisation. On 26Apr2021, the patient received the second dose of BNT162B2. In the evening of the same day, 26Apr2021, the patient experienced tiredness/fatigue, and headache. In the morning of 27Apr2021, the patient was feeling really crappy and they though it was like the flu and it would pass. In the evening of 27Apr2021, the patient didn't sleep at all and was uncomfortable all night and pain. On the same day, 27Apr2021, the patient had severe chest pain, chest tightness, and lightheadedness. On 28Apr2021, the pain didn't go away, and the twins had elevated ST evaluation on the EKG (electrocardiograph). ST evaluation was done by the reporter's husband who is a retired firefighter emergency medical technician. The reporter decided to take the patient to hospital and said that the other twin had the same symptoms but kept saying his wasn't as bad as his brother's because he did not want to go to the hospital. The doctor advised the reporter to bring the other twin. The twins had the same echo cardiogram on 28Apr2021 (unknown results). On 28Apr2021, their troponin levels were elevated, and their cardiac enzymes continued to go up. On the same day, 28Apr2021, the patient had a strange weird bilateral wrist pain severe. It was reported that the twins were hospitalized on 28Apr2021 with myocarditis/pericarditis and inflammation around the heart. Treatment for myocarditis/pericarditis included ibuprofen and colchicine; and Toradol for breakthrough pain. The reporter stated that the twins are two identical males with the same DNA, had the vaccine at the same time, had the reactions at the same length of time, have the same lifestyle and live at the same house. The reporter said it would go a long way if they help her understand the complication. The patient recovered ""strange weird bilateral wrist pain severe"" on 29Apr2021. The outcome of the event myocarditis and pericarditis/inflammation around the heart was not recovered.; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021487544 same reporter, suspect drugs and events; different patients"
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1320682-1	chest pain, palpitations admitted for myocarditis now with troponin of 17 today 5/15
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1320967-1	Myopericarditis developed significant chest pain, sob on 5/6/2021. hospitalized 5/7/2021.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1321207-1	Gave me heart and chest pain (diagnosed with myocarditis)
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1322232-1	Presented with chest pain and dyspnea. Admitted to the hospital. Initially, the diagnosis was NSTEMI. Further testing showed myocarditis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1323004-1	17 y.o. male with non contributory PMHx presents with chest pain. Patient began not feeling well on Monday May 3rd with muscle aches, sore throat, dry cough, and headache. Received COVID vaccine on Apr 30. He woke up Friday May 7 he developed a fever to 102F. Went to urgent care yesterday was diagnosed with strep based on suspicion (negative rapid, culture pending) and started on amoxicillin. Rapid covid was negative at that time as well. Now presents for chest pain. He has woken up that last two mornings with chest pain (worse when laying flat), pain is substernal, sharp/throbbing, radiates to the left arm. Belching a lot. Palpitations and one episode of emesis prior to arrival. Suspected symptoms were from gas so took charcoal tablets prior to arrival without relief of symptoms. Has been taking ibuprofen for discomfort (400 mg every 4-6 hours for > 7 days). No shortness of breath. No abdominal pain. No diarrhea. No hematuria or dysuria. No family history of sudden cardiac death or significant for CAD. No known tick bite. Of note, received Pfizer dose 2 3d prior to symptoms starting. Presented to ED earlier tonight where exam was notable for: Low-grade temp, mildly hypertensive with otherwise stable vitals, appears uncomfortable, belching, neck is supple without meningismus, bilateral tonsils 1+ with exudate, oropharynx is erythematous, uvula midline, no trismus, no swelling, lungs clear, regular rhythm mild bradycardia, no murmurs rubs or gallops, abdomen is soft and nondistended with mild tenderness in epigastrium and right upper quadrant they did ECG, bedside Echo, Strep PCR, zofran, maalox, pepcid, IVF, tylenol, and labs which were notable for elevated troponin -> 13.58 d/w YSC Ped ED and tx Assessment: Patient is a 17 y.o. male previously healthy who presents with 1 week of malaise, and 3 days of intermittent substernal chest pain (now resolved), found to have elevated troponin and ST segment elevations in I and lateral leads c/f myopericarditis. Etiology is unclear at this time, likely viral vs post-vaccine. Exam notable for exudative pharyngitis, however Strep and CMV neg. EBV serology with positive EBNA only. Labs otherwise notable for elevated CRP 180, ESR 38, some transaminitis, ferritin/D-dimer wnl. COVID RNA neg, spike Ab positive c/w recent COVID vaccination. Normal function on ECHO. CRP continues to downtrend. Troponin has started downtrending again and pt remains asymptomatic. Plan Plan: #Myopericarditis - Repeat echo today - q8 troponin, AM CBC, CRP, ferritin - Motrin 400mg prn - steroid taper per Rheumatology recs 30mg PO BID for 7 days 30mg PO qday for 7 days 15mg PO qday for 7 days 7.5mg PO qday for 7 days 2.5mg PO qday for 7 days Off - f/u ID and rheum labs - continuous telemetry: patient at high risk of arrhythmia #FEN/GI - Regular diet - strict I/O - Pepcid 20mg BID #dispo - steroid taper sent for delivery to bedside - upon d/c start ASA - f/u cardiology - If echo today reassuring and troponin continuing to downtrend will plan for discharge this afternoon
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1323080-1	20 YO patient with no significant PMH who presents with headache, back pain, and chest pain. He received 2nd Pfizer COVID19 vaccine dose 5/8/21. Later that day he felt very tired. On 5/9/21, he developed a headache that worsened throughout the day, was felt over whole head, but more painful in temporal areas, and he became nauseous. On 5/11/21, he developed back and chest pain and had 2 episodes of NBNB emesis. The chest pain is sharp, located over the whole chest and extends to axillae. The back pain is worse in the right shoulder. The back and chest pain are worse with inspiration, movement, and supination. CMR confirmed myopericarditis. Patient treated with colchicine and NSAIDs and IVF, has cardiology f/u on
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1323865-1	Fever with fatigue and headache on 5/14 , getting worse. Chest pain on 5/16. Admitted to hospital 5/17 with Myocarditis probably vaccine related
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1324462-1	Patient admitted to hospital 3 days later with chest pain, ECG changes, and troponin elevation and was ultimately diagnosed with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1326155-1	acute myocarditis; Pericarditis; This is a spontaneous report from a contactable a physician. A 21-year-old male patient started to receive 2nd dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, LOT/Batch number and expiration date unknown) via an unspecified route of administration on 29Apr2021 at age of 21-year-old at single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. Patient previously received 1st dose of BNT162B2 on an unspecified date for COVID-19 immunization. Prior to vaccination, the patient wasn't diagnosed with COVID-19. Since the vaccination, the patient hasn't been tested for COVID-19. Acute myocarditis/pericarditis started on 01May2021, 2 days post vaccination, diagnosed on 03May2021, 4 days post vaccination (second dose vaccine). The events resulted in emergency room/department or urgent care visit. Events were serious as hospitalization. Patient received anti inflammatory medications for the events. Outcome of the events was unknown. Information on the lot/batch number has been requested.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on reported events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1326167-1	myocarditis; This is a spontaneous report from a non-contactable other HCP via a Pfizer sales representative. A 28-year-old patient of an unspecified gender received second dose of BNT162B2 (Lot Number: Unknown) via an unspecified route of administration on an unspecified date as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. Unknown if diagnosed with COVID-19 prior vaccination, and unknown if COVID-19 tested post vaccination. The patient was diagnosed with myocarditis following second dose vaccine on unknown date. Event resulted in doctor or other healthcare professional office/clinic visit. The patient was seen at a Medical Center for treatment and diagnosis. The outcome of event was unknown. Information on the lot/batch number has been requested.; Sender's Comments: Based on the information provided, A possible contributory role of the suspect product to the development of Myocarditis cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1326721-1	5/14/21 - day 1 after vaccine dose #2 - had fevers, body aches, chills, fatigue. 5/15/21 - day 2 after vaccine dose #2 - began to have chest pain that started out at 5/10 and then became constant and persistent sharp, 10/10 chest pain that was worse with lying back and improved with sitting up and leaning forward. Pt went to Urgent Care, had ECG done and demonstrated ST wave changes where he was brought to ED and ECG confirmed ST/T wave changes and Troponin T was elevated to 1.62 - thus with these findings and the chest pain that was consistent with pericarditis - diagnosis of myopericarditis was made.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1327087-1	He had chest pains and could not breath after 48 hours, rushed to the ER. Stayed in the hospital for 4 days. He had a heart attack and was diagnosed with acute idiopathic myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1327432-1	17 y.o. male who presents with chest pain, elevated troponins and diffuse ST elevations concerning for pericarditis vs myocarditis admitted for cardiac monitoring and evaluation. Pt states he has had 1 day of sudden onset L shoulder pain and chest pain. Endorses dyspnea due to pain with deep breaths, denies tachypnea, nausea/vomiting, diaphoresis. Endorses mild chills and aches after COVID vaccine 3 days prior to onset of symptoms, denies any fever, URI symptoms, diarrhea, rash, known COVID contacts. Pain continued to worsen and spread across his chest, causing presentation to ED this afternoon. No history of PE, DVT, long travel, recent surgery, malignancy, alcohol or cocaine use. Significant cardiac history in family: dad with CAD w/LAD blockage, both parents with hypertension. At ED, labs notable for elevated troponin 0.456, repeat 0.67 and diffuse ST elevations on EKG concerning for pericarditis. COVID neg, CXR unremarkable, blood cx drawn, no abx started. Patient was given toradol for pain with minimal improvement. Peds cardiology was consulted and patient was transferred to different ED for further care. At different ED, repeat EKG showed similar diffuse ST elevations in I, II, aVL. Repeat troponins uptrending (4.91), proBNP 562, ESR 43, CRP 18. Mildly tachycardic but otherwise hemodynamically stable. Given tylenol for pain. Cardiology recommended admission for trending troponins, echo and cardiac monitoring. CV: Troponins were trended every 12 hours with a max of 4.91. His last troponin checked on the morning of discharge was 0.41. He had an echo that showed normal cardiac function, an MRI that indicated normal ventricular size and function, with minimal or healing and inflammation or mild myocarditis. During his admission, he had continuous cardiorespiratory monitoring, that did not show any arrhythmias. Resp: On 2L NC for comfort, no respiratory distress or hypoxia. FENGI: Regular diet Neuro: Ibuprofen scheduled and tylenol PRN for pain. He was initially started on ibuprofen 800 mg every 8 hours, but was starting to have pain prior to being due for medicine every 8 hours so his regimen was changed to 600 mg every 6 hours which controlled his pain adequately. ID: Myocarditis panel sent with some results still pending. Thus far, he is CMV negative, EBV IgG was positive but not IgM. RVP was negative. This all occurred in the setting receiving the Covid vaccine 3 days prior to presentation, which has been reported as a rare reaction to the Covid vaccine. At the time of discharge, labs pending results include mycoplasma pneumonia, coxsackie, parvovirus, enterovirus. Etiology of myocarditis remains unclear at this time, could be related to infectious etiology not yet clear to us, vs related to his COVID vaccine prior to admission.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1327805-1	Myocarditis with elevated Troponin and chest pain the day after vaccination
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1328253-1	Developed chest pain and diagnosed with myopericarditis based on EKG and elevated troponins. admitted for monitoring
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1328759-1	Myopericarditis as demonstrated on cardiac MRI.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1329571-1	myocarditis; Chest pain; This is a spontaneous report from two contactable consumers (one is patient himself and the other one is patient's wife). A 35-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 07May2021 15:30 (Batch/Lot Number: EW 0171; Expiration Date: Aug2021) as 2nd dose, single for covid-19 immunisation, at a public Health Department. The vaccine was not administered at Military Facility. No additional Vaccines Administered on Same Date of the Pfizer Suspect. The patient's medical history included known allergies: Sulfa. No family Medical History Relevant to events. There were no concomitant medications. There was no other products. The patient did not receive any other medications within 2 weeks of vaccination. For historical vaccine, there was no prior vaccinations within 4 weeks aside from first dose: bnt162b2, dose 1 intramuscular administered in Arm Left on 16Apr2021 15:30 (Batch/Lot Number: ER 8737; Expiration Date: Aug2021) (at the age of 35-year-old) as 1st dose, single for covid-19 immunisation. The facility of vaccination was Other no AE. On 08May2021 02:00, the patient experienced chest pain. The event chest pain resulted in Emergency room/department or urgent care, hospitalization, and was life threatening illness (immediate risk of death from the event). On 13May2021, the patient's wife reported that her husband was in the hospital with myocarditis onset from 11May2021(also reported as three days after receiving his second dose of the vaccine). The patient was admitted to the hospital at 02:00 on Tuesday 11May2021, he was still in the hospital by the time of reporting. Also reported that the event myocarditis required Emergency Room visit. A lot of testing were done such as cardiac ultrasounds, several electrocardiogram (EKG)s and electrocardiogram (ECG)s, nuclear cardiac wall motion test or some kind of nuclear test she is unsure of the name, chest x-rays three times, several blood works, his troponin levels (heart enzyme) was critical. The patient did not have COVID prior to vaccination. The patient had been tested post vaccination, COVID test type post vaccination was Nasal Swab on 11May2021, result was Negative. The patient had full work up less than a year ago and everything came back completely normal (In 2020). Therapeutic measures were taken as a result of events chest pain and myocarditis. The patient was treated with medication and he had to get a wearable defibrillator called Life Vest. They have him on a blood thinner, carvedilol, and entresto. The outcome of the events was not recovered.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1330176-1	Severe myocarditis, cardiogenic shock, multiorgan system failure
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1330221-1	Unknown vaccine clinic site. Patient was seen at Per internal reported event: 21 y.o.male with PMH significant for asthma who was admitted 5/15/2021 with CP. Pt had Pfizer COVID vaccine #2 on 5/12. He developed fever and myalgias on 5/13. These had recovered by 5/14 - only complaint was sore arm and underarm swelling on the L. By 5/15, pt had severe CP with dyspnea. Taken to ED - noted to have elevated troponin and ST elevation on EKG. Now s/p LHC today - coronaries clean. Echo without wmas. Cardiology suspects acute myocarditis. No pericardial effusion to suggest pericarditis.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1330562-1	Left sided chest pain few days after second shot. Noted troponin to be elevated. Troponin: 1.27 -> 1.62 -> 1.74 -> 1.62->1.05 -> 1.06 -> 0.99. Normal ECHO. Normal EKG. Dx with myocarditis. Patient's pains symptoms resolved in 1-2 days; observed in hospital until troponin trended down.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1330664-1	34M no PMH present with sudden onset chest pain since midnight found to have myopericarditis post vaccine 34M no PMH present with sudden onset chest pain since midnight. The pain started on the middle of the chest, substantially worse when lying down and better when sitting up or leaning forward, 9/10 intensity woke him up at night. +Pleurisy. +nausea and chills without fever. He has no exertional pain. No palpitations. No leg swelling, no sob. He lives weight and exerts himself daily yesterday morning he was able to lift weights without any pain. No family history of early cardiac disease. He has no shortness of breath, no fever chills, no nausea vomiting diarrhea, no recent sick contacts. His second dose of Covid shot was 4d ago and he is just recovering from generalized body pains. At time of interview his pain is much better after toradol/colchicine

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1330987-1	Patient is a 21 y.o. male with no past medical history who got his second dose of COVID (Pfizer) vaccine on Saturday presented with chest pain since Sunday. Patient says that he was in his USOH until yesterday when he started having substernal chest pain which was getting worse with inspiration but also with specific movements. He does have pain even at rest sometimes but he thinks that it's exacerbating by breathing. Had some nausea/vomiting as well. Denies other symptoms. Not really sob or leg swelling. In the ER, his Trop I was 10.7 and his WBC was 12.2. His EKG was NSR with short PR and STE I, II, III, AVF, V4-V6 Patient is a 21 y.o. male with no past medical history who got his second dose of COVID (Pfizer) vaccine on Saturday presented with chest pain since Sunday with some pleuritic characteristics. He was found to have a very elevated trop I to 10.7, leukocytosis to 12.2 and STE in I, II, III, AVF, V4-V6. His POCUS in the ER was without significant pericardial effusion and probably normal EF. Differential at this point includes pericarditis vs myopericarditis (there are some myocarditis cases reported in Israel post Pfizer vaccination, predominantly in young male patients) vs less likely ACS. Will need admission and further work up and treatment -Admission to Cardiology -NPO in case team tomorrow decides to proceed to LHC -Full echo and cardiac MRI tomorrow -Telemetry monitoring -Repeat EKG q4h overnight -send CRP, ESR -trend Trop to peak -would not start heparin gtt at this point -Please start tonight ASA 650 TID + Colchicine 0.6 mg BID 21-year-old man admitted with signs and symptoms of acute myo-pericarditis or in the setting of recent COVID-19 vaccination. He apparently had the findings are vaccine 2 days ago and developed pleuritic chest pain. His ECG shows pathognomonic changes for pericarditis in the is a small troponin elevation. He has no past medical history or exertional symptoms to suggest CAD. Bedside echocardiogram showed preserved left ventricular systolic function. He was admitted and placed on aspirin and colchicine. A cardiac MRI today showed evidence of myopericarditis. He had 3 beats of nonsustained VT on tele.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1331020-1	Patient developed severe chest pain and was found to have myopericarditis. This occurred 3 days after receiving his 2nd Pfizer covid vaccine. Prior to this event, he was in his usual state of health and denied any viral prodrome or illness. In the hospital, he received NSAIDs and supportive care with significantly clinical improvement. He was discharged with cardiology follow up.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1331832-1	Patient presented with substernal pressure like chest pain within 1 day of his second Pfizer vaccine associated with fatigue and dyspnea on exertion. He was found to have markedly elevated troponins without EKG changes. He was admitted to the hospital for evaluation and monitoring where cardiac MRI showed myocardial infllammation consistent with myocarditis. There was no other apparent cause based on patient's history. He was found to have a reduced ejection fraction on echocardiogram as a result of his myocarditis. He continued to have dyspnea on exertion at discharge.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1333696-1	23 y.o. male with no pmhx however did receive 2nd pfizer COVID vaccine 5/14/21 and began to experience fevers, body aches, and chills as of 5/15/21. He did have prn ibuprofen with good effect however 5/16/21, he experience anterior chest pressure that radiated into his back prompting his mother to bring him to the ER. He had negative EKG for acute ischemia however troponin 14.2 on Istate and 9.2 on lab work. Otherwise lab work unremarkable. Bedside echo w/ ERP w/ intact wall motion (Reported). No other recent illnesses or complaints. Low grade fever in ER. Patient did endorse palpitations w/ fever and his mother reports a pulse ox that read a HR of 122 at time of complaint. He is SR in ER. No further reported palpitations. Laying flat comfortable. No dyspnea Hospital Course: # myocarditis likely related to pfizer vaccine. Chest pain and fever now resolved. Noted to have elevated troponin at 14 with repeat is trending down. Abnormal EKG likely secondary to myocarditis . He was admitted with telemetry monitor without significant event. Was seen in consultation by Cardiology. Echocardiogram unremarkable. Underwent cardiac catheterization without occlusive disease, see report. He was advised to avoid NSAID, no strenuous physical activity. Follow up with Cardiology in 2-3 weeks.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1333892-1	Difficulty breathing and chest pain for several hours- went to Dr following week-sent to hospital ER- admittedfor 3 days-with multiple blood tests, EKG's and cardio cath done- diagnosis was Myocarditis/Pericarditis. Had MRI on Hearth done 5/18/2021 follow up with cardiologist 6/1/2021

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1333926-1	24-year-old male with no prior medical problems presents for evaluation of chest pain. Patient complains of midsternal chest pain that started approximately an hour ago. He states that it woke him up from sleep. Pain is sharp without any radiation or other associated symptoms including diaphoresis presyncopal symptoms or palpitations. He denies any significant air hunger or shortness of breath. He otherwise had been feeling better after what he tall was post COVID vaccine symptoms. Patient received a 2nd dose of pfizer vaccine 3 days ago. He states that within 24 hours he had symptoms of myalgia fever and feeling unwell. That has been resolving patient has been feeling better until the chest pain today. Patient otherwise denies any other medical problems in. He denies any history of drug use including any recent cocaine or other drug abuse. Elevated cardiac enzymes and chest discomfort are likely secondary to myocarditis and secondary to vaccination/ inflammatory reaction. Although there is low likelihood of obstructive coronary artery disease as well. I recommended cardiac catheterization for clarification. He does not want to have the procedure done, understands the risk of undiagnosed coronary artery disease and risk of MI. He would like to be discharged home. I reviewed the images of echocardiogram and it seems that he has a small area of hypokinesis in infero basal segment. Recommended to take aspirin and be seen in Cardiology office in 2 weeks. Advised to abstain from exercise and significant physical activity till that time and return to the hospital if any symptoms. Subjective: I saw patient in consultation for evaluation of chest pain and elevated cardiac enzymes. Patient is a 24-year-old healthy male who had COVID-19 vaccination with his second Pfizer shot 4/14/21. He developed fever, chills, nausea and vomiting 1 day after vaccination. He did not have any reaction to the 1st dose. He presented to the hospital with substernal chest discomfort which woke him up from sleep, radiated to throat and had a throbbing feeling. This lasted for 1 to 2 hours and subsided completely in the hospital. He smokes 5 cigarettes a day, is physically very active and exercises regularly. He is not on any medication at home.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1334084-1	PFIZER-BIONTECH COVID-19 VACCINE EUA. PATIENT'S MOM REPORTED THE FOLLOWING: HAD VOMITING ON 4/27 AT 9PM. ON 4/28 EVENING HAD FEVER. CHEST PAINS ON 4/29 LATE EVENING. TIRED AND BODY ACHES THE WHOLE TIME. FELT BETTER FRIDAY BUT CHEST PAINS OFF AND ON. CONTACTED DOCTOR AND THEY DID BLOODWORK. MD CALLED PEDIATRIC CARDIOLOGY AND ADMITTED TO HOSPITAL WEEKEND OF MAY 1ST. FOUND MYOCARDITIS AND ALSO REPORTED TO VAERS. HIS NUMBERS WERE IMPROVING WHILE AT HOSPITAL SO THAT IS WHAT THEY PUT ON DISCHARGE. 5/3- TROPONIN 0.68, CREATININE 4.8.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1334367-1	Myocarditis - Inflammation of heart muscles. (Symptoms: Chest tightness & pain)
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1334612-1	Chest pain, fever, headache and fatigue starting morning after vaccination. Progression of chest pain prompting evaluation in the emergency room where he was found to have a Troponin of 23,000 (nl less then 50). D'Dimer mildly elevated. ST changes on EKG. CTA negative. LFT mildly elevated. Sent to hospital where admitted to cardiology service pm 5/19 and given a diagnosis of myocarditis. Still under care at this time of report.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1336040-1	About 18 hours after the vaccine was given, the patient developed chest pain. The chest pain progress over about 24 hours to 9/10. He presented to the ER where he was found to have elevated troponin (up to 15) and ST changes on EKG. Echo was normal x2. He was treated for myopericarditis with NSAIDs and colchicine. He quickly improved. No clear etiology of his myopericarditis was identified, raising suspicion that it may have been an adverse reaction to the vaccine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1336619-1	Myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1336939-1	started as severe dizziness and weakness, chest pain was hospitalized once I got to the ER because my heart was not working properly, after many test the found my heart was in heart failure with an output of 35% only, was in hospital for 5 days. Doctors couldn't see what caused such a sudden weakness of the heart, they did cardio path and arteries have zero blockage, they did ECO, and a EP Study. My heart now suffers from PVCs or arrhythmia and they are very irregular and frequent. Was given medicine to help the heart and control the PVCs, and discharged with wearing a safety vest, to follow up with the cardio doctors. Followed up with doctors and they have done an MRI which shows scarring of the heart. The doctor has determined that the diagnosis is myocardiatis. There is no proof this direct relation with the vaccine, however symptoms started soon after the vaccine in a healthy young man. Now I still have to go to another electrophysiologist to see what he can do to help alleviate the PVCs and continue to take the medication to see of the heart can improve. I could not work for a month, and still cannot resume normal activities because my heart is to weak to sustain it.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337028-1	The patient presented to the emergency department with chest pain. Admitted the hospital and diagnosed with myopericarditis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337056-1	Patient is a 16yo girl admitted on 5/19 with sepsis secondary to myocarditis and pneumonia, s/p IVIG, after presenting with fever, myalgia, sore throat, hypotension, elevated troponin, elevated CRP, and leukocytosis with left shift. Sore throat has been present for about a week and fevers began on 5/17 with a Tmax of 103. On 5/18, she began developing shortness of breath and upon evaluation by the PCP on 5/19, she was admitted. During initial workup on 5/19 upon admission, hospitalist was high concerned as she developed hypotension of 91/48 on 5/20 at 08:35am. CT of chest on 5/20 showed patchy consolidation of the posterior lower lobes bilaterally. At that point, I was contacted and recommended broadening regimen to clindamycin , ceftriaxone, and azithromycin. Upon transfer to Hospital, further serologies were collected which showed leukocytosis with left shift, highly elevated CRP, elevated troponin, elevated IL-6, elevated ferritin, negative Covid abs test, negative RVP, and negative Covid PCR. IVIG (2grams/kg) started on 5/20 at 22:57. Cardio and ID on board and all regular myocarditis infectious workup has been collected. ID consulted for workup and management. Of note, patient received the Covid vaccine on 5/1/21
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337375-1	Second COVID vaccine was administered 5/7/21. Patient then developed chest pain and presented 3 days later to Hospital on 5/11/21. Admitted for treatment of myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337526-1	The patient developed chest discomfort, and was diagnosed with myocarditis. Myocarditis was confirmed by cardiac MRI. Symptoms started shortly after the 2nd dose of the COVID19 Pfizer vaccine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337559-1	The patient was admitted to the hospital with chest pain, abnormal ECG, and elevated troponin. He underwent urgent cardiac catheterization, which showed normal coronary arteries. His left ventricular ejection fraction was reduced. His clinical picture was consistent with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337583-1	sudden onset of chest pain 05/19/2021 night into 05/20, unable to sleep. Troponin elevated on arrival to ER. He received his 2nd dose of Pfizer CoVID vaccination on Sunday 05/16/2021. Diagnosed with acute myocarditis, probable cause post-CoVID vaccination.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337615-1	On May 14, patient developed fatigue and weakness. He took 2 tablets of acetaminophen 500mg and after a couple of hours he felt better. Three days later on May 17, at 5 am patient developed chest pain. He visited a local health clinic patient presented high troponin levels 2533.4. At 6:58 pm he was transferred to the Emergency Department. Patient was admitted to the Pediatric Intensive Care Unit (PICU) at 8:00pm. The date of the event patient received Motrin 400mg, Toradol 30mg, Aspirin 81mg, Brilinta 180mg and Tridil 250mg/50ml (at 3 ml/hr). An acute myocardial event was rule out with a negative result of the catheterization procedure. Patient was diagnosed with myopericarditis. He still hospitalized, his troponins levels are decreasing and chest pain has been resolved.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337663-1	patient diagnosed with MRI confirmed myocarditis following 2nd dose of Pfizer COVID vaccination
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1337709-1	A day after receiving the vaccine (on May 15, 2021) patient complaints of not feeling well and he took 1 tablet of Zyrtec 10mg to treat his allergy symptoms. On May 16, he developed chest pain and went to the Emergency Department at the hospital. Patient presented high levels of troponins and was admitted to the Intensive Care Unit (ICU). An EKG and Echocardiogram were performed and patient was diagnosed with Myocarditis. Patient continues to be hospitalized in the unit and he is receiving Lovenox 70mg Q12hrs, Ibuprofen 600mg, Aspirin 81mg daily, Colcrys 0.6mg daily. Chest pain has been resolved and his troponins levels are decreasing.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1338347-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1338355-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1338627-1	Chest pains, difficulty breathing, outcome: diagnosed with myopericarditis and costochondritis as well as inflammation in joints. Was in the hospital for 7 days and was on IV, morphine and then switched to hydro-morph for severe pain. Was given ketorlax via Iv for inflammation as well and steroids. Has been put on steroids for 1 month, Colchicine for 3 months, naproxen for inflammation.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1340501-1	have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; This is a spontaneous report from a contactable Physician. A 16-year-old male patient received bnt162b2 (BNT162B2), dose 2 intramuscular, administered in arm left on 12May2021 10:15 (Batch/Lot Number: EW0167) as single dose at the age of 16-year-old for COVID-19 immunisation, administered ad hospital. Medical history included acne with no medications. The patient's concomitant medications were not reported. patient received bnt162b2 (BNT162B2), dose 1 intramuscular, administered in arm left on 21Apr202110:15 (Batch/Lot Number: ER8735) as single dose at the age of 16-year-old for COVID-19 immunisation. No past drug history. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No other medications the patient received within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient experienced ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis, 36 hours of left chest pain radiates to left arm on 13May2021. The course of events was as follows: Previously healthy 16 year old male complaining of 36 hours of left chest pain radiates to left arm. Had Pfizer vaccine dose #2 about one day prior to chest pain onset. Found to have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis. Admitted to the Pediatric ICU for further management on 15May2021 7:00AM. The patient was hospitalized for the events, considered life threatening. Since the vaccination, the patient has been tested for COVID-19: Sars-cov-2 test: negative on 15May2021 Nasal Swab. Therapeutic measures were taken as a result of events, treatment in process. The outcome of events was unknown.; Sender's Comments: Based on the current available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of reported events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1340644-1	5/13 began as flu like , 5/14 6:00 pm couldn?t get full breath, went to Patient 1st, chest X-ray nothing , 5/15 4:00 am shoulder pain, couldn?t get full breath, Went to Hospital ER, Ekg progressively abnormal, Troponin and C reactive values increasing, transported to Medical Center ICU pediatric cardiology, physician and cardiologist, she diagnosed myocarditis and pericarditis. 5/18 discharged and home improving.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1340821-1	Please check with her doctors. I know she mentioned Myocarditis. She was vaccinated I am correct, on March 8 and April 6, 2021
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1340857-1	Three days after second dose of vaccination patient presented to ED with pleuritic chest pain and dyspnea. Patient found to have acute myopericarditis. Patient treated with IV toradol and acetaminophen with resolution of symptoms. Treated with metoprolol and colchicine. Patient was hospitalized for 48 hours then discharged in stable condition.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1340895-1	Patient presented to ED with progressive shortness of breath with exertion. Patient has a history of vaping nicotine for 2 years with increasing respiratory symptoms, shortness of breath for several months. Patient received first dose of Pfizer on 5/7/21 symptoms of shortness of breath predated vaccine but due to ongoing symptoms presented to ED 5/14/21 where he was found to have myocarditis. Patient was hospitalized for 2 days treated with colchicine with improvement in symptoms. Patient readmitted 5/21/21 with recurrent myopericarditis with newly reduced ejection fraction from 60% to 40-45%. Remains in the hospital at this time
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1341017-1	COVID-19, mRNA, LNP-S, PF (PFIZER-BIONTECH) 5/19/2021 (17 Y) , 4/28/2021 (17 Y) Severe chest pain, Requiring hospitalization for pain management and MI/Myocarditis therapy.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1341024-1	Patient with no known past medical history received his 2nd dose of Pfizer COVID-19 vaccine on 3/29/21 presented 5/19/21 with sudden chest pain presented to ED via EMS with acute inferior ST elevation MI. Cardiac cath reveled 95% ostial stenosis not consistent with ECG changes. Treated for myopericarditis with NSAIDs and steroids with resolution of chest pain.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1341167-1	The following 2 days after second dose with malaise, fatigue, myalgias, subjective fevers, third day post vaccine with chest pain consistent with myopericarditis after evaluation. Echocardiogram pending, elevated ESR, CRP, Leukocytosis, elevated CPK level, Tropnins uptrending from 8, EKG with diffuse ST segment elevation and PR interval depression, clear CXR.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1341730-1	Chest pain episodes 1-3 days after vaccine, Cardiac MRI shows small area of acute myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1341778-1	Experienced mild chest pain two days after vaccination. Visited the ER, and was Hospitalized due to a decreased ejection fraction and elevated cardiac enzymes. My ejection fraction returned to normal the following day, and I showed a decrease in cardiac enzymes. The pain also subsided about 36hrs after starting. I remained at hospital for a few days to have a cardiac MRI which showed patchy myocarditis. I was discharged that day, and have been taking metoprolol and avoiding physical exertion. Later, on May 13th I returned to the ER due to an increase in heart palpitations. They turned out to be PVC, which is generally harmless, but I began taking a potassium supplement since my levels were low. I've been taking it easy since. Currently, I am expected to avoid exercise and exertion for six months, but am waiting for a follow-up to get more details.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1342235-1	- Uncomfortable feeling in chest around 8pm on 4/24, tried to sleep it off - Couldn't sleep very well, and woke up with a tightness of chest and unable to draw a full breath - Went to county ER and was advised I was suffering a heart attack (non stemi) (troponin levels were over 7,000) - transferred to hospital for further diagnosis and treatment - Had a echocardiogram, cardiac catheridisation and MRI, which found that I had inflammation of my heart muscles - treated symptoms with medication and was discharged after an overnight stay
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1342245-1	myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1342268-1	Patient complained of chest pain 3 days after his second Pfizer COVID vaccine and was diagnosed with Myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343066-1	myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343445-1	Woke up on 5/7 with pleuritic chest pain, and admitted to the PICU on the same day. Found to have myopericarditis confirmed by MRI, now with residual low-normal EF of 56%. Discharged from hospital on 5/11.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343492-1	Myocarditis, recurrent chest pain over 3 days time, resolved with NSAIDS, EKG with repolarization changes and elevated serum troponin levels. Normal echocardiogram
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343585-1	Myocarditis Takotsubo
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343665-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343709-1	Vaccine administered at outside facility. Patient is a 16 yo girl, admitted on 4/19 with myocarditis, s/p IVIG (4/19) after presenting with progressive new onset chest pain. She was in usual state of health up until 2 days ago when she started developing body aches, and chest pain. Patient received her 2nd Pfizer COVID vaccine last week (4/15). No known history of COVID infection. Parents brought her to the ED yesterday after she complained of dizziness, SOB, chest pain, and had a near syncopal event. EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, normal CXR, negative COVID PCR. Denies fever, GI symptoms, GU symptoms, headache, rash. Once transferred to our PICU, she was worked up for myocarditis vs MIS-C. Troponin has been trended q6 and is trending up (now 11). Of note, there have been no fevers. Patient is a 16 yo girl, s/p admission (4/19-4/23/21) with myocarditis, s/p IVIG (4/19), has now been readmitted on 5/10 with myocarditis after presenting with headache and neck pain for 2 days. Following discharge from the PICU on 4/23, patient states that symptoms have lingered (low grade fevers, feeling tired, on and off chest pain). After developing a progressive headache and neck pain, she came back to the ER for re-evaluation. Upon readmission, her troponin was elevated (2.06 on 5/10). Her CBC and CMP were reassuring. Blood culture collected on 5/11 and urine culture collected on 5/10. ID consulted for workup.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343775-1	Vaccine administered at outside facility. Pt. is a 16 yo male with no significant PMH admitted on 4/26 with myocarditis, elevated troponin, and abnormal EKG. Pt. states that he was feeling his usual self until the day that he received his 2nd dose of the COVID vaccine on 4/24. On 4/24, he started to have a headache and subjective fevers. On 4/26, he reports having substernal chest pain at rest, non-radiating, associated with shortness of breath. Patient took tylenol with minimal relief. Patient denies cough, congestion, abdominal pain, nausea, vomiting, diarrhea, rash. No sick contacts. Since admission, troponin has been rising (up to 16), BNP normal, CRP to 87, ESR normal, CBC and electrolytes unremarkable. Clinical course and findings consistent with myocarditis. ID consulted for infectious workup and management. In my prelim recs upon admission, I recommended a dose of IVIG and holding off on steroids and antibiotics.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343845-1	Typical side effect symptoms experienced and cleared within 24 hours. Same symptoms returned (chills, low fever, heavy sweating, tense breathing) approx. 60 hours later along with severe aching chest pain. All symptoms resolved by next morning besides chest pain, which was severe enough to warrant emergency room admission about 72 hours after vaccination. Admitted to hospital overnight with an episode of palpitations around 6pm on the first night, being given motrin and colchicine throughout stay. Pain somewhat resolved and was discharged aprox. 100 hours after vaccination. Continued use of ibuprofen and colchicine in weeks following as pain slowly resolves.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343848-1	17-year-old male with no medical history, no allergies and no surgeries presented to the ER on 5/22 at 11 PM with concern for chest pain. The patient received his 2nd COVID-19 Pfizer vaccine on Thursday, 05/20/2021 in his left arm. The patient developed a temperature of a 102.5¦ with aches, chill, and pain overnight. The symptoms subsequently dissipated. Around noon on 5/22 he began to experience an achiness and pressure beneath the sternum and it has been constant since. The pain does not radiate into the back. No associated ripping or tearing sensation. No shortness of breath or difficulty breathing. In ED, EKG showed normal intervals, no ST changes and no STEMI. The patient underwent a CT angio of the chest and abdomen and did not show any dissection of the aorta. The left and right proximal coronaries are visible, however their path could not be seen on the studies performed. No pneumomediastinum both pneumothorax was observed. He had an elevated troponin of 3.1 and it increased to 7.3 prior to transfer to the ICU. VS were stable with HR 80 - 90 and normal BP. Repeat ECG was normal but his troponin increased x 2 with maximum of 16. His CRP was mildly elevated and BPN upper limits of normal. Echo was normal. Cardiologist consulted and pt diagnosed with myocarditis. As of 5/24/21, patient remains hospitalized as troponin was 13.1 at 9:00 am.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1343854-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1344267-1	Patient developed severe 8/10 chest pain 2 days after the 2nd COVID Pfizer vaccine. Troponin elevated 4. Cardiac MRI was consistent with myocarditis. Echo is normal.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1344312-1	Patient developed maculopapular uticarial rash day of vaccine that started on his lower extremities and progressed over a few days to include part of his trunk and his proximal upper extremities. Parents gave benadryl at home. It began to self resolve 5 days after vaccine, with complete resolution on day 6 after vaccine. Additionally, on day 5 following vaccine, the patient had one, isolated, episode of chest pain and SOB that lasted 2-3 minutes. Patient believed he was having a panic attack. Patient's mother took BP during event which was 190/95. Patient subsequently brought to ED where all his vitals were diffusely within normal limits including BP. No persistent chest pain and physical exam unremarkable. Troponin was obtained in ED and found to be elevated at 1951. Patient was admitted, troponins were trended, and patient remained in stable condition without further adverse events, and was subsequently discharge home with diagnosis of suspected myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1345020-1	Myocarditis, inflammation, heart failure
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1345034-1	Chest pain/pressure Hypertension
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1345257-1	Focal Myocarditis, verified on MRI and Cardiac FDG PET Mild symptoms on presentation to hospital, asymptomatic after discharge. Hemodynamically stable
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1346428-1	Patient began to have chest pain 12-24 hours after administration of vaccine. Chest pain worsened over 48 hours. Pain described as constant pressing sternal chest pain. He also had associated fatigue. Initial work up consistent with peri/ myocarditis. Chest pain has no longer been persistent during admission. No chest pain at rest any longer. Patient describing some ? throbbing? heart pressure with walking.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1346483-1	21M caucasian who received 2nd dose of Pfizer vaccine on 4/11/21 and started having fever chills and headache next day. The following day he started having substernal chest pain which was non exertional. He presented to hospital where he was found to have normal vital signs.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1346582-1	Patient had chest pain starting a few days after receiving second dose of COVID-19 vaccine, patient was hospitalized, initially had elevated tropamine levels, but then after EKG and angiogram all came back normal, hospital reported cause of chest pain to be myocarditis. After seeing reports of correlation with vaccine, patient believes to be associated with vaccine. Patient symptoms have since resolved.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1346832-1	After receiving my second dose, I was seen by my primary doctor for suspected Celiac disease (which came back positive). I had a strange medical episodes during the bloodwork (April 15th) that they originally assumed was anxiety. Symptoms were shortness of breath, lightheadedness, and loss of feeling in extremities. I?m a first responder and did not feel this was anxiety, but didn?t argue and forgot about it until it happened again. I had my second episode on April 20th, and debated going to the ER for it. A third episode on April 23rd did put me in the ER. I proceeded to have more episodes on almost a daily basis after that and started monitoring blood pressure, pulse, blood sugar, and food intake at home (some of my bloodwork levels were off due to the celiac). I purchased a heart rate monitor, a blood glucose meter, and a smartwatch to monitor some of my symptoms. Both devices (monitor and watch) would later flag me as having a suspicious heart rhythm (heart monitor could be for fast/slow rhythm or for arrhythmia, smartwatch flagged me as Afib twice). I could not recreate these results when my husband wore the devices. Episodes could be as brief as 45 mins or last more than 12 hours. I have a high pain tolerance and illness tolerance, and had to leave work several times due to my symptoms (extremely abnormal for me). After several more appointments with my primary doc and another visit to the ER (where they did another EKG, an X-ray, and more bloodwork), things were still coming back inconclusive. After about April 28th, I started having significant chest pain with my episodes. The ER checked me for possible clotting related to the heart issues and my birth control pills. My arrhythmia could not be captured on their devices. My doctor has since diagnosed it as suspected myocarditis (pending more testing). We?ve ruled out all possible things related to my Celiac diagnosis, and can?t seem to find a cause for this. I had a few things I brought to her attention that may be the cause (pinched nerve at chiropractors, covid vaccine) and she says it may be the vaccine, and said I should report it to you.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347131-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347321-1	Acute Myocarditis requiring hospitalization
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347427-1	Presented to ER 5/9/21 with chest pain for 2 days. Noted fever day one and two after 2nd Covid Vaccine 5/4/2021. T max 102. Abnormal EKG with inferior and lateral TWI. Elevated Troponin, peak 9.69 ng/ml. Cardiac catheterization -Normal coronaries, mild hypokinesis anterolateral wall. Echocardiogram - normal. Diagnosis - Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347513-1	Patient developed chest pain and difficulty breathing when lying down; symptoms started at 7pm on 5/21/2021. Seen in the emergency room at Hospital for chest pain, found to have elevated troponin level of 11.6 ng/mL (normal <0.05). CT chest negative for pulmonary embolism. Patient transferred to Medical Center. Initial high sensitivity Troponin-T level 1224 ng/L (normal <15), BNP 805 pg/mL (nl <300). EKG with diffuse ST segment changes. Echocardiogram (5/23 AM) with normal systolic and diastolic function, LVEF 58%; no pericardial effusion, no pathologic valve regurgitation. Patient admitted to telemetry monitoring bed (no arrhythmias noted during hospitalization). Patient treated initially with Ibuprofen 400 mg PO q6 hours and famotidine 20 mg PO q12 hours for presumed myopericarditis. Workup sent for viral causes of myocarditis: Respiratory viral panel negative. Infectious Myocarditis workup sent: CMV, Cocksakievirus A and B antibody, CMV IgG/IgM, Echovirus antibody, Infectious Mononucleosis Screen, Lyme C6 AB IgG/IgM, Mycoplasma IgG/IgM, Parvo IgG/IgM, Varicella IgG/IgM. Follow-up echocardiogram on 5/23 (PM) and 5/24 (AM) demonstrated no change in LV systolic or diastolic function. Cardiac enzymes, including high-sensitivity troponin T, CK and CKMB, were trended. Cardiac MRI was performed - preliminary results show evidence of myocarditis Lab Trends (earliest to most recent, as of 1 pm on 5/25/2021): High sensitivity Troponin T: 1224, 732, 664, 1058, 1332, 1141 CKMB: 65.6, 41.6, 19.3, 11.4, 6.3, 3.2 Pro-NT-BNP: 803,493, 392, 293 CRP: 58.2, 32.8, 28.6, 14.9. At the time of sumission of this report, the patient remains in the hospital. Further results will be communicated to VAERS.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347516-1	Myocarditis. Patient presented with chest pain and was found to have a troponin of 9.75. Pain resolved and troponin down-trended after treatment with IVIG and Solu-medrol. Patient's brother has history of MIS-C after Covid. Patient had documented Covid in 10/2020.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347674-1	thoracic spine pain a few hrs after 2nd vaccine. persistent for a few weeks, then severe chest pain, resulting in ER visit and hospital admission. final diagnosis myocarditis. discharged in stable condition.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347752-1	Patient rec'd Pfizer COVID vaccine dose 1 on 2/26/21; dose 2 on 3/18/21. He began to have substernal chest pain on 3/20/21, took Tums with partial relief. He had additional episodes of chest pain over the next 2 days and came to the ED on 3/22/21. EKG was abnormal and troponin was elevated, so he was admitted with a diagnosis of myopericarditis .
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347839-1	Syncope on 5/20, found to have acute myocarditis with acute systolic heart failure
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1347844-1	Myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1349573-1	Myocarditis; This is a spontaneous report from a contactable consumer(patient). The 21-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in arm left on 01Apr2021 12:45 (Batch/Lot number was not reported) as unknown, single for covid-19 immunisation. Medical history included attention deficit hyperactivity disorder (ADD).There was no known allergies, no Covid prior vaccination. The patient's concomitant medications were not reported. The patient experienced myocarditis on 18Apr2021 23:30 which led to emergency room with outcome of unknown. There was no treatment. Information on the lot/batch number has been requested.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1349586-1	nstemi; Myocarditis; This is a spontaneous report from a contactable physician. A 46-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE, lot number: unknown) via an unspecified route of administration on 26Apr2021, SINGLE for covid-19 immunization. The patient's medical history was not reported. The patient had no known allergies. The patient's concomitant medications were not reported. The patient did not receive any other vaccine within 4 weeks prior to the vaccine. On 27Apr2021, the patient reported to the hospital with complaints of chest pain with electrocardiogram (EKG) showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers. On 27Apr2021, the patient experienced non-ST-elevation myocardial infarction (NSTEMI) and myocarditis. The patient was hospitalized for one day. and the event required an emergency room/department or urgent care visit. The patient underwent lab tests and procedures which included blood test: negative on 02May2021, covid-19: negative on 02May2021, electrocardiogram: unknown showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers, myocarditis: unknown. Cath report did not reveal coronary artery disease (CAD). Therapeutic measures were taken as a result of NSTEMI (acute myocardial infarction), myocarditis (myocarditis), chest pain (chest pain), EKG showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers. The outcome of non-ST-elevation myocardial infarction (NSTEMI), myocarditis, chest pain and electrocardiogram (EKG) showing non-diagnostic diffuse ST elevations and elevated cardiac biomarkers was recovered on an unknown date. It was also reported that since the vaccination, the patient was tested for COVID-19 on 02May2021 and was negative. Information on lot number/batch number was requested.; Sender's Comments: The information available in this report is limited and does not allow a medically meaningful assessment of the case. Based on currently known drug profile it is unlikely that events non-ST-elevation myocardial infarction (NSTEMI) and myocarditis are related to BNT162B2. This case will be re-evaluated upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1350338-1	Shortness of breath, myocarditis, fatigue
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1350339-1	He had his 2nd pfizer vaccine on 5/3/21 The next day he felt tired 2 days later (on 5/5) he started with fever, chills and body aches He then started with abdominal pain --hurt to take a breath in, he could not lay flat He went to Hospital and was dx with myocarditis He was started on ibuprofen (changed to naproxen for discharge), colchicine and protonix
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1350570-1	Patient developed a fever to 103 and pleuritic positional chest pain the day after receiving dose #2. He presented to the ED 2 days later on May 21, 2021. An ECG showed acute pericarditis. His TnI was mildly elevated. An echocardiogram showed mild LV dysfunction with LVEF 40-45%. He was diagnosed with myopericarditis. Treatment included NSAIDS and colchicine and metoprolol. He was not admitted to the hospital.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1350881-1	Patient presented with chest pain. Troponins were elevated. Echocardiogram revealed decreased left ventricular systolic function with an ejection fraction of 30-35%, MRI was consistent with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1350946-1	A 26-year-old male with no past medical history presents to the emergency department (ED) with an acute episode of chest pain. He reports initially mild dull substernal chest pain for a day prior to an episode of acute sharp chest pain that radiates to his left neck and left shoulder accompanied by diaphoresis leading him to present to the ED. He had received the second dose of the Pfizer-BioNTech mRNA COVID-19 vaccine three days prior to presentation and reported myalgia and weakness beginning within 24 hours of vaccination. His blood pressure on arrival was 126/83 mmHg and pulse was 61 bpm. Electrocardiogram (ECG) on admission showed diffuse upsloping 2mm STE, no reciprocal changes, and PR elevation in aVR. Troponin-I on admission was 6.03 ng/ml prior to peaking at 21 ng/ml while initial CRP was 56.8 mg/L. Transthoracic echo (TTE) showed left ventricular ejection fraction (LVEF) of 55-60% with hypokinesis of the basal lateral wall. Cardiac magnetic resonance imaging (CMR) was consistent with myocarditis showing subepicardial late gadolinium enhancement (LGE) in the basal inferior wall, no edema on T2 sequences, and a mildly reduced left ventricular systolic function with an LVEF of 51%. He was started on colchicine, low dose beta blocker and losartan and improved symptomatically along with resolution of the EKG findings prior to being discharged with plan for close outpatient follow-up and repeat imaging. In addition, a respiratory viral PCR panel was obtained which was positive for Rhinovirus/Enterovirus on nasal swab. Although it is possible that his presentation was secondary to enteroviral myocarditis, the temporal relationship to the second dose of Pfizer-BioNTech mRNA COVID-19 vaccine suggests the possibility of myocarditis secondary to immunologic response to COVID-19 vaccine itself.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351044-1	Patient developed substernal chest pain ~ 24 hrs after vaccination w 2nd dose of Pfizer COVID 19 vax. Pain continued x 2 days, came to ED 5/9/21; EKG abnl and had elevated troponin; was admitted for myopericarditis. Started on ibuprofen and colchicine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351124-1	Chest pain, SOB, left arm pain, nausea, body aches , sweating, inability to lie down. Started 4/26 10 pm. To Medical Center ER at approx 5:30 am. 4/27/21. Admitted to cardiac unit. Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351192-1	2 discrete episodes of non-exertional, non-positional chest pain without trigger (5/23/21, 5/24/21); presented to hospital after elevated troponin found at urgent care; suspected myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351319-1	MYOCARDITIS. I experienced extreme chest pain, tightness, shortness of breath, painful heart beats, I could feel each beat. I hunched over in my bed groom grabbing my abdomen and fell onto my bed and almost passed out from whack I?d assume is lack of oxygen. I could barely breathe for about five minutes and felt relatively severe pain particularly in the right side of my chest. I could feel every muscle, tendon, and artery inflamed, enlarged, and hurting. My chest felt like it filled up with a balloon. Heart rate went up too. I have NEVER EVER felt ANYTHING like this in my LIFE. Not even close. It was a brand new sensation to me first time I?ve ever felt anything like this at all, and very intense and frustrating. Keeping in mind I am in perfect health. I am a body builder with a perfect physique. I work at a high end restaurant and have an extremely good diet. I have a normal sleep and sexual routine, I don?t use any medications whatsoever even Tylenol or ibuprofen. I have no pre existing conditions. I have no history of heart or cardio problems. My family has a history of low blood pressure. I have next to no stress or anxiety in my life. I am 24 years old I work out and run miles, five to six days a week. I don?t use nicotine, tobacco, and I haven?t had a drink of alcohol in ten years (14yrs old). I smoke marijuana on a daily basis. After about ten minutes the incident went down and I was able to breathe a little better but still had pain and tightness in my chest. I have had shortness of breath ever since. This is being written the day after the event about 26 hours later. I ran a mile last night and went to the gym it seemed to help both my breathing and the pain and tightness but it has not fully gone away. I feel my heart straining somehow as I am typing this. One thing to note is I did not want to get vaccinated but was pressured to do so, and before getting it I was very nervous and honestly upset. The woman administering it was not helpful at all and actually mocked my unsureness and was very rude and unprofessional. She didn?t answer any technical questions I had. During my interaction with her between my nerves and her behavior I?m absolutely certain my heart rate was elevated at the time of getting the shot. I have only had one shot. The episode of myocarditis occurred two weeks after my first shot. Two days after my scheduled second shot, which I missed because of work and was going to reschedule before this occurred. I am not going to be getting the second shot. Will be following up with my primary care doctor as soon as possible. Haven?t had time.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1351950-1	chest pain, nausea, sweating w/ alternate chills, and headaches onset at approximately 10-11 a.m. Sunday, 5/23/21. Because he was reporting for work to a camp, he reported to the camp nurse. After conferring with parents, he reported to Hospital for testing. EKG there was normal; minimal labwork performed - Troponin test requested by parent came back at 0.03. Advil taken earlier had resolved pain at that time, but pain was persistent the following day. Parent retrieved patient, and he reported to his pediatrician at the PCP Clinic and more labwork was performed at approximately 10 a.m. Troponin level had increased to 14, with other inflammatory markers elevated and abnormal EKG result. Pediatrician consulted with pediatric cardiologists, and parents were advised to proceed to the ER. Mother arrived with Hospital at approximately 5:30 p.m. Troponin results from 6:45 elevated to 16. Ped. Cardiologist performed echo-cardiogram, which showed no abnormal heart functioning. Ped. Cardiolgist diagnosed myocarditis and prescribed 15-hour IVIg infusion. As of Wednesday, 5/26, at noon, troponin level had decreased to 10.8 and other inflammatory markers were improving. Patient is currently still hospitalized in the ICU Step Down Unit at Hospital.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1353480-1	Myocarditis; Chest pain; Elevated troponins; This is a spontaneous report from a contactable pharmacist. A 22-year-old male patient received the 2nd dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) via intramuscular in the left arm on 06May2021 11: 00 am at 22-year-old as single dose for COVID-19 immunization. Medical history and concomitant medications were unknown. The patient had no known allergies. The patient previously received the 1st dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) for COVID-19 immunization. The patient experienced chest pain, myocarditis, elevated troponins on 09May2021 at 03:30 AM. The events resulted in: Emergency room/department or urgent care, Hospitalization. Days of hospitalization was 3 days. The patient had no covid prior vaccination. The patient had had covid test post vaccination, on 10May2021 with negative result. Outcome of the events was recovering. This report is serious with seriousness criteria-caused/prolonged hospitalization. Information on the lot/batch number has been requested.; Sender's Comments: Based on the available information and known product profile, the causal relationship between the reported events and the use of BNT162B2 cannot be excluded. The case will be assessed further upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Committees, and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354101-1	Patient hospitalized for overdose. Patient found to have potential myocarditis. Patient overdosed on antihistamines loratadine and doxylamine. Found to have rhabdomyolysis. CK levels have been trending downward. Patient found to have elevated troponin and ECHO showed decreased EF raising concern for myocarditis. Also with EKG changes. Patient is asymptomatic without chest pain or palpitations. Cannot differentiate cause of myocarditis, can be due to over dose and related to rhabdomyolysis or other causes.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354142-1	Myocarditis requiring transfer to higher level of care and hospitalization x 24 hours, continued mild chest pain.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354255-1	Pt presented with 2 days of chest pain in conjunction with the expected body aches, chills and fatigue after his second Pfizer vaccine. Found to have elevated troponin and diagnosed with myopericarditis. Treated with NSAIDs, colchicine. Had normal cardiac MRI and CTA coronary. Relatively preserved EF on echo (53%) with no focal wall motion abnormalities.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354399-1	"""History obtained from: patient Patient is a 28 y.o. male with hx of post-viral myopericarditis in 2013 but otherwise healthy who presents for recurrence of myopericarditis incidentally not long after receiving 2nd COVID vaccine Got the 2nd COVID vaccine on Sunday. Monday felt fevers and chills and malaise all day. Tuesday morning felt some retrosternal chest discomfort that lasted an hour or so and spontaneously went away. Was able to go to work all day and do fine. Works in a garage and lifts heavy tires. Yesterday took kids to day care, felt a little pain that morning which resolved. Picked them up in the evening and was going to hang out with them but had recurrence of pain and this time was quite severe. Tried to take some tylenol but threw this up. Came to the ED and had to wait 1-2 hours to be seen, but the time he was his pain had nearly resolved. Troponin taken around 10000. Cardiology consulted, think this might be reactivation / recurrence of his prior myopericarditis."" H&P 3/24/21 ""This is a 28 y.o. male with hx of post-viral myopericarditis in 2013 but otherwise healthy who presents for recurrence of myopericarditis incidentally not long after receiving 2nd COVID vaccine # Myopericarditis Had episode of post-viral myopericarditis back in 2013, at which time he had an elevation of Trop I (non-HS variety) to 7.3 and echo showing basal inferolateral, basal inferior and mid inferolateral wall motion abnormalities but otherwise normal LV function. Has been highly functional. Recently got 2nd COVID vaccine and had fevers/chills after that. Recurrent chest pain 3/24 w/o provocation, aborted on its own but has trop elevated to 10,000. EKG does not show STEMI and patient actually asymptomatic in ED. No infectious symptoms. Unclear but wonder if COVID vaccine could have caused recurrence of prior myopericarditis? Cards called in ED, they would like him admitted, to treat with colchicine and advil, repeat TTE and they will consult in the morning."" A/P 3/24/21 from admission"

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354460-1	Chest pain, palpitations. Diagnosed with myocarditis at hospital. (admitted 5/14/21-5/16/21).
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354476-1	Please refer to the H&P for full details. This is a 63 y.o. male with PMHx of HTN and HLD who presented to the ED with chest pain NSTEMI Type 2 Myocarditis Patient was seen by her PCP on 5/12 with c/o chest pain found to have elevated troponin 0.06 (0.03 upper limits of normal) otherwise EXG and CXR nl and was recommended to come to the ED. Patient reports the chest pain started ~1.5 weeks ago, initially resolved, however began to have discomfort again 4d PTA. She describes the sensation as a dull ache with radiation to the neck and her right shoulder. No history of heart disease. Risk factors for this pt include HTN, HLD and tobacco use. On admission HS-Tn elevated at 230 and EKG shows NSR, no ST/Twave changes. ECHO shows EF 60%. Received ASA and nitro in the ED. -monitor on telemetry -cardiology consulted, angio on 5/14 showed normal coronaries, cardiac MRI with evidence for myocarditis per discussion with cardiology - final read is pending at dc - colchicine started Moderate aortic stenosis Noted on ECHO, no significant change in the aortic valve pathology or aortic root dimension compared to prior in 2017 HTN Normotensive in the ED -continue amlodipine and lisinopril HLD Last lipid panel on 12/1/2020 with LDL 109 -continue statin - increased to high dose 80 mg Tobacco abuse Current everyday smoker of at least 1 ppd -cessation discussed Tremor: Continue home med Aortic root dilation - 4.0 cm. Monitor.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354522-1	Patient is a 30-year-old previously healthy Mediterranean woman complaining substernal squeezing chest pain for 2 days in the setting of 2nd Pfizer COVID vaccine 2 days ago. The chest pain is pleuritic but otherwise has no exacerbating or relieving factors. It does not radiate. She has never had this pain before. The patient is worried about myocarditis or blood clot as she has heard the can be reactions from the vaccine. The pain is associated with shortness of breath. She denies vomiting, diarrhea. She has had some fever, chills and myalgias over the past few days. She denies cough. She denies history of VTE, hemoptysis, history of immobilization or trauma, estrogen birth control. She denies family history of early cardiac death or MI. 38y/o woman with no significant past medical history who had her second Pfizer vaccine on Monday and later that day developed low grade fever/ diffuse myalgias/ pleuritic and positional central dull 5/10 chest pain. On Tuesday and Wednesday she remained bedridden with same sx. Thursday morning felt improved except had persistent chest pain for which she presented to the ED for evaluation. She had tachycardia, +troponins, and +DDimer. EKG was negative for acute changes. She was admitted to the cardiology service for suspected myocarditis. She was started on colchicine, standing ibuprofen, and metoprolol. Echocardiogram complete on 5/21 was normal with an EF of 60%. She was evaluated again after her echo. She continued to feel significantly improved on medical therapy and was discharged home on 05/21/21. She will continue medical therapy as listed. She will follow-up with as arranged on 5/25/21.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354571-1	myocarditid
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354602-1	myopericarditis, HFrEF. medication therapy ongoing
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354648-1	myocarditis with elevated troponins, findings on cardiac MRI. No treatment required, self-resolved. Admitted for close monitoring

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1354651-1	"H&P: Patient is a 63 y.o. female who presents for chest pain found to have NSTEMI. No prior cardiac history who presents with acute onset left sided arm, and jaw pain. Associated with diaphoresis. Looked up ""heart attack signs in women"" and came to the ER after reading this. In the days/weeks leading up denies any chest pain or pressure, LH, dizziness or syncope. No exertional dyspnea, orthopnea, PND or LE edema. BP at home are usually 130-150s. BP in the hospital is always higher because of white coat hypertension. ER course BP 170-190s systolic, HR in the 90s, AF. EKG Q waves in the inferior lead with no significant ischemia or ST elevations. Labs notable for a troponin ~ 2000. CXR within normal limits. Given aspirin, statin, nitro and heparin. Currently feels pain free. No other acute issues or complaints/ Smoked 3 mos after a divorce, otherwise no smoking history. No significant family history of CAD. "" D/C summary: ""Principal Diagnosis: o Myocarditis Secondary Diagnoses: o Type II MI o Hypertension o Hypercholesterolemia o Prediabetes mellitus o Obesity Procedures/Diagnostics: 5/13/2021. Coronary angiogram. o Normal left ventricular function o Normal coronary anatomy o Right radial loop Note: A right radial loop was encountered requiring a femoral access. 5/13/2021. Echocardiogram. ? Left ventricle size is normal. Mildly increased wall thickness. Normal wall motion. Normal systolic function. LV EF is 75 % , ? Nrrmal valve function. 5/13/2021. Cardiac MRI. Evidence of myocarditis, with subepicardial late enhancement at the mid chamber and apical lateral wall with associated regional edema and mild native T1 signal elevation. Normal right and left ventricular size. Hyperdynamic LV. No significant valvular abnormality. Hospital Course: In brief, this is a 63 y.o. year old female admitted on 5/13/2021 with chest pain, troponin elevation and found to have normal coronary arteries. Preserved LV systolic function by echocardiogram. She underwent an cMRI demonstrating myocarditis. She was started on colchicine and remained pain free for the rest of the admission. Myocarditis: Presented with acute onset chest pain and troponin of ~2000. Diagnosed via MRI after normal coronary angiogram. Normal biventricular function. Etiology is likely idiopathic as she had no other obvious inciting events. Pain free prior to discharge. o Colchicine 0.6 mg twice daily. o Follow-up with Dr. on 6/8 arrival time 12:40 PM Hyertension: well controlled today. Management per PCP o Metoprolol succinate 25 mg daily o Hyzaar 100-12.5 mg daily o Amlodipine 10 mg daily Hyperlipidemia: tolerating atorvastatin 20 mg daily. """
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355012-1	Generalized fatigue requiring work up with rheumatology. Palpitation, which prompted visit with me. Findings indicative of myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355158-1	Myocaditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355216-1	Chest pain, elevated cardiac enzymes (troponin), myocarditis. Peak troponin 11.6 on 5/7. CMR demonstrating myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355301-1	Acute Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355762-1	SOB, Fever, fatigue, cough Hypoxia, tachycardia, HTN Admitted 5 days after the 2nd dose of vaccination Dx: Myocarditis and Pneumonitis RX: steroid, Diuretic
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1355827-1	Myopericarditis, chest pain, pericardial effusion, pleural effusion
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1356079-1	Presenting symptom palpitations. Elevated troponin, diagnosed with myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1356323-1	Pericarditis and subsequent myopericarditis. Intense chest pain that worsened upon lying down and a low grade fever.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1357792-1	Received 2nd Pfizer COVID vaccine 5/9. On the evening of 5/10 he awoke with severe 7/10 CP located centrally and radiating down both arms. Not a distinct pain such as sharp, stabbing, burning, throbbing but located in center of chest and was really uncomfortable. No other associated CV symptoms (palpitations, SOB, syncope). Pain slightly worse supine. Pain self-resolved but recurred on 5/12. he had no symptoms of COVID disease.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1357812-1	Chest Pain, Myopericarditis; From EPIC: From cardiologist healthy man who comes to the ER with left anterior chest discomfort for the last 36 hours or so. Symptoms are made worse by deep inspiration. Were improved following self administration of 600 mg of ibuprofen earlier today. 2 days ago he received his second COVID-19 vaccine (Pfizer). Following day he experienced arm pain muscular aches and pains severe discomfort of the right arm (injection site) later in the day there was nausea and vomiting on one occasion (nonheme). By last night he was able to eat dinner but subsequently felt short of breath with worsening chest discomfort morning the left arm continued to ache with musculoskeletal pains. Developed more discomfort in the left anterior chest radiating to the throat made worse by deep inspiration. Does not describe typical sharp catching pain of pericarditis. No cough sputum bruising bleeding abdominal pain change in color or character of bowels. Sign in the emergency room he was hemodynamically stable, in sinus rhythm with a normal EKG.Torrey work-up notable for an initial troponin of 1.28 and a follow-up troponin of 2.14. Chest x-ray perfectly normal. Elevated d-dimer. CT angiography negative for pulmonary embolism vascular injury, cardiomegaly, pericardial effusion but the radiologist did note thickening of several right posterior and lateral axillary lymph nodes raising a question of recent right-sided vaccination or injury/infection to the right arm. Presently he is perfectly comfortable able to take a deep inspiration with mild chest discomfort, breathing easily. I met him in July 2018He came to the emergency room with a 3-day viral syndrome manifested as headache nausea vomiting diarrhea and abdominal discomfort and then developed chest discomfort. He was found with diffuse mild J-point elevation on EKG consistent with a viral type pericarditis with troponins which rose to a maximum of 10.4. Work-up for myocarditis was negative. Echocardiogram perfectly normal. Symptoms responded to a course of nonsteroidal anti-inflammatory agents and colchicine. Seen in follow-up of repeat echocardiogram was perfectly healthy. Our diagnosis was myopericarditis. There is no history of shortness of breath dyspnea on exertion decrement of exercise capacity peripheral edema orthopnea PND palpitations lightheadedness syncope or collapse. No ill contacts. He works in a high security position and therefore qualified for early administration of the Pfizer COVID-19 vaccine. Graph past medical history notable only for the episode of myopericarditis and a remote tonsillectomy. There is no significant family history of sudden cardiac death or unusual heart disease. He takes no medications. Patient was recommended to take 4 weeks of ibuprofen and colchicine if needed for worsening chest pain. Patient was recommended to follow-up closely with his primary care doctor and check ESR, C-reactive protein as well as renal function. Needs close follow-up with cardiology as an outpatient.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1357884-1	Myocarditis. Chest pain started 2 days after the 2nd shot. Elevated troponin and went upto 20. Near syncope and tiredness.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358005-1	My first vaccine was Feb 14, 2021, my second Mar 7, 2021. Following both I had <24 hours of headache and lethargy before returning to normal. Symptoms were noted during hikes with cub scouts, so not particularly difficult terrain On March 27 I was very short of breath during an uphill hike and almost gasping at the top. I did no more uphill hiking until the next event May 1, at where I experienced shortness of breath and dizziness on an uphill hike. After resting a few minutes I continued for a brief period before it returned requiring me to back. May 7, short of breath and dizzy while doing yard work requiring ladder climbing May 10, short of breath and dizzy on a quick 1/2 mile walk May 10, visited GP and was admitted to hospital with abnormal ECG
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358018-1	Fever, body aches starting 1 day after vaccination. Progressed by day 3 after vaccination to chest pain and vomiting. Patient presented to ER and diagnosed with perimyocarditis; transferred to tertiary hospital. Required hospitalization with troponin level of >6000. Patient required cardiac catheterization but no stenting. Required ibuprofen, colchicine, steroids.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358062-1	ACUTE MYOCARDITIS ABOUT 3 DAYS FOLLOWING 2ND DOSE OF 5 0 COVID-19 VACCINATION. TREATED WITH ANTI-INFLAMMATORY.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358097-1	Patient developed chest pain symptoms on the evening of 5/13, he said symptoms waxed and waned but worsened on 5/16 which prompted him to go the Hospital ER. There he was found to have an elevated troponin 27.9 and ST elevations on ECG. This prompted an emergent evaluation by cardiology and patient underwent a Left Heart Catherization (LHC) on 5/16 which showed no obstructive disease. Cardiology suspected possible myocarditis which was confirmed on 5/18 with a cardiac MRI. Patient also had an echocardiogram that showed mildly reduced systolic function EF 50-55% and mild hypokinesis in the left ventricle (echo obtained on 5/17). Patient was discharged on two new medications: Losartan and metoprolol and has cardiology follow up on June 1.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358183-1	Likely myocarditis. Elevated troponin, clean cath. Started on colchicine.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358334-1	Patient is 70 F with Type 1 von Willebrand's disease, mild hypertension, asthma, mild mitral regurgitation, and diffuse degenerative joint disease. She has been safe at home during the pandemic tested a few times for COVID-19, consistently negative. Approximately 1 month after the second Pfizer vaccine she developed a precipitous onset of severe acute congestive heart failure subsequently diagnosed nonischemic cardiomyopathy/myocarditis. Initially, prior to the diagnosis at the onset of the illness she was treated with 1 week course of high-dose prednisone as if this were asthma because of the primary symptom of shortness of breath. This was of no benefit. Over the ensuing 2 months she has been seen by primary cardio
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358618-1	Palpitations started after receiving second dose of vaccine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1358844-1	Abdominal pain, chest pain and myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1359015-1	Myocarditis Pericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1359528-1	Monomorphic Ventricular tachycardia Reduced LV systolic dysfunction Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1359871-1	On 5/23 two days after vaccine he was irritable, tired, fatigued, not sleeping well. He could not complete his track meet . He had abdominal pain, felt bloated, and he felt this nausea & discomfort. He thought he might be constipated, so he took MiraLAX and then he had diarrhea all day yesterday. on 5/26 he had a temperature of 99.2, he had acute chest pain retrosternal and feeling of compression on the chest, head fullness as if he is going to explode. He had nausea, insomnia. Ibuprofen was given to him by his mother and this helped a lot But he woke up on morning of 5/27 , but the chest pain returned with increased pressure, very nauseous, agitated, unable to be comfortable. No fever,, the pain was a sharp pressure. He had no syncope or chest shortness of breath He was seen at Hospital ER where a chest x-ray was normal. Echocardiogram was done, ,noted to have EKG changes. Troponin was elevated. He had a cardiac catheterization done emergently at hospital through the right radial artery and was noted to have normal coronaries. He also had a chest x-ray done which was negative for pulmonary lesions, and his abdominal pain he says was relieved after the MiraLAX and the diarrhea. His twin sister who received the vaccine 15 minutes after him is completely asymptomatic.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1359899-1	Patient presented to urgent care with 3 days of pleuritic chest pain. He had abnormal EKG with T wave inversions in V1 to V3, elevated D-dimer and elevated troponin. Sent to ED. Patient received Pfizer Covid vaccine, first dose, approximately 2 weeks ago. About 3 days ago he developed chest pain with breathing, located at the anterior chest and radiating to the left shoulder. No associated cough, dyspnea, sputum production, hemoptysis. Chest pain is not associated with activity. He does not describe chest pain with the positional change or laying down. no fever or chills. He had 3 episodes of emesis this morning. No abdominal pain, no diarrhea.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360445-1	"Problems with her heart; Shortness of breath; Pain the chest; Low blood pressure; Passed out; Started shaking ""like a seizure""; Started shaking ""like a seizure""; Dizziness; Tiredness; Stomach pain; Chills; Fever; Sweats; Nausea; Vomiting/throwing up; Inflammation in the chest, muscle or maybe heart inflammation; Inflammation in the chest, muscle or maybe heart inflammation; Inflammation in the chest, muscle or maybe heart inflammation; Pain in the heart; Not feeling well; Had a severe allergic reaction; Headache; Weak; This is a spontaneous report from a contactable consumer (patient's mother). An 18-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EW0169; Expiration date was not reported) on the left arm on 20Apr2021 as a 1st dose, single dose, with route of administration unspecified, for COVID-19 immunization. The patient had no relevant medical history and concomitant medications. On 20Apr2021, the patient had passed out; started shaking ""like a seizure""; dizziness; tiredness; stomach pain; chills; fever; sweats; vomiting/throwing up; and nausea. The patient was brought to urgent care/emergency room (ER) due to the reported events. On 21Apr2021, the patient had shortness of breath; pain in the chest; and low blood pressure. On 22Apr2021, the patient had problems with her heart. The patient was brought to urgent care/emergency room (ER) due to the reported events, and for cardiac work up. On an unspecified date in 2021, the patient was not feeling well; had a severe allergic reaction; headache; and was weak. In Apr2021, the patient had ""inflammation in the chest, muscle or maybe heart inflammation"". The patient received treatment for the events, pain in the chest and ""inflammation in the chest, muscle or maybe heart inflammation"" (double dose of naproxen. The patient's laboratory tests included normal blood pressure on 22Apr2021; chest x-ray on 21Apr2021 (results were not provided); echo sonogram on 22Apr2021 (results were not provided); electrocardiogram (EKG) was normal on 21Apr2021, 22Apr2021 and 23Apr2021. The outcome of the events was not recovered for tiredness; was recovered on an unspecified date in 2021 for chills, sweats, vomiting/throwing up; was recovering for pain in the chest; and was unknown for all the other events. The patient's primary care provider was writing a doctor's note recommending that she not receive the second dose based on her reaction to the first dose, and the PCP recommended that the mother call Pfizer as well."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360627-1	Myocarditis; This is a spontaneous report from a contactable pharmacist. A 15-year-old male patient received the first dose of BNT162B2 (PFIZER COVID-19 VACCINE, lot number: EW1077), at the age of 15 years old, intramuscularly on 17May2021 at single dose for covid-19 immunisation. The patient medical history was reported as none. The patient had no known allergies. The patient was not diagnosed with covid-19 prior to vaccination. The patient did not receive any other vaccines within 4 weeks prior to vaccination. The patient experienced myocarditis on 21May2021. The event resulted in hospitalization for 2 days. The patient was currently still in hospital. The patient had been tested for covid-19 since the vaccination. The patient underwent lab tests and procedures, which included covid-19 test: negative on 22May2021 by nasal swab. Therapeutic measures were taken as a result of myocarditis and included treatment with analgesic. The outcome of event was not recovered. No follow-up attempts are possible. No further information is expected.; Sender's Comments: As an individual case report there is not enough evidence to establish a causal relationship with the suspect vaccine. Currently there is no clear biological plausibility between the vaccine use and the even onset. More information such as complete medical history and concomitant medications are needed for fully medical assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360635-1	have swelling of the heart muscle after getting vaccinated.; This is a spontaneous report from a contactable consumer. A patient of unspecified age and gender received BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Lot Number: unknown), via an unspecified route of administration on an unspecified date as a single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. On an unknown date, the patient experienced swelling of the heart muscle after getting vaccinated. The clinical outcome of swelling of the heart muscle after getting vaccinated was unknown. The lot number for the vaccine, BNT162b2, was not provided and will be requested during follow up. Amendment: This follow-up report is being submitted to amend previously report: patient initials updated. Follow-up attempts are completed; information about lot number cannot be obtained. Follow-up (25May2021): This is a follow-up report to notify that the case 2021475747 and case 2021600303 are duplicates. All subsequent follow-up information will be reported under Manufacturer report number 2021600303.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360725-1	Three days after patient took the vaccine she felt light head and dizzy. She went to the doctors and they did a number of test and eventually referred her to a cardiologist. The cardiologist saw swelling or enlargement of her heart. Patient took a stress test and afterward felt fine. However, the swelling of the heart was concerning. She never had any issues before taking the vaccine. More tests scans are planned, to see what is going on.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360730-1	Acute myocarditis with markedly elevated serum troponin (peak hs-Troponin I 21,818 ng/L) and abnormal ECG changes. He was transferred to hospital for emergent cath amid concern for possible STEMI, which showed no coronary artery disease. Echo showed normal LV function. Cardiac MRI demonstrates myocardial edema consistent with myocarditis. He was treated with corticosteroids for presumed vaccine-associated myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360764-1	I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the Fellow note. Of note patient is a 17yo male with no significant past medical history who received the second dose of his Pfizer COVID19 vaccine on 5/25/21. This morning he woke up with chest pressure and eventually was seen at an outside hospital ED. EKG was concerning for possible myocarditis and he was transferred further work-up of myocarditis. On arrival, echocardiogram was performed demonstrating grossly normal LV function with some suggestion of apex hypokinesis. EKG was repeated and showed ST elevation in lead I and V1. Troponin was elevated at 1.11. On exam, no murmurs rubs or gallops. No known family history cardiomyopathy. I personally reviewed the echocardiogram. Overall, patient is a 17yo male with what appears to be myocarditis that is temporally associated with the second dose of the MRNA Pfizer COVID19 vaccine. We have seen several of these patients with similar presentations over the past few weeks and most seem to respond well to treatment with IVIG and steroids. We will confer with our Rheumatology and ID colleagues. Plan will be to obtain cardiac MRI in the next 24 hrs. Ibuprofen PRN for pain. Will trend troponin and EKG.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360831-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360931-1	Myocarditis; chest pain, troponin leak, peaked at 0.12. Improved w/ Maalox and Famotidine, essentially self-limited.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1360956-1	"Patient received 1st dose Pfizer COVID vaccine at a store/pharmacy on 5/25/21. Presented to ED with chest pain on 5/28. Diagnosed with myocarditis and admitted to the hospital. ED attending note: Patient presents with acute onset of chest discomfort in the sternal area 2 days after the first dose of Covid vaccine. Patient's not had any fevers. No respiratory symptoms. No difficulty with respirations or any pleuritic chest pain. Denies any cough. No chest wall trauma. No back pain. No palpitations or syncope. No orthostasis. No peripheral edema. On physical exam he was mildly tachycardic in the 80s to low 90s with no murmur and no gallop. No JVD. Clear lungs. No rub. Bedside ultrasound performed by HCP had bilateral lung sliding and normal gross function based on 2 views. No pericardial effusion. EKG had ST changes. Chest x-ray was obtained without any effusions or pulmonary infiltrates. Normal cardiac silhouette. Troponin sent elevated. Cardiology consulted for possible postvaccination myocarditis. Child remained stable. Resting heart rates in the 70s and low 80s. Cardiology came to see the patient. Plan to admit to cardiology service. Presumed diagnosis of myocarditis. Cardiology admitting note: Pt. is an otherwise healthy 14yM who presents with acute onset atraumatic chest pain i/s/o recent covid vaccine, found to have mildly elevated inflammatory markers and troponin with borderline ST changes on EKG most consistent with mild peri/myocarditis at this time given overall well appearance on exam without hemodynamic or respiratory compromise and grossly normal function on POCUS, though plan for formal echo in AM. EKG w/ non-specific ST-T wave changes in precordial leads, no evidence of strain or block. Admitted to the cardiology service for serial troponins, ECHO, and close monitoring. HPI per cardiology consult note: ""Patient is a healthy 14 year old with a history of alopecia who presented to the ED with mild chest pain 4 days following his first Covid vaccine (Pfizer). He had no symptoms in the days immediately following vaccine, and played basketball the day following with no symptoms, but after waking up today began having dull mid sternal chest pain. It was a 4/10, worse with lying down, non pleuritic, not sharp, and not radiating pain and not associated with any other symptoms including SOB, numbness, GI pain, cough, or anything else. Has not taken any meds for the pain. Has not exercised today. Felt ""warm"" this AM, but didn't check temperature and felt better throughout the day. No palpitations, dizziness. Denies ever having chest pain before and no recent illnesses or sick contacts. No notable fhx of cardiac disease. In the ED, troponin mildly elevated to 0.12 ng/mL and CRP 5 with low ESR and BNP. Bedside point-of-care US reportedly showed no clear effusion with grossly normal function. HR mainly in 70s in ED and normotensive. EKG with borderline nonspecific ST elevation in V3-V6.""""
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1361265-1	Myopericarditis, 3 Days after Vaccination, elevated troponin/NSTEMI, chest pain Treated with high dose ASA/Colchicine per cardiology
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1361623-1	Myocarditis. Presented with chest pain and increased Troponin.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1361977-1	myocaritis - chest pain with elevated troponin reequiring hospital admission. symptoms started 3 days after vaccination which was his second dose of the Pfizer vaccine. First dose was on 5/1/21.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1362502-1	-- Myocarditis, i.e. inflammation of the heart myuscle and area surrounding the heart -- Inflammation/pressure around my ears/head, leading to headaches/dizziness/disorientation I have confirmed this with both my primary care doctor and my cardiologist. It has been 3 weeks and I am not feeling better at all. I have a pounding heartbeat, and a pounding headache. At this point the vaccine has been worse than the disease itself. I hope you stop misleading the public and communicate that myocarditis and severe inflammation IS 100% A SIDE EFFECT THAT IS CAUSED BY THE VACCINE RESPONSE. I know because I am experiencing it, and you've ruined the last 24 days of my life. Thank you.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1362636-1	Myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1362637-1	Patient received first COVID-19 vaccine as noted above on 5/7/21 at University Health without significant side effects. He received his second vaccine dose as noted above on 5/28/21 at University Health. Two days later (5/30/21) he noted persistent, crushing substernal chest pain. He was brought to the emergency department where he was given the diagnosis of myopericarditis and admitted to the hospital for pain control and monitoring.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1364510-1	started developing chest pressure - admitted in the hospital for myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1364641-1	Chest pain, high blood pressure, troponin elevation with negative coronary angiogram consistent with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1364688-1	Received 2nd dose of Pfizer-BioNTech Covid19 vaccine on 5/9/2021. The following day developed substernal chest pain radiating to neck and left shoulder and arm. Also reports fever of 101 degrees on 5/10/2021. Used Tylenol, initially with some reloief, but symptoms worsened over the course of the next few days. Then presented to ER on 5/13/21 because of worsening pain. EKG showed diffuse ST elevations c/w pericarditis. Initial Troponin 11.1, ultimately peaking at 13.67, c/w myopericarditis. Admitted to hospital for supportive care, and treated with PO colchicine. A transthoracic echocardiogram revealed normal LV function without segmental wall motion abnormality and no pericardial effusion. A Cardiac CT showed normal coronary arteries. The patient's symptoms improved with colchicine. He was discharged home with a course of colchicine on 5/15/21. A subsequent outpatient Cardiac MRI did show epicardial and mid wall late gadolinium enhancement involving the basal to mid lateral and inferolateral walls, and a mid wall stripe of distal anteroseptal, septal and inferoseptal segments, c/w myocarditis, idiopathic cardiomyopathy or sarcoidosis. The pericardium was borderline thickened at 3 mm.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1364803-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1365214-1	Severe chest pain requiring a visit to the ER. Patient was admitted into the hospitaland evaluated by the Er Physician and moved to Cardiology. He was diagnosed with Myocarditis. He was released midday on Monday. On Monday night, we returned to the ER with even worse chest pains (self rated at 10/10). He was re-diagnosed with both Myocarditis and Pericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1365543-1	myopericariditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1365552-1	myo-pericarditis . TTE showed normal LV function, no pericardial effusion, Troponins elevated to as high as 15.8 (still rising) with cMRI confirming myocardial inflammation.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1367545-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1367747-1	Myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1367905-1	Patient received the Pfizer COVID-19 vaccine 3 days prior to admission, and felt weak with complaints of headache the following day, and the symptoms have since resolved. Mother mentioned that he has been complaining of intermittent midsternal chest pain that worsened after eating since the day prior to admission. She had been giving him peptobismol, thinking it was gas related pain. However, due to him persistently complaining of the pain after eating, she brought him to. She denied any fever, shortness of breath, weakness/fatigue. Of note, mother had COVID in march 2020 and she believed he might have been sick around that time as well. Patient is still in the hospital and continues to receive pain medication and treatment for myocarditis (NSAIDS and opioids)
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368155-1	Pericarditis; myocarditis, cardiogenic shock. Supported via ECMO and heart pumps for 1.5 weeks
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368345-1	19 year old with no significant past medical history presented to the ED with c/o chest pain. He was noted to have chest pain starting on 4/30. Patient stated that he had 2nd COVID vaccine on 4/29. He was noted to have one episode of vomiting and developed coughing. He has been c/o of sharp chest pain for the past two days. He was noted to have arm pain. He had chest pain when he breaths. He took advil and noted to have slight improvement in his pain. He was noted to have an elevated troponin and CK. Cardiology was consulted. His initial troponin came back 4.49 with a CPK of 294. Serial troponins were obtained. Troponin peaked to 44.8 and CPK to 1345, Echo showed newly reduced LVEF of 55%. Diagnosed with myopericarditis possibly related to the Covid vaccine and pt was transferred to the Hospital for cardiac MRI and further work-up. Upon transfer to the hospital, cardiac MRI was performed and showed acute myocarditis with no evidence of pericardial thickening or pericarditis. It also showed left ventricular function was at the lower limits of normal with a calculated left ventricular ejection fraction of 50% and no focal wall motion abnormality. He was treated with colchicine 0.6mg, pepcid 20 mg, and ibuprofen 600mg for the myocarditis and oral morphine 15mg and tylenol 1,000mg for chest pain. He was counseled on avoiding strenuous activity for the next 3 months and following up with cardiology upon discharge.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368468-1	Massive chest pain, went to urgent care told it was anxiety sent home, went to ER later due to increased pain in lower chest where ribs meet stomach, ended up with elevated ECG, then proceeded to be give anti-anxiety and a Troponin level check. Troponin was over 5 ng/mL admitted to hospital after an Echo which resulted in an MRI the next day and concluded that it was likely Myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368614-1	Reason for Admission Patient 22-year-old male with a history of seasonal allergic asthma who presented to ER with a chief complaint of chest pain. He said he started having multiple episodes of vomiting/fever on Saturday morning, went to urgent care and diagnosed with sinus infection, prescribed amoxicillin, then he started having chest pain on Sunday at 4 PM, mid sternum, constant, pressure type of pain, 5 out of 10 in severity, worse with cough and deep breathing/lying down flat a lateral position, better with sitting up/ leaning forward. No radiation. Denies lifting any heavy weight or any heavy exercise. Never had similar symptoms in the past. He had his second dose Pfizer COVID-19 vaccine on May 12. He denies leg pain or swelling. His vomiting and fever resolved. ED: He was found to have troponin of more than 12,000, EKG showed diffuse ST segment elevation with possible repolarization. Transferred for possible cardiac cath/cardiac MRI. CT angio chest no PE, normal aorta, no infiltration. Pending second set of troponin, stat echo, aspirin po given in the ER. In addition to the above HPI, he reports having 2 days of fevers, chills, nausea, vomiting, diarrhea. T-max 103F. His chest pain began around 4 PM yesterday and he felt like it was initially consistent with his asthma, however it did not improve so around 1:30 AM he states they went to the ER. He states that the chest pain gets better with exertion, and is worse with deep breaths and lying on his side, or leaning forward. He did take Nyquil decongestant which contains phenylephrine. Hospital Course 22 yo M w/PMH exercise induced asthma admitted for evaluation of CP, elevated troponin to 21,292 with negative LHC. UDS Negative. EKG w/diffuse ST changes so consistent with Myopericarditis I31.9 given Recent Viral Illness resulting in first time myopericarditis, will treat per pericarditis algorithm, ASA+Colchicine w/90% response rate by 1 week. -ASA 650 to 1000 mg TID, weekly tapers if CRP normalized and sx free; will start at 650 mg dose -Colchicine 0.6 mg BID for 3 months, no taper (lowers recurrence rate, NNT = 5) -Glucocorticoid generally not indicated in first-time acute myopericarditis as observational studies suggest increased recurrence rate, but can consider if he does not adequately respond to aspirin and colchicine -Trend troponin to ensure downtrend continues -No strenuous exercise during recovery period
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368721-1	Myocarditis: Patient reports developing intermittent non-radiating substernal chest pain (5/30/21 at 7am) one day following his second Pfizer vaccine. He had also been experiencing cough for the last few weeks starting in early May about a week after his first Pfizer vaccine . He states having an intermittent non-productive cough since receiving his first COVID vaccine in early May. Symptoms are worsened by walking or exertion. No leg swelling. Patient presented to the ER where troponin was elevated to 9000 and EKG was consistent with myocarditis . Patient admitted for NSAID treatment, cardiology evaluation and observation. Troponins quickly down-trended and patient clinically stable. Anticipate discharge home in next 24-48 hours.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368816-1	Myocarditis with histiocytic involvment on pathology. Presented with new onset acute heart failure with reduced ejection fraction of 15%. Had several days of dyspnea on exertion approximately 5 days prior to presentation.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1368850-1	Acute myocarditis presenting with chest pain and elevated troponin I. Admitted toi the PICU at Hospital on 6/2/21 (previously had been in the ER on 6/1/21 at the start of chest pain).
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1369318-1	acute myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1369323-1	acute myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1369326-1	Acute myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1369330-1	Acute myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1369782-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1370557-1	myopericarditis; This is a spontaneous report from a contactable Physician. An 18-year-old male patient received his second dose of bnt162b2 (Pfizer-BioNTech Covid-19 vaccine) as an intramuscular single dose in left arm on 10May2021 14:30 (lot number unknown) for COVID-19 immunisation. The patient received his first injection as an intramuscular single dose in left arm on 16Apr2021 02:45 pm (lot number unknown) at age of 18-year-old for Covid-19 immunization. The patient's medical history included asthma and morbid obesity (BMI 47). Patient had no known allergies. Concomitant medications included salbutamol (ALBUTEROL HFA). The patient did not receive other vaccine in four weeks. Patient developed chest pain and was admitted to the hospital with myopericarditis. The event started at 03:00 am on 13May2021. He had elevated troponin and an abnormal EKG. He improved with NSAIDS and Colchicine. The patient was hospitalized for 3 days and recovered from the event on an unspecified date. The patient had no Covid prior vaccination and had real time PCR via nasal swab on 13May2021 with negative result. Information about the Lot/batch number has been requested.; Sender's Comments: Based on the available information and known product profile, the causal relationship between the reported event myopericarditis along with its symptoms and the use of BNT162B2 cannot be fully excluded. However, the patients state of morbid obesity and asthma maybe considered risk factors. The limited information available precludes further assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Authorities, Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1370567-1	myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. This physician reported similar events for two patients. This is the first of two reports. A 16-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 06May2021 (Batch/Lot number was not reported) (at the age of 16-year-old) as single dose for COVID-19 immunisation. Medical history was none. Prior to vaccination the patient was not diagnosed with COVID-19. The patient's concomitant medications were not reported. The patient previously took ceftriaxone and received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) for COVID-19 immunisation. On 08May2021, the patient experienced myocarditis, chest pain and shortness of breath. The patient was hospitalized for 4 days due to the events. The patient underwent lab tests and procedures which included COVID-19 test (nasal swab): negative on 09May2021. Therapeutic measures were taken as a result of the events and included treatment with ibuprofen. The patient outcome of the events was recovering. Information on lot/batch number has been requested.; Sender's Comments: Based on temporal association a contributory role of BNT162B2 to the reported myocarditis, chest pain and shortness of breath cannot be totally excluded. Additional information is needed to better assess the report. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.,Linked Report(s) : US-PFIZER INC-2021565275 same

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				reporter/AEs/vaccine, different patient.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1370570-1	Fevers; Headaches; Chest pressure; Rash on palms and soles; Myopericarditis; Possible atypical Kawasaki disease; Sore throat; This is a spontaneous report from a contactable physician. An 18-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number was not reported), via an unspecified route of administration, on 07May2021 (at the age of 18 years), as first dose, single dose, for COVID-19 immunization. The patient had no medical history. The patient's concomitant medications were not reported. The patient had no known allergies. Prior to vaccination, the patient was not diagnosed with COVID-19. On the day of the first dose of vaccine (07May2021), the patient developed sore throat. The next day (08May2021), the patient had fevers and sore throat, developed headaches and chest pressure. Fevers persisted for 5 days so presented to emergency department with rash on palms and soles, diagnosed with myopericarditis, possible atypical Kawasaki disease; all started on 08May2021. The events were considered serious per hospitalization in May2021 for 8 days. Treatment received for the adverse events included vancomycin, ceftriaxone, intravenous immunoglobulins (IVIG), ibuprofen, aspirin, and dobutamine. Since the vaccination, the patient has been tested for COVID-19 (nasal swab) that was negative on 12May2021. The patient was recovering from the events. Information about lot or batch number cannot be obtained. No further information expected.; Sender's Comments: Based on current information available, the event myopericarditis, Kawasaki disease, sore throat, pyrexia, headache, chest pressure and rash mostly represented intercurrent condition in this patient, unrelated to Bnt162b2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Committees and Investigators, as appropriate
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1370571-1	myocarditis; myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. This physician reported similar events for two patients. This is the second of two reports. A 17-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 01May2021 (Batch/Lot number was not reported) as 2nd dose, single dose (at the age of 17-years-old) for COVID-19 immunization. Medical history included myocarditis from 2019 to an unknown date. The patient's concomitant medications were not reported. The patient previously received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as 1st dose, single dose for COVID-19 immunization. Patient admitted to hospital with chest pain and shortness of breath, diagnosed with myocarditis on 05May2021. The patient was hospitalized for 6 days. Treatment received for the adverse events include metoprolol, amiodarone, ketorolac, IVIG. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 05May2021. The outcome of the events was recovering. The events were considered as serious (hospitalization). The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. Information on the lot/ batch number has been requested.; Sender's Comments: Myocarditis is not uncommon disease in young population. This 17-year-old male patient had medical history of myocarditis from 2019. Based on information available, the reported recurrence of myocarditis with symptoms of chest pain and shortness of breath was not considered as causally related to the bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE). The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics committees and Investigators, as appropriate.,Linked Report(s) : PFIZER INC-2021565225 same reporter/AEs/vaccine, different patient.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1370642-1	I'm curious about this condition called Myocarditis, and I think I'm experiencing symptoms of this conditions'; This is a spontaneous report from a contactable consumer (patient). A 71-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 06Apr2021 (Batch/Lot Number: EN6208) as 2nd dose, single for covid-19 immunisation. No patient history. No other medical conditions. Concomitant medications included periodically thyroid medication. The patient received first dose of BNT162B2 on 11Mar2021 (lot number: EN6202) at age of 71 years old for covid-19 immunisation. Patient was curious about this condition called myocarditis and he think he was experiencing symptoms of this conditions, this kind brought on his Pfizer vaccine and so Pfizer was his first contact right now and there was couple of numbers on the sheet when he got his second vaccine shot. The outcome of event was unknown.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1370649-1	woke today, 19May at 1 am with bad chest pain and tingling down his arm; woke today, 19May at 1 am with bad chest pain and tingling down his arm; pericarditis; myocarditis; He still felt off on Tuesday; then felt malaise later in the day; This is a spontaneous report from a non-contactable consumer. A 34-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on 15May2021 (Batch/Lot number was not reported) as 2nd dose, single for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 on an unspecified date for covid-19 immunisation. Clinical course, after vaccination, patient felt fine most of 16May2021, and then felt malaise later on 16May2021, and took off from work on 17May2021. He still felt off on 18May2021 and woke on 19May2021 at 1 am with bad chest pain and tingling down his arm. He was admitted. Patient was diagnosed with myocarditis and pericarditis. His tropic level was 11. The outcome of events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371082-1	mild myocarditis (tight hear muscle) in day time tightness gets stronger usually at night, causes discomfort in sleeping
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371348-1	Myocarditis (with chest pain, shortness of breath, dizziness) starting after first dose, worsening after second
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371608-1	The day after (5/14) of receiving the second Pfizer dose, I developed muscle aches, fatigue, and swinging fevers. These symptoms were resolved the next day (5/15), but that night I had an intense episode of chest pain that lasted 5-7 hours. These symptoms went away and then returned again for a second time (5/17) around 4am for around 3-4 hours, while flying back. I went to the hospital and had concerns from doctors over my ECG and raised troponin levels. I spent 2 nights in the hospital and was diagnosed with Myocarditis. This was then validated through an MRI the following day. I am now resting at home for 3 months and taking ibuprofen.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371625-1	"Per Client received COVID 19 in right arm on 5/24/2021, soreness at injection site on same day of vaccine. On 5/25/2021 around 4 am, started having chills and headache. On 5/26-5/27/2021 headache worsened and by Friday on 5/28/2021, along with headache, left sided pain in chest and arm. Per patient was taken to ER by wife and admitted to hospital on 5/28/2021. Per Client, was told first by hospital that he was having a heart attack. Client reported having labs collected, EKG, Catheterization and Ultra Sound. Per Client, later diagnosed with ""myocarditis"" and is now taking multiple mediations. Per Client was discharged from hospital on 5/29/2021, that evening. Will be following up with PCP in one week."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371640-1	17-year-old male with past medical history of vitiligo presenting with chest pain in the setting of acute myocarditis. Patient refers history of pressure-like chest pain which started suddenly on the morning of presentation, retrosternal, nonradiating, 4/10, with no exacerbating factors, relieved with a p.o. dose of metamizole, which prompted a visit to Hospital. He developed a dry cough in route to the hospital. At the hospital, CBC, BMP, and CRP were done and unremarkable. U tox, SARS-CoV-2 PCR, and rapid strep were done and unremarkable. Total CK (317), CPK-MB (13), troponin I (3.34), and myoglobin (168) were done and elevated. Repeat troponin I 2 hours later was higher at 4.85. EKG revealed sinus bradycardia and sinus arrhythmia. Chest x-ray was done and unremarkable.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371702-1	myocarditis admission to the hospital. tropoinin I peak at 8.9 Normal LVEF and normal coronary CTA admission 5/16-5/18/2021
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371704-1	16-year-old male with no significant past medical history, now presenting with chest pain. Patient had 2 episodes of left-sided mid-chest pain. The initial episode was at ~ 3 am on 5/18 when the pain woke him up from sleep, lasted for ~ 20 minutes and he was able to fall back to sleep, he did not mention it to his parents at that time. Then it recurred at 2.30 pm - pressure-like pain in the same area, which radiated to his left shoulder. There were no significant worsening or alleviating factors. No change in pain quality or intensity with position. No shortness of breath, near-syncope or syncope, no palpitations. Upon his second pain episode, he called his parents on video chat and they instructed him to take 81 mg of aspirin and the pain subsided after 30 minutes. His parents promptly took him to the urgent care where he was found to have ST elevation and elevated troponin. He was transferred to CICU for further management. Admitted for myopericarditis with ST elevation and elevated troponin. On motrin q8h ATC, 12 lead EKG and troponin levels q6h. Underwent cardiac MRI on 5/20 which confirmed the diagnosis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371762-1	18 yo male with no significant PMH presented to the hospital on 6/2/2021 with c/o chest pain and SOB. Per patient and his mother at bedside, he received the second dose of Pfizer vaccine on Sunday. Day after had mild headache, aches, arm pain and abdominal pain. Last night woke up with chest pain and SOB. They called his pediatrician who recommended they come to the ER for evaluation. In ED was found to have elevated troponin and EKG changes. CTA negative for PE. EKG showed ST elevations/ PR depressions inferior/ lateral leads concerning for pericarditis. Patient was seen by cardiology and diagnosis of myo/pericarditis was made. Patient was prescribed Aspirin 325 mg TID and Protonix 40 mg QD for GI prophylaxis. Patient will follow up with the cardiologist 1 week after discharge for further management and medication adjustments.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371767-1	Patient began with substernal chest pain 8 out of 10. Patient was taken to emergency room. At the outside hospital patient was given Motrin with improvement of pain. Patient's troponin at outside was 34.5. CK-MB was 41.6. CK was 523. CBC was unremarkable. Sed rate was 15. CRP 1.46. Patient had chest x-ray that showed no acute process. EKG at outside hospital shows sinus rhythm with occasional PVC. Mild diffuse settle ST elevation and no PR depression. Upon arrival to the floor patient had no significant pain. On telemetry patient was found to have an episode of nonsustained ventricular tachycardia. Patient denies recent cough, congestion or fevers. Patient does have 2 parents and a dog at home. Of note patient got first dose of pfizer Sars-Covid-19 vaccine on April 14. Second dose of Pfizer vaccine was given on May 14. Initial troponin i-STAT presentation was 11.03. Patient also experiencing nausea and vomiting on 5/20.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371815-1	15 year old male with a passed medical history significant for Marfan syndrome, aortic root dilation, and ADHS transferred to our facility for further evaluation and management of chest pain with elevated troponin. Father reports patient recieved the first dose of the COVID-19 Pfizer vaccine on 5/21/2021. On 5/22 patient developed a mild headache as per father that self resolved with rest. On 5/23 as per patient he was feeling back to baseline with some mild body aches. On the night of 5/23 patient felt some mild chest pain prior to going to bed that had self resolved. This morning patient refused to eat breakfast, and complained of stomach pain. Patient took Tylenol, however began to complain of severe chest pain and asked father to take him to the hospital. Patient was taken to his Doctor where his labs were significant for a WBC of 6.6, creatinine of 0.62, normal LFTs, troponin of 7.26, CPK of 312, D-dimer less than 0.19. EKG at Doctor was significant for normal sinus rhythm with an ST elevation, and chest x-ray was negative for cardiopulmonary disease. Patient had an episode of emesis at Doctor. A troponin was repeated prior to transferring to our facility and it had increased to 11.8. Father/patient denies chills, fever, diarrhea, sore throat, nasal congestion, and cough. ID consulted for further recommendations on management of myocarditis in the setting of recent Pfizer COVID-19 vaccination. Troponin repeated upon arrival to our facility, and has improved with no interventions. Interval History 5/27/21 No acute events overnight. Denies chest pain, SOB, cough, or palpitations. Cardiac MRI yesterday describing inflammation related to possible myocarditis, along with stable findings of MVP and aortic root dilation. Troponin this morning dowtrending to 0.28. No fever. He received a Mg Sulfate bolus yesterday due to low Mag on BMP
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371818-1	Death with 24 hours of second vaccine - per autopsy Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1371891-1	Patient developed sudden onset of fevers and malaise on 5/7/21 (26 days after his 2nd Pfizer COVID vaccine). His symptoms progressed to involve shortness of breath which prompted his admission to our Hospital on 5/12/21. He rapidly deteriorated requiring intubation and ultimately placement on ECMO and temporary internal heart pump (Impella device) placement. He was thought to have myocarditis due to elevated troponins at the time of admission and cardiac MRI showing wide spread myocardial inflammation suggestive of myocarditis. He was treated with high dose steroids and supportive care due to the concern for cytokine storm and eventually started to show signs of improvement. He was eventually taken off ECMO, internal heart pump and ventilatory support and went home after 20 days in the hospital. However, follow up cardiac MRI revealed ongoing myocarditis, but his ejection fraction had improved.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1372003-1	Patient admitted to hospital on 5/14, found to have acute myocarditis. For viral cause, but given this occurred after vaccination, want to report.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1372062-1	Mycocarditis. The patient was hospitalized for severe chest pain on the evening of May 26. His chest pain resolved in 12 hours without specific treatment and he was discharged on May 27th. Follow up (by phone) 1 week later (June 3), he reports doing well with no residual symptoms. He is back at work.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1372114-1	MYOCARDITIS,FATIGUE,JOINT PAIN,PALPITATION AND CHEST PAIN

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1372116-1	She presented with symptoms of palpitations and was diagnosed with myocarditis. She was hospitalized 5/27-5/28/21 and discharged in stable condition.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1372901-1	Patient appears to have myocarditis/ viral pneumonia, hypoxia on 6/3/21 positive Sars-CoV-2 on viral panel in ED today.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1374497-1	Myocarditis, ST elevation on ECG and elevated troponin, CRP
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1374632-1	Myocarditis. Irregular heartbeat.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1375378-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376330-1	8 hours post vaccination, developed subjective fever, chills, headache, malaise 6/2: Around 32 hours post vaccination, developed acute chest pain, shortness of breath, difficulty breathing when laying flat. Required ibuprofen. 6/3: felt better, required ibuprofen. Presented to ED on 6/4 with continued symptoms (chest pain, shortness of breath), noted to have elevated troponins. Transferred to Hospital on 6/4 to ICU for monitoring. To the floor on 6/5. Clinically doing well just on NSAIDs with slowly decreasing troponins. Dx: probable acute myocarditis per cardiology based on clinical symptoms and troponin leak
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376399-1	Patient with myocarditis requiring inpatient admission
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376707-1	Symptoms started out with rigors and a fever. This progressed to a diffuse maculopapular rash that resolved within 24 hours. Following day, he was tachycardic and tachypneic when he presented to the emergency department. Ultimately he was found to be in septic shock with myopericarditis. He required pressors. He is currently still in the hospital
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376872-1	Patient had initial fatigue/ somnolence in AM day after vaccine, in PM developing fever, HA, sore throat, myalgias stomach ache and chest pain. Chest pain every 20-30 minutes, worse when supine, pain with breathing when laying down that resolved when sitting up, presented to ED for workup. Found to be tachycardia to 100s, hemodynamically stable otherwise. Pro-BNP 193, CRP 1.57, Total bilirubin 1.1, d-dimer 274, troponin initially normal then elevated to peak 3.45, CK normal, ESR normal, CBC normal, BMP normal. Chest x-ray normal. ECG normal sinus rhythm, diffuse ST changes and J-point elevation in inferolateral leads. Echo obtained read as normal, with EF 60% without pericardial effusion. Working Diagnosis pericarditis/myocarditis. Cardiology and infectious disease consulted, and started on ibuprofen, tylenol, IVIG, methylprednisolone. Labs for COVID antibodies, lyme, echovirus, HSV 6, EBV, CMV, Parvovirus B19, coxsackie, adenovirus pending. Cardiac MRI planned to be completed.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376873-1	Myocarditis as evidence by elevated troponins. Normal EKG and Echo. Treated with NSAIDS and troponins downtrended.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376899-1	Myopericarditis - chest pain with diffuse STE on ECG and a troponin of >20k
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376930-1	Few hours after vaccine developed fevers for 2 days which resolved. Then 6/2/21 developed fevers, rash, chest pain, admitted to hospital 6/4/21 with fevers, rash, pancytopenia, pericarditis, myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1376934-1	acute myopericarditis with severe chest pain, diffuse st elevations, significantly elevated troponin levels indicating significant heart muscle injusry, and reduced ejection fraction of the heart to 42% as well as severe chest pain. Required treatment with high dose steroids and milrinone. patient currently admitted to the pediatric ICU for care. Condition currently improving ejection fraction increasing towards baseline, however overall prognosis unknown at this time.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1377873-1	After patient's second dose of Pfizer vaccine, he developed chest pain, consistent with myocarditis. Got his second vaccine on 6/2 and then developed symptoms on 6/3 and 6/4 which prompted ER visit on 6/5. He has been on Ibuprofen ATC.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1377962-1	Pleuritic chest pain, shortness of breath, subjective fever, and malaise within 24 hours. Symptoms and signs consistent with myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378243-1	Patient is a 22 y.o. male with PMH of obesity who presented to ED on 5/22 with c/o chest pain 3 days after receiving his second dose of Pfizer COVID-19 vaccine. Trop elevated to 12.7 and ECG with diffuse ST segment elevation consistent with pericarditis. He had an episode of NSVT. Trop peak 29. Patient was started on ASA + colchicine and metoprolol. TTE revealed LVEF 49% with multiple segmental abnormalities. Due to concern for worsening arrhythmia and possible need for myocardial biopsy patient was transferred to BMMC on 5/23. Cardiology was consulted and cardiac MRI was performed. No further arrhythmias noted on telemetry monitoring. Cardiac MRI revealed LVEF 57% RVEF 53%, no vasodilator induced perfusion defect, delayed enhancement MRI is abnormal, epicardial enhancement of distal anterior and anterolateral walls with small pericardial effusion, consistent with perimyocarditis. Patient chest pain resolved and he denied other associated symptoms.Ttroponin level down to 5, VSS. Medically stable for discharge with no strenuous activities until inflammatory biomarkers normalize and close f/u with cardiology in 1 week. New medications: - ASA 650mg TID for 7 days followed by ASA 325mg daily - Colchicine 0.6mg BID for at least 3 months - Metoprolol succinate 25mg daily Follow up with cardiology clinic in 1 week with CRP, ESR, and troponin
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378258-1	Patient with no past medical history here with acute myopericarditis post 2nd dose of Pfizer COVID-19 vaccine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378267-1	"13 year old male presents with chest pain. Pt describes pain as achy. Pt feeling dizzy ""seeing stars"" and has headache as well. Aches located on both arms and neck. Chest pain worsens with deep breathing. Neck pain worsens with neck movement. Pt had second dose of Pfizer 2 days ago; parents are concerned because a relative contracted myocarditis 5 days after receiving vaccine. No recent chest trauma. NBNB Vomit 1 month ago. Taking ibuprofen at home. No fever. Differential Diagnosis: flu like illness, post vaccine syndrome, myocarditis, doubt meningitis, myositis. Cardiology consulted, Agrees with workup and add CMV and EBV antibodies as well as enterovirus if elevated troponin. Troponin = 6.84. Will be admitted to CVICU."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378439-1	myopericarditis. chest pain,transferred to hospital.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378459-1	Myocarditis and pericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378464-1	Admitted to the hospital because of chest pain and persistent sinus tachycardia and diagnosed with mild Myocarditis. Visit ER earlier that morning because of severe chest pain.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378494-1	Myocarditis/Pericarditis Strong chest pain High fever 24 Hours Strong body aches and headaches Tiredness
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378544-1	myocarditis with ekg changes and severe chest pain requiring pediatric ICU stay. Treated with scheduled Motrin and cardiology follow up
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378569-1	Myocarditis, cold/flu like symptoms
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378760-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1378993-1	Patient developed chest discomfort on 4/1/21. Troponin peak was 3.030 and EKG showed sinus bradycardia, ST elevation, consider early repolarization. Pt underwent coronary angiogram which showed angiographically normal coronaries. Patient had echocardiogram which showed normal LV and RV systolic function, no pericardial effusion. Patient underwent cardiac MRI which showed LVEF 61%, RVEF 53%, and subepicardial delayed hyperenhancement in the basal and mid infero-lateral walls of LV. This finding was consistent with acute myocarditis. Patient was discharged home with a cardiac event monitor. No medications were prescribed.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1379312-1	Chest pain, was found to have perimyocarditis based on EKG and troponin and was transferred to Hospital for higher level of care on 6/7/21.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1379324-1	Chest Pain due to Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381074-1	sepsis; myocarditis; pneumonia; This is a spontaneous report from a contactable HCP (nurse). A 16 years old female patient received the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) via intramuscular in arm right on 01May2021 10:00 AM (Lot Number: EW0175) at single dose for COVID-19 immunization. The patient is not pregnancy at time of vaccination. The patient's medical history was not reported. The patient had no known allergies (NKA). The patient's concomitant medication was reported as no prescribed medications within 2 weeks of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was not diagnosed with COVID-19 prior to vaccination. Symptomatic COVID-19 (Non-PCR rapid NAA) from nasal swab on 19Dec2020 was negative. The patient admitted on 19May2021 with sepsis secondary to myocarditis and pneumonia, status post (s/p) intravenous immunoglobulin (IVIG), after presenting with fever, myalgia, sore throat, hypotension, elevated troponin, elevated C-reactive protein (CRP), and leukocytosis with left shift. Sore throat has been present for about a week (onset estimated on 12May2021) and fevers began on 17May2021 with a T max of 103. On 18May2021, she began developing shortness of breath and upon evaluation by the primary care physician (PCP) on 19May2021, she was admitted. During initial workup on 19May2021 upon admission, hospitalist was high concerned as she developed hypotension of 91/48 on 20May2021 at 08:35 am. Computerized tomography (CT) of chest on 20May2021 showed patchy consolidation of the posterior lower lobes bilaterally. Upon transfer to another place, further serologies were collected which showed leukocytosis with left shift, highly elevated C-reactive protein (CRP), elevated troponin, elevated Interleukin-6 (IL-6), elevated ferritin, negative covid antibodies (abs) test, negative respiratory viral panel (RVP), and negative COVID PCR. Coronavirus NAA from nasal swab on 18May2021 was negative. Respiratory Viral Panel from nasal swab on 19May2021 was negative. COVID-19 (Standard NAA) from nasal swab on 19May2021 was negative. SARS CoV2 Antibodies from blood test on 20May2021 was negative. SARS COV2 IgM Antibodies from blood test on 20May2021 was positive. The events resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, and hospitalization. Intravenous immunoglobulin (IVIG) 2grams/kg started on 20May2021 at 22:57. The outcome of events was not recovered.; Sender's Comments: Based on the current available information and the consistency with the known safety profile of the suspect product BNT162B2, there is a reasonable possibility that events sepsis, myocarditis, pneumonia were related to suspect drug based on the temporal relation between the vaccination and onset of events. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381102-1	Myocarditis/pericarditis; Myocarditis/pericarditis; This is a spontaneous report from a contactable physician. A 18-year-old male patient received bnt162b2 (BNT162B2 PFIZER-BIONTECH COVID-19 VACCINE), dose 2 intramuscular, administered in Arm Left on 18May2021 (at the age of 18-year-old) as 2nd dose, single for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) intramuscular, administered in Arm Left on an unspecified date for COVID-19 Immunization. The patient experienced myocarditis/pericarditis on 21May2021 17:30. The adverse event result in emergency room/department or urgent care. The patient received treatment for the adverse event included anti-inflammatory medication. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The outcome of the events was unknown. No follow up attempts are possible; Information about lot/batch number cannot be obtained.; Sender's Comments: Based on available information, a possible contributory role of BNT162B2 vaccine can not be excluded for the reported events of myocarditis/pericarditis due to temporal relationship. Case will be re-assessed upon the additional information provided. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381158-1	Heart chest pain; Diagnosed within 4 days with Myocarditis Hospitalized; This is a spontaneous report received from a non-contactable consumer (patient). A 17-year-old male patient received 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, LOT/Batch number and expiration date unknown) via an unspecified route of administration at arm right on 02May2021 at 12:00 AM at age of 17-year-old at single dose for COVID-19 immunization. Medical history included known allergies to Sulfa. Patient also had known allergies to amoxicillin. Other medical history was none. Patient didn't receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient didn't receive any other medications within 2 weeks of vaccination. Concomitant medication was none. Patient experienced heart chest pain on 06May2021 at 07:00 AM, and was diagnosed within 4 days with Myocarditis and hospitalized. The events resulted in emergency room/department or urgent care visit and hospitalization. Patient was hospitalized for 6 days. Patient performed echocardiogram and MRI, both with unknown results. Patient received antibiotics and steroids as treatment for the events. Outcome of the events was recovering. Prior to vaccination, the patient wasn't diagnosed with COVID-19. Since the vaccination, the patient hasn't been tested for COVID-19. No follow up attempts are possible. Information about lot/batch number cannot be obtained.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381164-1	Dyssynchronous contraction of IV septum; Elevated IgA; low ferritin; Cardiac MRI showed focal myocardits; Recieved second dose and worsened still/Cardiac MRI showed focal myocardits; ejection fraction down to 33/37% (58% 6 months prior); This is a spontaneous report from a contactable consumer (patient). A 53-year-old female patient (not pregnant) received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot Number: ER2613), via an unspecified route of administration, administered in left arm on 22Mar2021 (at the age of 53-year-old) at single dose for COVID-19 immunization. Medical history included previous to vaccine had exposure to A. flavus in 2014 with development of fungal ball in sphenoid cavity causing brain injury from 2014 and all body damage; autonomic disorder developed causing tachycardia. Prior to vaccination, patient was not diagnosed with COVID-19. No known allergy. The patient's concomitant medications were not reported. The patient previously received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Lot Number: EN6202), administered in left arm on 01Mar2021 (at the age of 53-year-old) at single dose for COVID-19 immunization and developed focal myocarditis, Echo in Nov2020 showed no abnormalities, 12 days after first dose on 13Mar2021 vomited clotted blood, hospitalized, cleared and discharged after a day unknown cause of bleeding, elevated HR and BP, now on ivabradine 2.5mg to lower HR to hope to allow heart to heal; difficulty breathing, chest tightness and extreme fatigue to the point of barely being able to walk continued for several weeks. The patient received second dose and worsened still. After about a month began to normalize. Cardiac MRI on 22Mar2021 showed focal myocardits; ejection fraction down to 33/37% (58% 6 months prior in Sep2020). Dyssynchronous contraction of IV septum not previously present either. Elevated IgA and low ferritin on unspecified dates; awaiting hematologist appt. Events were resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care. Since the vaccination, patient had been tested for COVID-19 which included Nasal swab: Negative on 22Mar2021 and Negative on 10Apr2021. No treatment was received for the events. The outcome of the events was not recovered. Events were reported as serious due to disabling.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381176-1	Severe chest pain at heart. Was taken to ER and given Morphing for pain. Was diagnosed with Myocarditis.; This is a spontaneous report from a contactable consumer (patient). A 50-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) (Lot number: EN6205), via an unspecified route of administration on 26Feb2021 at 07:00 am on the left arm as a single dose for COVID-19 immunisation. Patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: solution for injection, Lot number: EN6201), via an unspecified route of administration on 05Feb2021 at 07:00 am on the left arm as a single dose for COVID-19 immunisation. The patient had no known allergy. The patient's medical history included IGA. The patient's concomitant medications were not reported. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient medications two weeks prior vaccination included Losartan, Atorvastatin, Atenolol. Prior to vaccination, patient was not diagnosed with COVID-19. COVID prior vaccination was none. Since the vaccination, patient had not been tested for COVID-19. COVID tested post vaccination was none. On 28Feb2021 at 06:00 pm, the patient experienced Severe chest pain in the heart. The patient was taken to ER was and given Morphine for pain. Patient was diagnosed with Myocarditis. The case was assessed as Serious (Myocarditis). The patient visited the emergency room for the events. The patient was treated with morphine and inflammation drugs for the events. The outcome of the events was resolved.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381670-1	patient received 2nd dose of Pfizer vaccine on 6/5/21. On the evening of 6/7/21 patient developed chest pain. When she woke up at 0530 on 6/8/21 her chest pain was still there. At this time patient developed nausea and was brought to the emergency room. In the emergency room she was found to have a troponin of 1155. She was started on indomethacin and colchicine for myocarditis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381754-1	Patient developed sudden onset of chest pain which was diagnosed as myocarditis. Feeling a little bad on 6/2/2021 with some mild chest pain on that date. Took ibuprofen. Woke up suddenly on 6/3/2021 with severe chest pain. Called pediatrician and was going to wait for them to open; however, it was so severe that they took him to the Emergency Department.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381819-1	myocarditis based on chest pain and elevated troponin. also with chills, frontal headache, nausea and vomiting
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1381854-1	Chest pain, SOB, DOE Pt presented to hospital - transferred to university hospital - underwent LHC which was clean - Troponin rose to 2.23 - ESR, CRP elevated - active chest pain, EKG w/ diffuse ST elevation - myopericarditis - Cardiac MRI - colchicine/ibuprophen - developed NSVT, required beta blockade
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382106-1	Myopericarditis with troponin leak and chest pain
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382139-1	Patient developed chest pain 5 says after his second Pfizer vaccination. He was admitted to Hospital and diagnosed with myopericarditis. Has ongoing shortness of breath and chest pain currently. He was put on Colchicine, Ibuprofen, and Pepcid and advised to begin light walking daily.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382295-1	Likely myocarditis s/p 2nd dose of Pfizer COVID vaccine. From hospital note: Pt was in his usual state of health when he received the second dose of Pfizer mRNA Covid vaccine on 6/3. On 6/6, he developed substernal nonradiating chest pain, as well as low-grade temperature to 99.6. Pain persisted, so he presented to the emergency department on 6/6. He did not have respiratory symptoms, nausea, vomiting, diarrhea, conjunctival injection, new rashes. In the emergency department he was afebrile with normal vital signs. Laboratory evaluation in the ED demonstrated WBC 7.45 (N 64, L 19), Hb 14.5, PLT 191, ESR 10, CRP 0.69, AST 46, ALT 14. BNP 23. He was noted to have a troponin leak (troponin T 0.55). Covid PCR and antibody testing were negative. An EKG demonstrated early repolarization but was otherwise normal. An echo demonstrated mildly dilated LV with good systolic function. Pt was admitted to the cardiology service for further evaluation and management of myocarditis. Following admission he remained afebrile with stable vital signs, but continued to have troponin leak. He was initiated on methylprednisolone 30 mg IV every 12 hours, and IVIG 2g/kg x1. Pt is a 15 year old with what appears to be myocarditis after the SARS_CoV2, with significant troponin elevation, coming down, chest pain, improved with IVIG and steroids, and ibuprofen prn. Plan for cMRI to look for late gadolinium enhancement to guide course of therapy.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382311-1	Patient received second dose of COVID vaccine on 03JUN2021 and 2 days later began having pleuritic chest pain and fever which improved with ibuprofen. Chest pain continued to worsen and presented to regional hospital. Started on Colchicine, had elevated troponins. Echocardiogram showing pericardial effusion. Left heart cath at hospital was unremarkable with no evidence of CAD. Still with mild pleuritic chest pain with deep inspiration but none at baseline. The admission diagnosis is myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382338-1	Patient admitted with a diagnosis of myocarditis and encephalitis, currently still hospitalized at the time of this report. From EHR note: Patient is an otherwise healthy 12yM with recent Lyme disease (erythema migrans) transferred to hospital for hyponatremia, encephalitis, myocarditis. Initially intubated due to aspiration risk, now s/p extubation and stable on RA. Broad workup so far including consultations from neurology, cardiology, immunology, and infectious disease with unclear etiology, s/p MRI and LP with c/f covid-vaccine related myocarditis/encephalitis vs lyme carditis/meningoencephalitis vs less likely MISC vs other. Infectious testing so far negative, patient otherwise has returned to baseline behavior without any current symptoms. He is transferred to general for further workup and evaluation and close monitoring. Diagnosed with Lyme 19 days prior to admission, treated with amoxicillin; p/w headache, fever and vomiting so concern for encephalitis as above vs inflammatory process post-COVID or vaccine. Less likely meningitis given reassuring initial CSF studies. Negative COVID antibody. Resolving hyponatremia, thought to be likely SIADH. Given presentation and maternal history of albinism with immunodeficiency, broad workup sent. Also with c/f possible inflammatory response/MISC-C vs vaccine myocarditis.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382367-1	Patient admitted with myocarditis s/p dose #2 of the Pfizer COVID-19 vaccine. At the time of the report, she is still hospitalized. From EHR note: Patient was in her usual state of health when she received her second dose of the Pfizer mRNA Covid vaccine on 6/3. She experienced mild myalgias in the day following the vaccine. However, on 6/5 she developed new severe substernal chest pain, dizziness, and dyspnea. Pain radiated to her throat. Given severity of pain, she presented to the emergency department. In the ED she was afebrile, tachycardic, and initially hypertensive. Labs demonstrated WBC 10.9 (N 49, L 27), Hb 11.7, PLT 315. ESR 25, CRP 7.61. Troponin T was mildly elevated at 0.08, consistent with mild cardiac inflammation. SARS-CoV-2 PCR and antibody testing were negative. An EKG was normal. However, an echo demonstrated low-normal LVEF (55%). Otherwise, patient denies nausea, vomiting, diarrhea, cough, runny nose, conjunctivitis, new rashes, arthralgias. Patient was admitted to the cardiology service for further monitoring. Following admission, she was started on ibuprofen. She notes that her substernal chest pain has improved somewhat since admission. Differential for patient's presentation includes infectious, post-infectious, and non-infectious causes of myocarditis. Although post-vaccination mild myocarditis seems likely, we agree with the infectious workup already undertaken, and recommend additional EBV and CMV PCR testing.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382368-1	12-year-old male with hx of asthma presented with 7 hours of chest pain 3 days after 2nd dose of Pfizer Covid-19 mRNA vaccine now admitted for monitoring in the setting of myocarditis. # Myocarditis Admit troponin elevated to 7354 and EKG with evidence of early repolarization. ECHO performed 6/7 was normal. Cardiac MRI 6/7 was consistent with pericarditis. Patient was admitted for observation and close monitoring. EKG and troponin were trended every 8 hours and were overall down trending by the day of discharge. Chest pain was managed with ibuprofen every 6 hours. ID was following patient throughout admission and recommended COVID Ab that resulted negative and Anti SARS COv 2 Ab; Lyme Ab; CMV, EBV, Adeno PCR/Antibody; which were all pending at the time of discharge. The patient remained afebrile and hemodynamically stable throughout admission with appropriate cardiology follow-up. Adverse vaccine event was appropriately reported to the CDC via the VAERS passive reporting system
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382373-1	Chest pain, SOB 3 days after vaccine. Myopericarditis with elevated troponin, abnormal ECG. Recovered without intervention
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382459-1	Myocarditis, presented with chest pain ,troponin peaked at 19, had left heart cath that showed normal coronaries
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382487-1	Pfizer-BioNTech COVID-19 Vaccine EUA: Myocarditis, STEMI Patient received Pfizer COVID vaccines on 4/15/21 and 5/6/21. Patient presented to ED on 5/9/21 with complaints of acute onset substernal chest pain that woke him from sleep. Patient also endorses left arm pain, diaphoresis and nausea. No significant past medical history or family history of heart disease. ECG demonstrated inferior ST elevations. Patient was taken to cath lab and found to have no angiographic evidence of CAD. Patient discharged on aspirin 81 mg QD, Clopidogrel 75 mg QD, Metoprolol 12.5 mg BID, Rosuvastatin 5 mg QD.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382491-1	"In first two days following second dose of Pfizer vaccine, patient had ""normal"" side effects of fatigue, low grade fever, chills, etc. On evening of day 3 patient developed headache, nausea, and severe chest pain. Emergency Room visit showed normal EKG an X-Ray but bloodowork showed troponin levels of 18,300 at 10:30 pm and 19,905 overnight. Patient was diagnosed with myocarditis and admitted to pediatric ICU at Hospital."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382523-1	Patient presented with severe crushing chest pain and was found to have elevated troponin levels. He was diagnosed with myocarditis. Echo showed normal heart function. Cardiac MRI was also done and showed normal heart function with a faint scar suggestive of myocarditis. Overall, findings suggested post vaccine related myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1382634-1	Patient received her second Pfizer vaccine on Friday (6/4). She developed CP and SOB on Saturday (6/5) evening which resolved after sleeping. She then developed return of her chest pain and shortness of breath this morning (6/7) which prompted her to present to ED. She was found to have elevated troponins and was diagnosed with myocarditis. Treatment was supportive with NSAIDs/Tylenol for chest pain PRN and encouraged PO hydration. Troponins and EKGs trended every 8 hours to ensure troponins were down-trending and EKGs remained normal. No sign of CHF or pulmonary edema.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1383096-1	6/6-fever (102 temporal) and headache, these resolved, followed later by chest pain, went to medical center and evaluated, negative troponins. 6/7-chest pain began again, returned to medical center, found to have elevated troponin of 3.19. 6/8 at 1am-Transferred to another medical center PICU where he had sensation of numbness in left arm, a squeezing sensation of left arm, and severe chest pain. EKG showing ST elevation and troponin of 3.75. Given dose of 30mg Toradol and pain resolved. Started on Motrin q6h, trending troponins. In the morning pain much improved, but still with pain on deep inspiration relieved with leaning forward. Repeat EKG shows diffuse ST elevation, consistent with presumptive diagnosis of myopericarditis. Repeat troponin at 9am of 9.3, BNP of 197. Echo done wnl. Scheduled for cardiac MRI with contrast per cardiology recommendation to r/o myocardial edema. Viral panel sent to r/o viral etiology despite no prior symptoms.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1383104-1	Myopericarditis. Admitted to CCU. Monitored. Had echo and LHC performed which looked normal. Chest pain improved but not completely resolved. Started on colchicine and indomethecin
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1383385-1	Monday, got 2nd Pfizer vaccine. Tuesday, sick with fever and chills. Wednesday 2am, Thursday 1pm, Friday 8am: 3-4 hour cramping in hands, arms, shoulders, neck, upper back, with chest tightness. Tylenol, ibuprofen, heating pad, showers to no effect. Friday morning (May 14) I visit Primary Care during episode. Abnormal EKG. I drive to emergency room. 2 abnormal EKGs. I get a Cardiac Cathedar operation, followed by an echo in outpatient. Blood draw shows troponin levels at 29k and 26k. Presumed myopericarditis. 2 days in hospital, released May 16. Heart rate stabilized the night of May 14. Aspirin 650mg (ended Monday May 31), colchicine 0.6mg, Lisinopril 5mg, Metoprolol 25mg. Omeprazole upped to two 20mg tablets instead of one. Getting a heart MRI Wednesday, May 9. Back at work on Wednesday, May 19.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1383397-1	Myopericarditis with elevated troponin chest pain and ST elevation on EKG
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1383777-1	Patient having pain 7am 6/8 upon awakening. Sharp, heavy 10/10 left sided chest pain radiated to L arm. Shortness of breath. pain worse with inspiration, no positional changes. Similar to previous myocarditis episode in 2019 (thought to be 2/2 virus as had fevers, fully resolved). No recent URI, last sick 1 year ago, no covid per knowledge. Had COVID vaccine week prior without side effects. Presented to hospital. Initial troponin 0.819> 4.43. CK-MB 42.8, CK 471. BMP, CBC, CRP within normal limits. ECG non ischemic however mild j-point elevation in anterior leads consistent with myocarditis. POCT echo normal. Patient admitted for IVIG, steroids, viral panel and monitoring.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1383808-1	Myocarditis per patient's mother

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1384596-1	"he has developed myocarditis; Chest was hurting; Chest pain; Tachycardia; Hypertension; his temperature was 99.7; Tight chest; shortness of breath; This is a spontaneous report from a contactable consumer (patient's mother). A 15-years-old male patient received bnt162b2, dose 1 via an unspecified route of administration, administered in Arm Left on 13May2021 16:00 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation at the age of 15 years old. Medical history included Autism and ADHD. Concomitant medication(s) included guanfacine. The patient experienced he has developed myocarditis, inflammation of the muscle in his heart that was caused by covid vaccine, chest was hurting; chest pain, tachycardia, hypertension on an unknown date, shortness of breath, tight chest on 15May2021. Clinical course details was reported as: She thinks he has developed myocarditis. Experienced shortness of breath, went to the Emergency Department. She wishes for him to receive second dose. ""They did a bunch of tests"". Saturday he had to rush in to the hospital because his chest was hurting, he has chest pain on Saturday that's why he went to the emergency room. The doctor said, he had inflammation of the muscle in his heart that was caused by COVID vaccine, she wants to submit that to Pfizer."" Reporter stated, ""No, not exactly, he got the COVID vaccine on May 13th. He started developing shortness of breath and tight chest on Saturday night which is May 15th, I woke him up because all night long he was complaining, I take him to the emergency room at the morning like 4:30 am, 4:30 in the morning of May 16th. The doctor told me that, he said that he didn't believe that it was a side effect of a vaccine because it was not, it didn't developed like within 1 or 4 hours to the vaccine like now when I've seen on the news that the inflammation that is happening to some kind on the heart, he matches all the symptoms of that. So I need to know what do I need to make and what do we do for the second dose?"" Lab test: They did when he was in the hospital, When he was in the hospital 2 days after they did a bunch of lab test."" Treatment: They did give him some medication in the hospital. The notes from the hospital they gave, they says he has tachycardia, hypertension, shortness of breath, chest pain. They gave him Ativan. Caller states she is calling about the Pfizer COVID19 vaccine and states she is thinking her son had the side effect that is being reported of myocarditis and took the 1st dose of the vaccine on 13May2021 and on 15May2021, at night he complained of shortness of breath, and a very heavy chest and moaned all night long; states at 4:00am she and her husband got up and took the patient's blood pressure and oxygen level and pulse and his blood pressure was elevated at 151/108, oxygen levels were ok at 96-97 and his pulse was 128, and his temperature was 99.7 she thinks. States they took him to the emergency room at that time because they did not know if something was going on with his blood pressure elevated. Caller states she has not reported this information to the patient's HCP and is calling to ask if she should wait or have to wait on the patient's 2nd dose of the Pfizer COVID19 vaccine. Caller states she did previously file this report but was not given a report reference number and had to call back to ask for her questions. States the patient's 2nd dose of the Pfizer COVID19 vaccine is scheduled for 04Jun2021. States given that they did not expect the patient to have any side effects and they do not want to be in this situation and are planning on traveling the day the patient is scheduled for his 2nd dose of the Pfizer COVID19 vaccine would they have to wait for his 2nd dose; states she wants to do things the proper way. States given that they did not expect the patient to have any side effects and they do not want to be in this situation and are planning on traveling the day the patient is scheduled for his 2nd dose of the Pfizer COVID19 vaccine would they have to wait for his 2nd dose; states she wants to do things the proper way. Pfizer is aware of the observations of myocarditis that occurred predominantly in a population of young men who received the Pfizer-BioNTech COVID-19 vaccine. Adverse events are regularly and thoroughly reviewed and we have not observed a higher rate of myocarditis than what would be expected in the general population. A causal link to the vaccine has not been established. There is no evidence at this time to conclude that myocarditis is a risk associated with the use of Pfizer/BioNTech COVID-19 vaccine. More than 260 million doses of the Pfizer-BioNTech COVID-19 vaccine have been administered globally. Serious adverse events unrelated to, but close in timing to vaccination, are expected to occur at a similar rate in vaccinated individuals as they would in the overall population. [for non-HCPs]: we refer you to your healthcare provider to discuss this topic. Your healthcare provider knows your medical history, can discuss the risks and benefits of the vaccine, and can provide vaccination recommendations to you. Pfizer is aware of the reports of myocarditis in recipients of the Pfizer-BioNTech COVID-19 vaccine. More than 260 million people globally have now been vaccinated with the Pfizer/BioNTech COVID-19 vaccine and we have not observed a higher rate of myocarditis than what would be expected in the general population. A causal link to the vaccine has not been established. Serious adverse events unrelated to but close in timing to vaccination will likely occur at a similar rate in vaccinated individuals as they would in the overall population. With a vast number of people vaccinated to date, the benefit risk profile of our vaccine remains positive. If asked on the specific casesMore specific information on the specific cases or demographics are not currently available to Pfizer Medical Information. The outcome of the events was unknown. No follow attempts are needed; information about lot/batch number cannot be obtained."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1384617-1	chest pain and trouble breathing/diagnosed with myocarditis; This is a spontaneous report from a contactable consumer (patient). A 17-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration, administered in the left arm, on 08May2021 11:30 (lot number: 0151), as 2nd dose, single dose, at age 17 years old, for COVID-19 immunisation, at a pharmacy/drug store. There was no medical history and no known allergies. The patient was not diagnosed with COVID-19 prior to vaccination and has not been tested for COVID-19 since the vaccination. The patient's concomitant medications were not reported. Historical vaccine included the first dose of BNT162B2; (PFIZER-BIONTECH COVID-19 VACCINE), administered in the left arm, on 17Apr2021 10:30 (lot number: EW0151), at age 17 years old, for COVID-19 immunisation The patient did not receive any other vaccines within 4 weeks prior to BNT162B2. On 09May2021, the patient experienced chest pain and trouble breathing. The hospital diagnosed the patient with myocarditis. The event resulted to emergency room visit and hospitalization on an unspecified date. Duration of hospitalization was 4 days. Treatment included ibuprofen. The patient was recovering from the event. Follow-up attempts are needed. Further information is expected.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1384620-1	chest pain; body aches; dizziness; SOB; near syncopal event; an EKG showed non-specific ST abnormalities with labs showing elevated troponin,; mildly elevated CRP; Upon readmission, her troponin was elevated (2.06 on 5/10); myocarditis; This is a spontaneous report from a contactable nurse. A 16-year-old female patient (pregnant: No) received second dose of bnt162b2 (Pfizer-BioNTech COVID-19 Vaccine), at the age of 16-year-old, via an unspecified route of administration on 15Apr2021 as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. It was unknown if the patient received any other vaccines within 4 weeks prior to the COVID vaccine, unknown if any other medications the patient received within 2 weeks of vaccination. Known Allergies: NSAIDs. On 19Apr2021, the patient experienced myocarditis, chest pain, body aches, dizziness, SOB, near syncopal event, an EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, with outcome of recovering. Upon readmission, her troponin was elevated (2.06 on 5/10) on 19Apr2021 with outcome of recovering. Seriousness criteria-Caused/prolonged hospitalization. The patient was hospitalized for myocarditis from 19Apr2021 to 23Apr2021. The patient was hospitalized for other events for 6 days. The adverse event result in Doctor or other healthcare professional office/clinic visit. Emergency room/department or urgent care. Clinical course as follows: patient is a 16 yo girl, s/p admission (19Apr-23Apr2021) with myocarditis, s/p IVIG (19April) after presenting with progressive new onset chest pain. She was in usual state of health up until 2 days ago when she started developing body aches, and chest pain. Patient received her 2nd Pfizer COVID vaccine last week (15April). No known history of COVID infection. Parents brought her to the ED yesterday after she complained of dizziness, SOB, chest pain, and had a near syncopal event. An EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, normal CXR, negative COVID PCR. Denies fever, GI symptoms, GU symptoms, headache, rash. Once transferred to our PICU, she was worked up for myocarditis vs MIS-C. Troponin has been trended q6 and is trending up (now 11). Of note, there have been no fevers. Upon readmission, her troponin was elevated (2.06 on 10May). It was unknown prior to vaccination the patient diagnosed with COVID-19. Since the vaccination, the patient tested for COVID-19. covid test type post vaccination: Blood test. covid test name post vaccination: SARS COV2 ANTIBODIES QUALITATIVE on 19Apr2021, covid test result: Positive. covid test type post vaccination: Nasal Swab, covid test name post vaccination: Respiratory Virus Panel by PCR on 19Apr2021, covid test result: Negative. Information on the Lot/batch number has been requested.; Sender's Comments: The reported myocarditis with chest pain, body aches, dizziness, SOB, near syncopal event and the abnormal lab data were possibly related to the bnt162b2 (Pfizer-BioNTech COVID-19 Vaccine), considering temporal relationship and the inflammation features. The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics committees and Investigators, as appropriate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1384622-1	myocarditis; elevated troponin/troponin has been rising (up to 16); substernal chest pain at rest; shortness of breath; CRP to 87; abnormal EKG; headache; fevers; This is a follow up-spontaneous report from a contactable HCP (Nurse). A 16-years-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration on 24Apr2021 (Batch/Lot number was not reported) as 2ND DOSE, SINGLE for covid-19 immunization, at the age at vaccination of 16 years old. The patient medical history was not reported. NKA (No known allergies). Historical vaccine included first dose of BNT162B2 for covid-19 immunization. Concomitant medication included tretinoin (RETIN-A) 0.025 % cream taken for an unspecified indication, start and stop date were not reported. The patient experienced myocarditis, elevated troponin/troponin has been rising (up to 16), headache, fevers, substernal chest pain at rest, shortness of breath, crp to 87, abnormal EKG, all on 26Apr2021 with outcome of recovered on Apr2021. Reported as Patient with no significant PMH admitted on 4/26 with myocarditis, elevated troponin, and abnormal EKG. He states that he was feeling his usual self until the day that he received his 2nd dose of the COVID vaccine on 4/24. On 4/24, he started to have a headache and subjective fevers. On 4/26, he reported having substernal chest pain at rest, non-radiating, associated with shortness of breath. Patient took tylenol with minimal relief. Patient denies cough, congestion, abdominal pain, nausea, vomiting, diarrhea, rash. No sick contacts. Since admission, troponin has been rising (up to 16), BNP normal, CRP to 87, ESR normal, CBC and electrolytes unremarkable. Clinical course and findings consistent with myocarditis. ID consulted for infectious workup and management. In my prelim recs upon admission, I recommended a dose of IVIG and holding off on steroids and antibiotics.The patient underwent lab tests which included electrolytes: unremarkable on 26Apr2021, BNP: normal on 26Apr2021, c-reactive protein: to 87 on 26Apr2021, electrocardiogram: abnormal on 26Apr2021, CBC: unremarkable on 26Apr2021, ESR: normal on 26Apr2021, sars-cov-2 antibody test: positive on 29Apr2021 (Blood test), Symptomatic COVID-19 (Standard NAA): negative on 26Apr2021 (Nasal Swab), troponin: has been rising (up to 16) on 26Apr2021, troponin: elevated on 26Apr2021. The events resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization. The patient was hospitalized for events for 4 days. Treatment received for events. Patient had no covid prior vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. Information about batch/Lot number has been requested.; Sender's Comments: The causal association cannot be excluded between the reported events and BNT162B2 use. The impact of this report on the benefit-risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for AE. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, ethics committees and investigators, as appropriate.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				chest pain; Caller stated the patient had an EKG showing irregular heartbeat.; diarrhea; Myocarditis; fever; didn't feel well; warm; This is a spontaneous report from a contactable consumer (Patient's Parent). A 19-year-old male patient received bnt162b2 (BNT162B2, Formulation: Solution for injection, Lot number: EW0187, NDC number and Expiration date are Unknown), via an unspecified route of administration, administered in Left arm on 22May2021 11:30 (at the age of 19-years-old) as 2ND DOSE, SINGLE for covid-19 immunisation. The Patient's medical history (including any illness at time of vaccination) was none and concomitant medications were not reported. The patient previously took first dose of historical vaccine, bnt162b2 (BNT162B2, Formulation: Solution for injection, Lot number: EW0176, NDC number and Expiration date are Unknown) via an unspecified route of administration, administered in Left arm on 01May2021 10:30 (at the age of 19-years-old) as single dose for covid-19 immunisation. Additional vaccines administered on same date of the pfizer suspect were none. The patient did not receive any other vaccinations within four weeks prior to the first administration date of the suspect vaccine. Adverse events following prior vaccinations were none. Family medical history relevant to adverse events was none. Relevant tests were unknown. It was reported that her 19-year-old son got the 2nd dose of the vaccine on 22May2021 and 2 days later on 24May2021, he wound up with chest pain and the caller took him to emergency room and the patient was diagnosed with myocarditis and admitted to the hospital. The Reporter clarified the patient's chest pain started when he woke up around 08:30-09:00. On an unspecified date in May2021 at 23:30, the patient had a fever starting about 12 hours from receiving the second dose and it lasted for 24 hours, and the patient didn't feel well on an unspecified date in May2021. At one point he didn't want to wake his parents up around 11:30 p.m. but he was warm on an unspecified date in May2021. At 0600am the next day, the caller took the patient's temperature, and his fever was 100.9 Fahrenheit. The caller carried the patient to the emergency room on 24May2021 due to his chest pain. It was reported that patient's EKG was extremely irregular and caller stated that if it was her or her husband's EKG, they would have been having an MI, but since the patient was only 19, the doctors didn't think MI was possible. The patient was then diagnosed with myocarditis. It was reported that the patient experienced diarrhea on 24May2021. Chest Pain required a visit to Emergency Room on 24May2021 and the patient was hospitalized from 24May2021 to 26May2021. It was reported that, the patient received treatment with Colchicine 0.6 mg (NDC number and Lot number: unknown, Expiration Date: 26may2022) one tablet by mouth twice a day. The patient came home from the hospital with this prescription on 26May2021 and he is still taking this medication. Prescribed to take it twice daily for a month. Famotidine, it is like a Pepcid. 20 mg (NDC number and Lot number: unknown, Expiration Date: 26Mayy2021) one tablet by mouth twice a day for 6 days, because of the heavy dose of ibuprofen and diarrhea. The patient had completed this medication. Ibuprofen 600 mg (NDC number, Lot number: unknown and Expiration Date: unknown) 1 tablet by mouth three times a day for six days and this has script had ended. Caller stated that her son was recovered but that he was still taking the treatment medications at this time. Caller stated that her son's symptoms are improved, he was not complaining of chest pain anymore, she assumes his myocarditis was improved because he was not complaining of the chest pain. The patient underwent lab tests and procedures which included body temperature: 100.9 Fahrenheit on an unspecified date in May2021, EKG (electrocardiogram): extremely irregular on 24May2021, PCR COVID test (sars-cov-2 test): negative on an unspecified date in May2021 while in the hospital. Caller stated the patient had an EKG showing irregular heartbeat.It was reported that the patient had tests but she didn't have results available and the patient had a PCR COVID test in the ER. Caller stated that all of this was related to the vaccine. Caller also stated that she is wondering if her son would have reacted differently if he had gotten the Moderna, but caller and her husband had gotten Pfizer and didn't have any problems. Reporter seriousness for Myocarditis, diarrhea and fever was unspecified. The outcome of the events, Myocarditis, chest pain, diarrhea and irregular heartbeat was recovering and for fever was recovered on an unspecified date in May2021 and for other events was recovered on an unspecified date in 2021. Additional information requested.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1384752-1	
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1385209-1	Had Chest pain early on June 3. Went to Emergency Room, transferred to other hospital, Did blood tests, chest x-ray, heart ECHO, Venus Doppler. June 4- blood tests, heart catherization. June 7- heart MRI. Diagnosed with myocarditis. I have no history of heart issues prior to this.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1385217-1	Myocarditis requiring hospitalization
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1385386-1	Chest Pain, Troponin Elevation, Myocarditis Also developed fever, muscle aches, joint pain, generalized fatigue Hospitalized, Treated with NSAIDS and supportive care, Telemetry, Troponin monitored q12 Echo with normal systolic function Cardiology and ID consultation Cardiac MRI pending at time of submission (6/9/2021). He is hospitalized at time of report, recommended complete activity restriction upon discharge, he will continue to follow with pediatric cardiology.
MYOCARDITIS	**COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)**	**PFIZER\BIONTECH**	1385925-1	Chest pain, found to have elevated troponins, BNP, and CK diagnosed with myocarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1386009-1	Suspected myocarditis, severe cardiac arrhythmia, within a few weeks after 2nd dose. Fatigue, dizziness, palpitations. By April 2 cardiac rate down to 47, BP low as well, so stopped BP med (metoprolol for almost a month before heart rate returning to normal around 55-60)
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1386034-1	Patient presents to the ED with myocarditis s/p dose #2 of Pfizer COVID-19 vaccine. From note: Patient is 13 yo M who was in his usual state of health prior to getting his Pzifer COVID-19 vaccine #2 on Saturday morning (6/5). Saturday night he began to feel fatigued with fevers as high as 102.8 F. These symptoms continued through the night and into Sunday morning when he had episodes of NBNB emesis. Sunday night he was actually feeling somewhat better and was able to sleep through the night. He stayed home from school on Monday due to fatigue. At 3 am this morning (6/8), he woke up with aching parasternal non-radiating chest pain that he describes as an 8/10 and worse while lying down. Denies SOB and heart palpitations. His parents took him to a hospital where he was found to have an elevated troponin (reported 5.84 - unknown scale) and Hct 28.8. There was also question of an abnormal EKG (?p wave inversion). He got a bedside echo which showed no pericardial effusion. Additional labs included: WBC nml, plt nml, MBCK 16. In the ED, his vital signs have been stable. EKG was normal sinus. Trop elevated to 0.43 and echo was normal. Reassuringly his echo was normal, he has had no arrhythmias (after nearly 24hrs of continuous monitoring), his chest pain has largely resolved and his troponin has remained stable.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1386073-1	"June 4: Vaccine received June 6 (AM): felt arm pain and mild chest pain not affected by breathing or moving. Continues on and off, but was relieved by ibuprofen. June 7: 1PM- chest pain became persistent, not relieved by ibuprofen. Describes as ""squeezing"" with palpitations. Accompanied by feeling clammy, weak, pale, subjective fever. Brought to ED and transferred to ICU 6/7 at 18:44 for labs and imaging consistent with myopericarditis. Started treatment on scheduled Ibuprofen (600 mg q8 hours). Chest pain improving, but serial troponin continued to rise. 6/9: NSAID changed to Toradol for continued chest pain with colchicine"
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1386090-1	"This is a spontaneous report from a contactable consumer (patient's mother) and a contactable other healthcare professional. This consumer reported similar events for two patients (twins). This is the first of two reports. A 22-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EW0170), via an unspecified route of administration, administered in the left arm, on 26Apr2021 10:00 (at the age of 22-year-old) as 2nd dose, single dose for COVID-19 immunization, at a pharmacy/drug store. Medical history included ongoing rare metabolic disorder. The patient's concomitant medications were not reported. Historical vaccine included the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: ER8735) received at age 22 years, on 05Apr2021, for COVID-19 immunisation. On 26Apr2021, the patient received the second dose of BNT162B2. In the evening of the same day, 26Apr2021, the patient experienced tiredness/fatigue, and headache. In the morning of 27Apr2021, the patient was feeling really crappy and they though it was like the flu and it would pass. In the evening of 27Apr2021, the patient didn't sleep at all and was uncomfortable all night and pain. On the same day, 27Apr2021, the patient had severe chest pain, chest tightness, and lightheadedness. On 28Apr2021, the pain didn't go away, and the twins had elevated ST evaluation on the EKG (electrocardiograph). ST evaluation was done by the reporter's husband who is a retired firefighter emergency medical technician. The reporter decided to take the patient to hospital and said that the other twin had the same symptoms but kept saying his wasn't as bad as his brother's because he did not want to go to the hospital. The doctor advised the reporter to bring the other twin. The twins had the same echo cardiogram on 28Apr2021 (unknown results). On 28Apr2021, their troponin levels were elevated, and their cardiac enzymes continued to go up. On the same day, 28Apr2021, the patient had a strange weird bilateral wrist pain severe. It was reported that the twins were hospitalized on 28Apr2021 with myocarditis/pericarditis and inflammation around the heart. Treatment for myocarditis/pericarditis included ibuprofen and colchicine; and Toradol for breakthrough pain. The reporter stated that the twins are two identical males with the same DNA, had the vaccine at the same time, had the reactions at the same length of time, have the same lifestyle and live at the same house. The reporter said it would go a long way if they help her understand the complication. The patient recovered ""strange weird bilateral wrist pain severe"" on 29Apr2021. The outcome of the event myocarditis and pericarditis/inflammation around the heart was not recovered. Follow-up (14May2021): New information received from a contactable other healthcare professional includes: reporter details (other hcp added as a new reporter). Follow-up attempts are needed. Further information is expected."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1386123-1	15 yo M with chest pain, fever found to have likely myocarditis secondary to likely COVID vaccine (Pfizer) with elevated troponin at OSH of 660 ng/L. Repeat here noted to be 58,513 mg/L but patient otherwise stable, not complaining of chest pain after Toradol and eating more currently.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1386153-1	Patient developed fever the day following vaccine, then developed some neck stiffness, then severe chest pain two days after vaccine and was found to have myopericarditis and currently hospitalized.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1387196-1	Symptoms were undiagnosed but correlated to minor myocarditis which included shortness of breath due to chest pain in the heart area, lasted for about 12 hours and treated with 600 MG of ibuprofen, stopped shortly after treatment.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1387731-1	Heart inflammation; Dry mouth; Sore throat; Chills; Nausea; Fatigue; Cramped legs; Sore arm; Joint pain; Muscle pain; Extreme anxiety; This is a spontaneous report from a contactable consumer (patient). A 35-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in Arm Left on 21Apr2021 10:30 at 35-years-old (Batch/Lot Number: ER8729) as 1st dose, single for COVID-19 immunization. There was no medical history. Patient was not pregnant. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. Concomitant medication included paracetamol (TYLENOL). The patient had dry mouth, sore throat, chills, nausea, fatigue, cramped legs, sore arm, joint pain, muscle pain, extreme anxiety, chronic chest pain lasted for 5 days constantly and ER visit Dr. says it was due to the vaccine: heart inflammation. Happened to 50% of chest pain ER visitors due to vaccine 3-4 days after vaccine dose. And should only last 6 days. Heart inflammation should be added to info packet and more studies should be done asap. All events started on 22Apr2021 03:30. No treatment given. Outcome of events was recovered in 2021.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1387740-1	potential myocarditis; severe fatigue; SOB; swelling of legs; This is a spontaneous report received from a contactable healthcare professional (patient) via COVAES. A non-pregnant 51-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration in left arm on 23Feb2021 (at the age of 50 years old; Lot Number: EN6202, unknown expiration) as 1st dose, single for COVID-19 immunisation. The patient medical history was not reported. Concomitant medications included paracetamol (TYLENOL); bupropion hydrochloride (WELLBUTRIN); esomeprazole sodium (NEXIUM); ascorbic acid, chromium, copper, folic acid, inositol, magnesium, manganese, nicotinamide, pantothenic acid, potassium, pyridoxine hydrochloride, retinol, riboflavin, selenium, vitamin b1 nos, vitamin b12 nos, vitamin e nos, zinc (MULTI VIT); and curcuma longa rhizome, piper nigrum fruit (TURMERIC +). The patient experienced potential myocarditis on 15Mar2021. The patient cannot get into cardiology to confirm severe fatigue, SOB, and swelling of legs, which all started on 15Mar2021. The patient underwent lab tests and procedures which included PCR (nasal swab): Negative on 17Mar2021. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was not diagnosed with COVID-19 prior to vaccination. The events resulted in emergency room/department or urgent care and doctor or other healthcare professional office/clinic visit. The patient had not yet recovered from the events. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Current information is limited and does not allow a full medical assessment. Myocarditis was not a confirmed diagnosis, but rather a provisional diagnosis based on reported symptoms. Case will be reassessed once receiving additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1387944-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1387977-1	Note- This patient did not receive the vaccine at our facility so I do not have further details on the vaccine. 13 y/o female with hx of juvenille arthritis, migraines and anxiety, here for left sided CP, palpitations, fast HR, SOB since 6/8 receiving the 2nd Covid vaccine on 6/6/21. Pt states she is also having some nausea and fatigue. Pt has not taken any medications at home for pain. Pt currently taking methotrexate but no steriods. No family hx of blood clots or blood disorders. Differential Diagnosis: Electrolyte abnormality, dehydration, arrythmia, COVID vaccine reaction, myocarditis r/t COVID vaccine. EKG NSR. negative troponin.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388056-1	Chest pain for 2 days with EKG changes, elevated troponin and CRP consistent with myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388162-1	myocarditis. elevated troponin, ECG changes, good function on echo. treated with NSAIDs
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388214-1	Myocarditis s/p 2nd COVID shot. Presented with chest pain, elevated troponin with ST elevations in multiple leads. Normal Echocardiogram. Treated with Methylprednisolone and Toradol. Downtrending troponin with clinical improvement at time of report. Currently still hospitalized in PICU during the time report was made.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388899-1	Myocarditis with chest pain and ST segment elevation. Elevated troponin. Runs of ventricular tachycardia. Hospitalization to pediatric cardiac intensive care unit. Presented to ED 6/9 and currently in the intensive care unit.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388946-1	Presented with chest pain and diagnosed with my and pericarditis as evidenced by elevated troponin, , elevated BNP and diffuse ST changes on EKG
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1388999-1	Patient presented with myopericarditis. Woke up at 230 am with vomiting and then developed chest pain. Came to ED immediately. ECG showed widespread ST elevations. Troponin at 25, peaked at 44, now downtrending. Admitted to cardiology, had run of Vtach and then admitted to PICU on Day 2.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1389001-1	Myocarditis. Pain in chest, left arm and both sides of jaw. Lasted for about 10 minutes.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1389073-1	On 6/6 at 4pm, pt received 2nd dose of Pfizer COVID vaccine. He felt fine that night, but the next day (Monday) woke up with a headache, which was resolved by ibuprofen 200mg. 5 hrs later, headache returned. In total, he took 3 doses of ibuprofen 200 mg that day. On Tuesday, he went on a field trip for school, during which he walked for a total of 40 min. He also went to football practice, where he did weight training and conditioning for 1 hr. He experienced no chest trauma during practice. He tolerated exercise with no dyspnea on exertion and felt perfectly normal, but when he returned home, his mom felt that he appeared unwell and his face and eyes looked swollen. At 9 pm, headache recurred but responded to ibuprofen 200 mg. This morning (Wednesday), he woke up in the early morning complaining of difficulty breathing and orthopnea. Dyspnea was improved by propping head up on more pillows. He also had headache again and received another ibuprofen 200 mg before going to the ED. Denies fever, malaise, muscle aches, chest pain, syncope, dyspnea on exertion, palpitations, URI symptoms, sore throat, cough, diarrhea, abdominal pain, vision changes, dizziness currently or since receiving the vaccine. He still endorses orthopnea but it has been improving. No recent illnesses, sick contacts, new environmental exposures, or travel recently. Admitted to Cardiac Step down with concern for troponin leak, peak at 29. Cardiac MRI confirmation of myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1389233-1	about 2 days of flu-like symptoms beginning at about 8 hours after receiving the second dose of vaccine. symptoms included fever, chills, body aches, mild headache, tiredness, and light shortness of breath, all of which began tapering off going into day 3. chest pain and intense shortness of breath began at approximately 72 hours after receiving the second dose. went to hospital and was treated for possible heart attack until diagnosed with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1389540-1	I came down with myocarditis on May 23, 2021 3months after vaccine Not sure if it is related and doctors aren't sure either but I thought I should report it just in case.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1389816-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1390045-1	Pericarditis, myocarditis Extreme chest pain, abnormal EKG, critically high troponin level, echocardiogram, angiogram via right wrist, three day hospitalization. Morphine, toradol, tramadol, aspirin, colchicine, linsopril
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1390934-1	"she may have myocarditis; symptomatic ventricular ectopy; fatigue; headache; This is a spontaneous report received from a contactable consumer for a female patient (our young, female physician) of 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 2ND DOSE, SINGLE for covid-19 immunisation . The patient medical history was not reported. Historical vaccine included BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), 1ST DOSE, SINGLE DOSE for covid-19 immunisation on unknown date. The patient's concomitant medications were not reported. The patient who was with no major medical problems developed symptomatic ventricular ectopy that she stated to begin 10 days after her second vaccine dose (Pfizer). She is currently under the care of a cardiologist who believed she might have myocarditis. She also experienced fatigue and headache with her second vaccine dose. She was started on ibuprofen and is feeling ""a little better"". She denied fever or other systemic manifestations. The outcome of the events was unknown. Therapeutic measures were taken as a result of she may have myocarditis (myocarditis). Information on the batch number has been requested."

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1390954-1	Myocarditis; abnormal heartbeat; intense chest pain; Shortness of breath; The pain in my chest felt like intense bruising. I still feel a sharp bruising pain when I lift something too heavy or turn quickly.; This is a spontaneous report from a contactable consumer (patient). A 22-year-old non-pregnant female patient received bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration, administered in Arm Left on 22Feb2021 16:30 (Batch/Lot Number: EL9266) as single dose for covid-19 immunisation at the age of 22-year-old. Medical history included covid-19 prior to the vaccination. No known allergies. Concomitant medications included levothyroxine sodium (SYNTHROID) and levonorgestrel (KYLEENA) (reported as Kyleena IUD). No other vaccine received in four weeks. It was reported that I woke up with intense chest pain two days after the first dose. Thought I was having a heart attack. Now realizing it was Myocarditis. Intense pain when moving and lifting heavy objects. Apple watch detected an abnormal heartbeat which fixed itself later on in the day. I experienced shortness of breath. The pain in my chest felt like intense bruising. I still feel a sharp bruising pain when I lift something too heavy or turn quickly. The events stated on 24Feb2021 08:00. No treatment received, and outcome of events was recovered with sequelae on unspecified date in 2021. The patient hasn't been tested post vaccination.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391389-1	Bradycardia, premature ventricular contractions at 21%, LV severely dilated with moderately reduced systolic function, LVEF = 39.8%, right ventricle moderate-severely dilated with normal ejection fraction, RVEF=54.6%,dilated atria (right greater than left), aortic regurgitation, elevated T2 values suggestive of myocardial edema, myocarditis. Treatment with Lisinopril 5 mg began 5/19/21.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391617-1	Patient hospitalized from 6/10-6/11 for chest pain that started on 6/9/21. Diagnosed with perimyocarditis, elevated troponin peaking at 0.570. EKG and transthoracic echocardiogram done. Will be discharged on ibuprofen and colchicine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391620-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391819-1	Chest Pains, Myocarditis, Troponin level at 240 and then went down to 170, EKG at Emergency Room
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391879-1	Presented on 5/15 with chest pain and diffuse ST segment elevation consistent with perimyocarditis. He received his second COVID vaccine (5/11) 4 days ago- reports 3 days ago feeling sinus inflammation, throat felt swollen, and laid in bed all day, 2 days ago- he reports just having sinus inflammation sensation, 5/10- he reports feeling like every muscle including his neck hurt. No headache, vision changes, weakness, tingling. No cardiac history, leg swelling, rash, rhinorrhea, or recent illness.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1391922-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1392109-1	Myocarditis (CP, elevated troponin, cardiac dysfunction). Steroid burst with normalization of function and improvement in troponins
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1392607-1	Fever, Chest pain, presented to the ER and now admitted to the cardiac stepdown unit with myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1392682-1	Diagnosed with myocarditis 3 months after receiving the 2nd COVID vaccine. Symptoms included chest pain x 2 overnight. Had upper respiratory infection 6 weeks prior to myocarditis. 2nd COVID vaccine: 1/8/21 Respiratory infection: 2/19/21 Myocarditis 4/7/21
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1392856-1	myocarditis. chest pain, elevated troponin
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1392879-1	June 8th- received vaccine. Fatigue, arm soreness. June 9th- headache, decreased appetite June 10th- pain of both upper arms, substernal chest pain. One episode of emesis. Was admitted to our hospital for presumed COVID-19 vaccine related myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1392899-1	Acute myocarditis. Presented with palpitations. He had wide complex tachycardia (diagnosed as fasicular ventricular tachycardia). Required cardioversion. Started on metoprolol. Hospitalized two days. Send home with LifeVest.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1392900-1	3 days after vaccination had acute onset of burning chest pain, worse with lying down and deep inspiration. Initial EKG was normal but then developed ST changes. Presented to ED where troponin was elevated to 6259, peaked at 7595. MRI in hospital was consistent with myopericarditis. Discharged 6/11/21 on cochicine.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394131-1	myocarditis with PR segment depression and a Troponin of 9000; Chest pain; This is a spontaneous report from a contactable physician. A 16-year-old male patient received the second dose of BNT162B2 (PFIZER COVID-19 VACCINE, lot number: EW0168), at the age of 16 years old, intramuscularly in right arm on 29May2021 14:00 at single dose for covid-19 immunisation. Medical history included allergies to pollen. The patient was not diagnosed with covid-19 prior to vaccination. The patient did not receive any other vaccines within 4 weeks and any other medications within 2 weeks prior to vaccination. The patient previously received the first dose of BNT162B2 (lot number: EW0172), at the age of 16 years old, intramuscularly in right arm on 08May2021 12:00 at single dose for covid-19 immunisation. Shortly after the patient began experiencing a cough which has persisted until currently presentation. The patient received his second dose on 29May2021 14:00 and developed chest pain on 30May2021. Subsequently the patient experienced myocarditis with PR segment depression and a troponin of 9000. The patient was admitted to the hospital for 2 days. The patient underwent lab tests and procedures which included PR segment depression and troponin 9000 on 30May2021, SARS-CoV-2 by nucleic acid amplification (NAA) test (nasal swab) negative on 01Jun2021. The patient received treatment with scheduled non-steroidal anti-inflammatory drugs (NSAIDs) and at present he had improvement in symptoms and troponins. The outcome of events was recovering. No follow-up attempts are needed. No further information is expected.; Sender's Comments: Based on available information, a possible contributory role of the subject product, BNT162B2 vaccine, cannot be excluded for the reported events of myocarditis and chest pain. There is limited information provided in this report. This case will be reassessed once additional information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394140-1	the cause of death is myocarditis; This is a spontaneous report from a contactable consumer reporting for her father. A 78-years-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration on 13May2021 (Batch/Lot Number: EX8679) as single dose for covid-19 immunisation . The patient medical history and concomitant medications were not reported. The patient died from myocarditis on 14May2021. The patient died on 14May2021. It was not reported if an autopsy was performed. Course of the event. The woman reported that her father, who was vaccinated in out of country, died after the second dose. He got his second dose on 13May2021 and died the next day (14May2021). The cause of death is myocarditis. Follow up information has been requested.; Reported Cause(s) of Death: the cause of death is myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394171-1	Chest pain
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394232-1	Myocarditis (chest pain, elevated cardiac enzymes) 4 days after vaccine
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394440-1	I am the sole provider for a family of 6, which includes my wife and 4 young adult children. We all received the COVID vaccine recently. Our first Pfizer shot was on April 8 and the second on April 29. A couple of days after the 2nd shot, my 23-year-old son (autistic) started complaining about chest pains. He mentioned that if he knew what pneumonia or a heart attack felt like, he said it was that. At first we called a nurse line and they suggested going to the ER. We thought it may be only a panic attack and decided to wait. The following morning he was even worse (vomiting) and we took him to a local Urgent Care. When he was seen there and had some tests done, the doctor told us that he must go directly to the hospital. His EKG and other test made it seem like he had a heart attack or was having one. They wouldn't even allow us to drive him to the hospital but called the EMS ambulance to take him so he could be constantly monitored. Eventually he was diagnosed as having myocarditis and admitted to the hospital. He has been released after a short stay and will be on medication for at least 3 months and have frequent doctor follow-up appointment to make sure this doesn't cause any lasting problems. He seems to be doing fine now (but we will not consider any booster vaccine if that becomes necessary in time).
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394691-1	Patient presented the emergency department with chest pain radiating to left arm on 6/12. Studies indicate myocarditis. Patient will be transferred to specialty hospital for cardiology.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394749-1	myocarditis, positive trop

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394808-1	Myocarditis requiring hospitalization
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1394849-1	Per patient report upon presentation to hospital: Received vaccine 6/9 during the day, in the evening developed typical symptoms (headache, vomiting, warm to the touch) and has chest pain that seemed to resolve with ibuprofen. On 6/12 at 0400 patient woke up with severe chest pain (localized to the middle of the chest), no tachycardia or shortness of breath. Pain does not change when moving arms/neck. No recent fevers, URI symptoms, known sick contacts. On presentation 6/12 troponin was elevated to 9.69, repeat on 6/13 decreased 6.03. Diagnosed with myocarditis, initial ECG was abnormal, repeat ECG has not shown any ischemic changes. Patient will have repeat EKG, ECHO, troponin, and likely discharge from hospital
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395019-1	4 days after administration of Pfizer COVID19 vaccination patient developed shortness of breath and pleuritic chest pain on 6/12/21 evening. Patient came to Emergency Room overnight on 6/13 and was identified to have elevated troponins indicative of myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395022-1	24 hours: Acute Myopericarditis, Difficulty breathing, Heavy chest Within hours: Fever, Severe Chills, extreme fatigue
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395092-1	2 DAYS AFTER VACCINE PATIENT WAS AT WORK AND STARTED TO GET CHEST PAIN, SHORTNESS OF BREATH, FELT LIKE AN ELEPHANT ON CHEST, LEFT WORK AND WENT TO AREA ER HOSPITAL IN . THEY GAVE HER A CHEST X RAY, EKG AND WAS TOLD WAS POSSIBLE MYOCARDITIS AND WAS GIVEN A STEROID AND TO FOLLOW UP WITH DR. WAS TOLD NOT TO GET THE SECOND DOSE OF THE PFIZER COVID 19 VACCINE. PATIENT DID NOT PRESENT ANY PAPER WORK OR HAVE THE NAME OF THE ER PHYSICIAN. PATIENT REPORTED THIS INFORMATION TO PHARMACY 6/13/21 AT 3: 33PM . PATIENT STATES SHE STILL FEELS LIKE SHE HAS BRONCHITIS. NO REPORTS FROM A FAMILY PHYSICIAN GIVEN. PATIENT WAS ASKED WHEN HER NEXT APPOINTMENT WAS AND IF A FOLLOW UP EKG OR CHEST XRAY AND TO BE DONE, SHE WAS NOT SURE.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395199-1	Patient presented with substernal chest pain and was found to have an elevated troponin. He was taken for coronary angiography which showed no obstructive CAD. A subsequent cardiac MRI was consistent with subacute/resolving myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395246-1	This is a 15 year old male without PMHx who presents with chest pain for one day after having Pfizer COVID vaccine 2-3 days prior. As per father patient had first dose without any sx except mild soreness on the site of injection. On 6/9/21 he received the second shot of Pfizer vaccine. That day he only fell mild pain on site of infection only. Next day he suffered from chills, HA, and fever. He took Tylenol for it. The day prior admission he had a mild headache and pain on the middle of the chest, dull, not radiating, and on/off. There was one episode of emesis after dinner and after taking TUMS he went to sleep. The parents check on him through the night and upon waking up he complaint still with chest pain, now increased and radiating to left side of the chest. The parents decided to bring him to ED for evaluation where he was found to have elevated troponins and he was admitted for myocarditis likely secondary to the Pfizer vaccine. His troponins were monitored q8hrs and he was started on Toradol q6hrs. See EKG and Echo results below. Due to increasing troponins 6/13, he was given IVIG with resulting improvement. At this time, we are still monitoring his troponin inpatient with plan for potential cardiac MRI. He will be discharged home on Ibuprofen 600mg TID and follow up with cardiology with exercise restriction likely for a few months, tbd by outpatient cardiology follow up.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395260-1	Has signs of myocarditis with pain near her heart and a pressure in her chest with breathing that feels a bit labored with deep breaths, but she isn't experiencing difficulty breathing. She complained of the symptoms on Thursday morning and then we saw on the news that night that this was a newly discovered side effect for younger patients receiving the vaccine. She has not met with the doctor yet because she didn't want to miss final tests at school and the offices were closed for the weekend. However, we have been monitoring her closely and had hoped it would disappear by now, but we will be seeking treatment tomorrow since it has not gotten worse, but it also hasn't improved after 4 days of rest.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395672-1	This patient received their second Pfizer COVID-19 vaccine on 6/4/2021. The patient began experiencing arm pain which migrated to his chest on 6/6/2021. The pain resolved but returned with increased severity on 6/7/2021, prompting medical evaluation. The pain was described as a pressure sensation in the center of the chest and in bilateral arms. Upon initial evaluation, he was found to have an abnormal EKG with ST segment changes. Troponin was significantly elevated. He was transferred to the hospital. A transthoracic echo was obtained and was normal. He was hospitalized on the pediatric cardiology service, admitted on 6/8/2021. Troponin trended down during his stay. He was started on lisinopril. He was discharged home on 6/9/2021 with plan for outpatient pediatric cardiology follow up. Given the proximity of his second Pfizer COVID-19 vaccine to onset of his symptoms, and given similar reported events, the chief concern is whether his episode of myocarditis is related to administration of the Pfizer COVID-19 vaccine. I was on call as attending physician when this patient was admitted. Physician cared for this patient as the pediatric cardiology

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				inpatient attending during his hospital course.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395815-1	Pfizer-BioNTech COVID-19 Vaccine EUA: Myocarditis Per COVID-19 Vaccination Card patient received Pfizer vaccine dose #1 on 5/19/21, and Pfizer dose #2 on 6/9/21. Patient presented to Hospital on 6/11/2021 and was transferred. On the evening of 6/9 patient began to experience mild chest pain with headache. On 6/10 the pain increased to an intesity of 8/10, and on 6/11 the pain became unbearable. Pain is described as sharp, squeezing, and constant.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395818-1	Myocarditis, Chest pain, ST elevation and mildly depressed EF on echo. Troponin peaked, has leveled at 1000 3 days after presentation, drawing infection labs and administering IVIG.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395838-1	The evening after receiving the vaccine, pt began having headache, lightheadedness, shortness of breath, nausea, loss of appetite. Th next day (6/10) she notedmyalgias in lower back and hips with shooting pains in her knees and vomiting. She also noted mild fever and chills, nasal congestion and discharge with mild sore throat, and substernal chest discomfort. She described it as tightness with radiation to her throat and jaw, and right arm, witout radiation to her back, not associated with nausea, but is associated with shortness of breath and diaphoresis. Chest discomfort worse with lying down. Rapid COVID test negative. Upon arrival to ED on 6/11, her troponin was mildly elevated (0.039ug/L), D-dimer elevated at 348ng/mL, CRP also elevated at 5.96 mg/dL. ED physician diagnoses acute myopericarditis and patient was admitted to Critical Care Unit. On 6/13/2021 patient was discharged stable (limited bedside echo showed small pericardial effusion). Pt denies pleuritic chest pain on day of discharge.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395886-1	Myocarditis Chest pain Brain fog memory Veins High blood pressure
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395914-1	Vomiting and chest pains. Went to the ER on 6/8/2021 was admitted and diagnosed with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395936-1	Left arm, back, chest pain, heart palpitations starting on Friday, June 4th. ED visit and testing showed normal EKG, labs. Discharged home. Returned to ER on Sunday, June 6th. EKG showed ST elevation. Transferred to ED. Positive troponin, admitted to hospital with suspected perimyocardits with intent to rule out heart attack.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395950-1	Fainted (05/31/21), pallpitations, heart skipping beats. Went to ER, high troponin levels. Tests done, blood work, chest x-ray, echocardiogram, ct scan, cardiac catheritization, cardiac MRI. Was admitted for two nights at the hospital. Released on 06/02/21
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1395988-1	"He had the second shot, had very mild headache, and then woke up approx 48 hours after 2nd dose, complaining that his "" chest hurt"", I asked him to explain the "" hurt"", he said his chest felt tight, heavy pressure, like weight on his chest, uncomfortable. He said it went away after a few days... I didn't realize the inflammation of the heart was a side affect, until I recently heard that was coming up, so I put 2 and 2 together, and thought I had better report."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396017-1	Myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396094-1	Approximately 6-7 days after the first dose of COVID vaccine (Pfizer) patient had low grade fever (100.8) malaise, and not feeling well. Progressed to chest pain and slight SOB. Continued low grade fever controlled with Tylenol and Motrin. Was seen in urgent care and tested for COVID. COVID PCR negative. EKG done (abnormal). Suggested covid 19 pneumonia and follow up with PCP. Was seen in ER that evening for increasing chest pain, SOB. Chest xray done. EKG not done. No labs sent. COVID PCR done. Negative. Improved at home with rest, Tylenol, Motrin. Sunday afternoon, was taken to ER for chest pain, increased SOB, and not feeling well. BP elevated, CXR done, EKG done, and bloodwork done. Troponin negative, D Dimer negative, labs WNL. No acute MI. Suggested pericarditis based on EKG results. Follow up suggested with cardiologist. Echo and EKG done on Tuesday May 4. Improving pericarditis/myocarditis. Final EKG done on Friday 5/7.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396277-1	Patient developed myopericarditis 2 days after the second COVID-19 vaccine dose.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396288-1	Patient developed myopericarditis two days following second dose administration. Patient had two days of chest pressure in the substernal chest

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396310-1	Had 2nd Pfizer vaccine at 5:15pm Thursday June 3. Felt fine that evening, just complained arm was starting to hurt when he went to bed around 11pm. Threw up twice on Friday June 4 at 9:30am & 1:30 pm. Very uncomfortable, bad headache, no energy. Mostly slept from 6pm Friday June 4 to 5am Saturday June 5. Immediately threw up when he woke up Friday. Threw up again about 30 min. later and 4 more times during the day. Still having bad head pain. Started to become confused and say things that didn't make sense. Went to ER around 4:30pm Saturday June 5. Blood work showed his sodium level was dangerously low. He was immediately given sodium and transported to Hospital ICU. Had brain MRI, lumbar puncture and lots of blood work done. Brain MRI showed signs of encephalitis. Also had myocarditis. Was in hospital until Thur. June 10. Encephalitis and myocarditis seemed to resolve quickly and he was just treated with rest and fluids along with antibiotics in case there was any viral/infectious cause of symptoms. All such tests have been negative to date
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396541-1	This is a continuation report from VAERS report filed earlier. VAERS Number: 1310674 - 1 E-Number: 511067 Doc Number: 1753821 Date Received: 05/12/2021 I am still having chest pains and have been diagnosed with myocarditis which have not resolved. I have not been able to exercise since February 2021 per doctors order. I am currently taking the following medications for myocarditits: Colchicine 0.6mg twice a day (myocarditis) and ibuprofen 200mg 3 times a day for chest pains. I have a follow-up MRI which have been scheduled.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396550-1	Acute Myocarditis with chest pain and elevated troponin (peak level 27) occurring 3 days after 2nd Pfizer covid shot. Treatment with Ketorolac and morphine, clinically improving at the time of report. Echo reassuring with good function and no effusion, ECG initially with RBBB repeat ECG with early depolarization, no arrhythmias
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396604-1	chest pain, labs suggestive of myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1396812-1	I suspect I had a mild case of myocarditis - the morning after my second COVID shot, I woke up with a heart rate over 100bpm (according to my Apple Watch). My normal resting rate is about 60bpm, so this was a huge jump. Even though I spent most of the day in bed, my heart rate continued to be over 100bpm. In addition, I had chest pain in my heart area (it hurt every time I breathed deeply), along with a 100 degree Fahrenheit fever, chills, and aches. Most symptoms went away after a day of first appearing, however my chest pain persisted for another 3-4 days. The first day I worked out after my second shot (~9 days after), I also had heart pain that I had never experienced before. I did not go to the doctor as I thought it would go away on its own, which it eventually did after about 12 days after my second shot.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1397015-1	Myocarditis-Severe fatigue and chest pain amd shortness of breath for 7 days beginning 3 hours after injection and occurred after any small physical exertion like taking out the trash or walking 2 blocks (lingering moderate fatigue and some chest soreness still remains today), migraine for 3 days beginning 2 days after injection, left upper arm pain (sore) for 3 days beginning 12 hours after injection, sporadic mild running nerve pain for 7 days beginning 2 min after injection (no pain during injection itself), cold chills for 3 days beginning 24 hours after injection.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1397025-1	Patient developed chest pain with elevated troponin levels 2 days after receipt of dose #2 of the Pfizer SARS-CoV2 vaccine. He was admitted to the hospital with the diagnosis of myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1397074-1	Chest pain for 2 days with elevated troponin levels. Admitted to pediatric cardiology service. Cardiac MRI showed findings consistent with myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1397513-1	chest pain, started 2 days after 2nd pfizer vaccine, went to primary care doctor who did an ECG, show sT wave changes, they sent to ER immediately. Was sent to Cardiac care unit, had echocardiogram and cardiac cath showing pericardidtis and myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1398688-1	myocarditis - chest pain, elevated troponin to 0.09. Normal EKG.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1398787-1	History of prior COVID19 infection in March 2021, mild symptoms. Vaccine #1 on 5/14/21, Vaccine #2 on 6/11/21. Acute onset chest pain/pressure on 6/13/21 in the early morning. Chest pain slowly improved throughout the day. Treated with NSAIDs and colchicine due to concern for myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1399080-1	myopericarditis

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1399416-1	fever, chills, chest pain 2-3 days after the second COVID vaccine diagnosed with myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1399471-1	12 y/o male who received second dose of Pfizer mRNA COVID-19 vaccine (lot number EW0187) on 06/07/2021. Developed chest pain the morning of 6/10 /21 at 0430 and was admitted on 6/10 to Intensive Care Unit for monitoring. Lab and imaging studies were consistent with acute myocarditis. Troponin peaked at 3.32 on admission and was down to 1.33 by the time of discharge on the following day on 6/11/21. No interventions except NSAIDs (ibuprofen) were administered during the admission and he did well. He will follow up with Cardiology as an outpatient.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1399950-1	Patient received the vaccine on 6/11/2021. On 6/12/2021 he developed pleuritic chest pain. The pain worsened and he presented to the ED on 6/14/2021. He was found to have myocarditis and quickly improved--chest pain resolved on 6/15. Treated with a 5 day course of prednisone. Improvement started before treatment with prednisone.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400077-1	fever, chest pain, elevated troponin, and EKG changes consistent with myocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400174-1	Patient developed chest pain and found to have myocarditis with elevated troponins. Chest pain responding to Ibuprofen monotherapy.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400188-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400232-1	Chest pain two days after receiving vaccine. Labs obtained were troponin elevated to 21.8 BNP 230, diagnosis of myocarditis. Troponin levels are down trending. Echocardiogram obtained and plan for cardiac MRI. EKG obtained overall unremarkable.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400260-1	16 yo male with h/o CML in remission without known cardiac dysfunction (no history of cardiotoxic chemotherapy) who had his second Pfizer COVID vaccine on 6/12 afternoon and then presented to the ER with fever, headache, and hypotension requiring multiple fluid boluses and admission. No complaint of chest pain on admission, but does complain of 6/10 chest pressure in the left chest 6/14, leaning forward, with mild difficulty breathing. No palpitations, skipped beats, racing beats, dizziness or syncope. Troponin was checked 6/14 at 1020 which was elevated to 0.35. Repeat one at 1600 peaked at 1.35. Then 6/15 at 0350 it came down to 0.5. Antibiotics stopped after one dose 6/13, he received acetaminophen and ibuprofen for symptomatic management.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400320-1	Myocarditis suspected
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400385-1	16 year old male with no PMH who presented with chest pain. Initially on 6/10-6/11 had expected myalgias and headaches post vaccination similar to dose #1, but later 6/11 developed chest pain that made it impossible for him to sleep. It was waxing and waning but continued through 6/12 which after discussion with PMD ultimately led to referral into our facility for further evaluation. Received a dose of ibuprofen with marked symptomatic relief. No further medications given during his time, his chest pain had resolved after that ibuprofen dose and was at clinical baseline until discharge on 6/15. Prolonged hospital course was to arrange for cardiac MRI to be done for comparison. Otherwise had serial labs (documented below) which had trended in the right direction.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400396-1	Chest pain, went to ER. DX with Myocarditis. Treated with pain medications in the hospital. He was then transfer to Hospital were again dx was Acute idiopathic myocarditis and elevated Troponin level. Was given discharge instructions to Follow up in 1 week with Cardiology, lab draws to repeat Troponin levels before Cardiology visit. No heavy lifting or physical activity until after visit with cardiology.

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400416-1	On Friday, May 14, 2021 started to have aches and flu-like symptoms. Then on Saturday, May 15, 2021. developed a migraine-like headache and chest pain along with worsening flu-like symptoms. By midnight Sunday, May 16, 2021 awoke with 8-9 out of 10 chest pain, with copious amounts of vomiting, a 9 out of 10 headache, abdominal pain with a feeling of hot than freezing, shivering, unable to keep clear liquids down. No loose stools, reported having a normal bowel movement. reported that since the vomiting started overnight the chest pain got no better but felt worse like an elephant was sitting on his chest. was taken to Hospital emergency department where he was originally treated, Tests performed were bloodwork including Troponin levels, EKG, Chest X-Rays, and CT scan. Per the Physician Assistant who initially saw stated that his EKG was abnormal than his Troponin level was elevated. Due to concerns withs history of Marfan Syndrome and the possibility of a torn aorta, increased Troponin, abnormal EKG the ED doctor wanted him helicoptered to Hospital's Cardiac Cath Lab to rule out a torn aorta. was helicoptered to Hospital taken to the Cardiac Cath Lab ruling out a torn aorta. After IV fluid hydration and other treatment, was diagnosed with myocarditis. Upon discharge, was placed on medication and to follow up with his PCP and cardiologist on 6/25/21.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400623-1	Presented to urgent care on 5/28 with complaints of sore throat, Headache, body aches and fever for 103, slight cough, denies chest pain or SOB. Had a neg rapid strep. Diagnosed with viral illness 5/30 presented to the ED with chest pain, cough, wheezing and SOB. Also had diarrhea and low abdominal pain. Was hypotensive and bradycardia. Received 2 bolus of Lactated Ringers . EKG with ST segment elevation. Concern for MISC. Transferred to hospital. 5/30 at the hospital he had another bolus of fluid, continued bradycardia admitted to the ICU for potential for hypotension during IVIG for suspected MISC, worsening ST elevation on EKG. TTE unremarkable. Started on IVIG, anakinra, lovenox and solumedrol. Monitored on telemetry. EKGs consistent with myopericarditis. discharged home on prednisone on 6/4 with a long taper, has follow up with rheumatology and cardiology. Stool enterovirus positive culture positive. He had previously been diagnosed with COVID-19 in November 2020
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1400629-1	Acute myocarditis on 6/12/2021 --- chest pain, dysphagia, transient chills
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1401304-1	On 6/7/21 patient received Pfizer #2. Two days later started to complain of moderate chest pain and SOB. Seen the next day in clinic with chest pain. Troponin found to be elevated (1.740) and CRP (4.9) with a normal EKG. After discussing with Cardiology was decided to admit patient for further work up and pain control. Admitted 6/10/21. Cardiac MRI on 6/11/21 showed peri-myocarditis. Troponin trended down over 3 days stay in hospital. Pain treated with NSAIDS, symptoms improved throughout stay. Will follow up with Cardiology in 2 weeks. No strenuous activity at this time.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402129-1	Myocarditis/elevated troponin
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402390-1	"Patient is a 17 year old male presenting with post-vaccine myocarditis. He had his second dose of his Pfizer COVID vaccine 3 days ago (6/11/2021) and that evening felt some mild burning central chest pain. States that the pain has been intermittent since then, non-pleuritic, non-exertional, but last night he had a severe episode that woke him from sleep, so his mother called the pediatrician who recommended he come to the ED. ED Course: Vitals - T: 36.7 ¦C, P: 79, R: 20, BP: 119/73, O2 SAT: 98% RA EKG - NSR 74, no acute abnormalities CXR - no acute process Trop - 32 Echo - normal PICU Course Cards: Troponin downtrending from 32.7 => 25.3 => 22 => 23.1 at time of discharge. Has been without chest pain during admission. Cardiac MRI demonstrating ""Subepicardial delayed gadolinium enhancement in the mid inferolateral wall consistent with suspected diagnosis of acute myocarditis. Normal biventricular size and function with no hypertrophy. Normal valve function and structure."" He will follow up with cardiology on 7/12 with repeat troponin on 6/18. EKG and ECHO unremarkable. ID: CBC, CRP unremarkable. Enterovirus PCR and RPP Negative. COVID-19 PCR Negative. COVID-19 IgG negative. Afebrile though out admission."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402451-1	Had chest pains on 06/05 he was admitted into the hospital on 06/06. His heart enzymes were elevated and was diagnosed with myocarditis which was directly linked to the vaccine. He was given IVIG treatment to bring down his enzyme levels.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402642-1	myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402900-1	A patient with no past medical history presenting with Myocarditis following Pfizer-BioNTech COVID-19 vaccination. The patient received Colchicine 0.6 mg daily with subsequent resolution of symptoms.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402955-1	Symptoms: 2 days post second dose of Pfizer Vaccine Chest pain, nausea, tachycardia, and myocardial inflammation with elevated troponin and inflammatory markers Treatment: Started ibuprofen 600mg Q6H and Colchicine loading dose followed by 0.6mg QD

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
	(1200)			
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1402983-1	First adverse event was chest pressure/pain on June 7, 2021.Pericardial effusion and myocarditis diagnosed by echocardiogram on June 8,2021 Treatment ongoing with cholchicine for two weeks and follow up echo and dr appt in 4 weeks
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403282-1	A patient with no past medical history presenting with chest pain and troponin leak 2 days following Pfizer COVID-19 vaccination. LHC was negative. Work up and imaging was consistent with Myocarditis. Echocardiogram was consistent with mildly reduced systolic function. The patient was discharged with pain and anti-inflammatory medications. Additionally, the patient had several runs of non-sustained Ventricular tachycardia and was tachycardic for which Beta-blocker was started.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403291-1	16yo previously healthy male presenting with chest pain. He received second dose of Pfizer Covid vaccine on Wednesday at 3p. That evening, he developed fevers, chills and had trouble sleeping. On Thursday, he began feeling heart palpitations and again slept. Overnight, he developed midline chest pain, and decided to present to the emergency room. His EKG showed elevated ST segments. Labs were remarkable for elevated troponin, leukocytosis, and elevated CRP; echo showed normal function but subtle hypokinesis of the apex. He was given morphine, Tylenol, Ketorolac, 1L NS, and possibly aspirin before being transferred to the ED. In our ED, he had a reassuring exam, was no longer reporting chest pain. He had labs drawn which showed a white count to 15.3, normal H/H, Plt 152, ESR 12, CRP 10, and Trop T 1.14. Aside from the above symptoms, he has been in his usual well state without viral symptoms, nausea, vomiting, diarrhea, rash, joint pain, or other symptoms. He has no past medical or surgical history. Immunizations are up to date. His social history is benign. Patient was admitted to the cardiology floor for continued monitoring of his troponin levels and EKG. An echocardiogram was performed which showed mild LV systolic dysfunction. He was then treated with IVIG 2g/kg and started on methylprednisolone IV q12h. He remained asymptomatic with no chest pain throughout his admission. He was transitioned over to PO steroids on 6/13 which he tolerated well. On day of discharge, his troponin levels were trending down. Cardiac MRI showed an area of late gadolinium enhancement in the LV, with no abnormal function. By time of discharge, patient was well-appearing, vitals stable, demonstrating good PO intake including tolerance of PO steroid. Prescriptions sent to preferred pharmacy. Follow up with cardiology to be arranged. Discharge instructions and return precautions reviewed with patient and parent, who expressed good understanding and agreement with plan. Reasons for new, changed, and discontinued medications: - Prednisone - Famotidine Patient was admitted for management of myocarditis thought to be due to his SARS-CoV2 vaccination. He received IVIG and steroids. He had multiple EKGs, echocardiogram, and a cardiac MRI. He showed improvement during his hospitalization. He will be followed closely by Cardiology who will advise return to exercise and repeat imaging needs. **Please note that we do not have access to the vaccination records (lot, etc)**
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403346-1	Patient is a healthy 15 year old male presenting with chest pain in the setting of recent SARS-CoV2 vaccination. He was in his usual state of health until he received the second dose of the Pfizer/BNT SARS-CoV2 vaccination on Thursday 6/10. Shortly after and into the following day, he developed fatigue, chills, and a headache, which resolved within 24 hours. However, early this morning at around 2am, he awoke with sharp central chest pain associated with some shortness of breath, radiating to his left, prompting him to present to the ED. Initially presented to Hospital ED. Vitals stable. Labs notable for troponin 0.07 and d-dimer 1.48. EKG with sinus rhythm, ST elevation in inferior leads. Given ibuprofen 600mg and contacted Cardiology, who recommended transfer to another ED for echocardiogram and further evaluation. Here in the ED, vital stable, exam non-focal. Labs notable for troponin 0.13 and CRP 3.0; CBC, chem 10, LFTs, BNP, all within normal limits. CXR normal. Echo done which showed normal function (prelim read). Seen by ID who recommended standard workup for vaccine-induced myocarditis. He was admitted to the floor in stable condition. Hospital Course: Due to rising troponin during hospital day 1 (peak 0.23), patient was treated with IVIG 2 g/kg (6/14) and methylprednisone 30 mg BID (6/14 - 6/15). On 6/15 a cardiac MRI was obtained that showed a small area of late gadolinium enhancement of the LV with normal function. Troponin was trended every 12 hours and had decreased to 0.11 on 6/15 AM. He was transitioned to oral prednisone 30 mg BID to complete a total steroid course of 5 days (6/14 - 6/18). During admission he was found to be EBV PCR positive with all other viral testing including EBV serologies pending. It is still thought this is likely due to post-vaccine inflammation and not viral myocarditis but serologies should be followed up as outpatient. By time of discharge, patient was well-appearing, vitals stable, demonstrating good PO intake. Prescriptions sent to preferred pharmacy. Follow up with cardiology. Discharge instructions and return precautions reviewed with patient and parent, who expressed good understanding and agreement with plan. Reasons for new, changed, and discontinued medications: Prednisone for myocarditis Famotidine for stomach protection while on prednisone Discharged home with follow up tests scheduled for 6/17/21.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403370-1	Admitted to Hospital on 6/11/21 with 2 day history of chest pain. Treated with Ibuprofen, Aspirin, Colchicine. Discharged home on 6/16/21

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403584-1	Myocarditis Developed fevers, chest pain and hematuria. Fatigue started the next day, night sweets the night after x 2 days, fever on 6/14, chest pain on 6/15. Troponin elevated, Echo with poor ventricular function, UA with hematuria. Improving on NSAIDs
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403594-1	Myocarditis, heart working at 20% function
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403634-1	Patient developed chest tightness and pain after exercising for the first time in a while on 6/7/2021. This worsened over the next several days and he presented to the hospital with these symptoms on 6/13/2021. Lab work revealed elevated troponins, EKG showed elevated ST segment elevation and he was diagnosed with an acute perimyocarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403640-1	The patient presented with chest pain 2 days after receiving the 2nd dose of the Pfizer COVID vaccine. Work up and imaging was consistent with Myocarditis. Echocardiogram and Cardiac MRI showed a decrease in LV function. The patient was started Colchicine during hospitalization to be continued after discharge.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403731-1	The patient with a past medical history of Hypertension presented 3 days after receiving the 2nd dose of Pfizer vaccine with chest pain. The patient initially received pain medication for symptom relief. An echocardiogram showed a low normal ejection fraction. Cardiac MRI showed evidence of myocarditis. COVID antibodies were positive. RVP and Lyme panel for myocarditis negative. The patient received a total of 2g/Kg of IVIG over 2 days then was discharged on colchicine, ibuprofen, Aldactone, and lisinopril. In follow up appointment patient endorsed having gotten back to baseline activity and function
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1403790-1	myocarditis - admitted to the hospital 6/14 with chest pain.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1404785-1	"Patient received 2nd dose of Pfizer vaccine on 6/10/2021. Initially had typical symptoms of fatigue and arm pain. On 6/13/2021, woke up with central chest pain and ""fluttering"" of his heart. Mother read the Agency website concerning possible myocarditis after Covid vaccinations so then took him to the ED. The chest pain lasted about an hour (resolved in triage in the ED). There he had a normal ECG and chest x-ray. He was referred to see me in clinic on 6/15/2021. He had a normal echocardiogram. Due to the parental concern for possible myocarditis, I recommended a troponin which would show if his chest pain were possibly related to that. It returned mildly elevated at 0.21 ng/mL, prompting me to enter this as a possible mild case of myocarditis after vaccination."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1406661-1	Fever, chills, headache, chest pain starting the day after vaccine administration
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1406788-1	myopericarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1406814-1	diagnosis and hospitalized with myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407651-1	Second dose of Pfizer Covid19 vaccine on 07June2021. Onset of pleuritic chest pain on 10June2021 with elevated troponin. Cardiac MRI with epicardial and sub-epicardial enhancement consistent with myocarditis. Also meeting diagnostic criteria for pericarditis. Evaluation for other potential causes negative. Currently undergoing treatment for myopericarditis.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407658-1	myocarditis with fever, tachycardia, pleuritic chest pain, elevated troponin, accelerated junctional rhythm, normal echo, tachycardia. MRI and two day hospitalization and follow-up with pediatric cardiologist.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407720-1	PATIENT RECEIVED SECOND PFIZER VACCINE AT HIGH SCHOOL VACCINE CLINIC LEAD BY HEALTH CLINIC ON 6/10/21. ARRIVED AT EMERGENCY ROOM ON 6/13/21 PRIMARY COMPLAINT OF CHEST PAIN. BEGAN FEELING ILL ON FRIDAY 6/11. PT LABWORK,CHEST XRAY AND EKG DONE. . PATIENT TRANSFERRED TO HOSPITAL ER WITH DIAGNOSIS OF ACUTE MYOCARDITIS.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407871-1	started on 6/16, 36 hours ago, chest pain, chest pressure, myocarditis, elevated troponin
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407939-1	Patient developed febrile illness the next day following the day of receiving dose#2 of the vaccine. On the following day, he developed chest pain and shortness of breath so he was transferred to emergency room and admitted. He was diagnosed with mycarditis based in clinical symptoms and very elevated troponin

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407948-1	presented to the hospital 6/14/2021 with chest pain and troponin leak (peak of 14.9 after 2nd Pfizer vaccination (6/11/2021) with ST elevation on EKG and ventricular ectopy with non-sustained ventricular tachycardia, PVCs. treated for suspected myocarditis. remains hospitalized
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407965-1	Myocarditis with elevated troponins
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407972-1	fever, chills, palpitations, orthopnea. elevated troponin I and BNP presented to hospital 6/14/2021 after 2nd pfizer covid vaccine on 6/11/2021. treated for suspected myocarditis. discharged from the hospital on 6/16/2021 with decreasing troponin I, resolved symptoms, no ECG or echo changes
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407988-1	Patient was hospitalized on 6/11/2021 after presenting to the ER with a history of chest pain x 48 hours. Labs showed an elevated troponin and an EKG was consistent with pericarditis/ myopericarditis. On further questioning patient had received the second dose of his COVID-19 Pfizer vaccine 2 days prior to the onset of chest pain. In the ER he was given a dose of ketorolac which relieved his chest pain. An echo as done which showed normal left ventricular systolic function and no pericardial effusion. He was admitted for further monitoring of his heart rhythm and to trend his troponin. He remained in the hospital for ~ 48 hours and was discharged on 6/13. His troponin was at its peak at his initial presentation and was 7,077. It initially decreased in the first 3 hours, but had small increases in the first 24 hours of admission. However, it had decreased to a low of 1575 at the time of discharge. His CRP initially was 4.4 (normal < 1 mg/dL) and decreased to 1.5 at discharge. ESR was mildly elevated at 23 and decreased to 18 at discharge. Chest pain had completely resolved within 12 hours of admission. He was maintained on ibuprofen 600 mg three times daily.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1407993-1	6/15/2021 started with chest pain after second Pfizer COVID vaccine (given 6/12/2021), elevated troponin. resolution of symptoms. treated for suspected myocarditis. received toradol at outside hospital and then motrin q6h. No ECG changes, normal echo
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1408000-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1409661-1	"myocarditis; pericarditis; SOB; Chest pain; troponins as high as 25; BNP of 150s; This is a spontaneous report from a contactable pharmacist. A 14-year-old male patient received bnt162b2 (BNT162B2), dose 1 intramuscular on 26May2021 (Lot Number: EW0197) at the age of 14-year-old as 1st dose, single dose for covid-19 immunisation. Medical history included Autism, asthma and COVID-19 which was diagnosed prior to vaccination. The patient's concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced pericarditis/myocarditis with ""SOB"" and Chest pain and troponins as high as 25 and BNP of 150s. All the events occurred on 27May2021 with outcome of not recovered. The patient underwent lab tests and procedures which included COVID-19 IgM (Nasal Swab): negative on 29May2021, COVID-19 IgG (Blood test) positive on 29May2021. The patient received NSAIDS and Opioids as treatment.; Sender's Comments: Based on the available information and known product profile, the causal relationship between the reported events and the use of BNT162B2 cannot be fully excluded. There is limited information available, which precludes a more meaningful assessment. The case will be assessed further upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate"

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1409672-1	Myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. A 20-years-old female patient received bnt162b2 (BNT162B2 PFIZER-BIONTECH COVID-19 MRNA VACCINE; Solution for injection), dose 2 via an unspecified route of administration on 19May2021 (Batch/Lot number was not reported) as 2nd dose, single for covid-19 immunisation. The patient had not known allergies. Medical history included, abdominal pain ongoing, the patient's concomitant medications were not reported. The patient did not receive any other vaccine in four weeks. Prior to vaccination patient was not diagnosed with COVID. Post vaccination patient did not test for COVID.It was reported that, On 23May2021, The patient experienced myocarditis, chest pain , shortness of breath with outcome of recovering. The patient was hospitalized for myocarditis for 5 days. The patient was hospitalized for chest pain for 5 days. The patient was hospitalized for shortness of breath for 5 days. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 23May2021. Therapeutic measures were taken as a result of myocarditis (myocarditis), chest pain (chest pain), shortness of breath. Information on the lot/batch number has been requested.; Sender's Comments: Based on the information available and a close temporal association, a possible contributory role of the suspect BNT162B2 cannot be excluded for the reported events of myocarditis,chest pain,dyspnoea. The case will be reassessed once new information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1409679-1	"pain around his chest/She stated it ""feels like a fist around his heart""; heart racing/palpitations; inflammation of his heart; feeling pain around heart, pressure and squeezing; It was really fast and fluttering.; This is a spontaneous report from a contactable consumer for her son. A 31-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) dose 1, administered in Arm Left on 26May2021 14:20 (Lot Number: EW0191) at age of 31-year-old as 1ST DOSE, SINGLE for covid-19 immunisation. Medical history included ongoing asthma (He has always had asthma since childhood), Deadly allergy to peanut and peanut butter. At age 4 peanut was off the chart. Allergy to all nuts, allergy to shellfish, allergy to Advil (his tongue was itching and swelling), Allergy to Codeine. Concomitant medication included beclometasone dipropionate (QVAR) taken for asthma, Been taking since he was born. Family Medical History included Mother has heart disease but he has never had a problem with his. He has never had a flu shot. Never had a reaction and had all vaccines as a child. It had been less than 24 hours after the shot. He got it on 26May2021 around 2:20. By 27May2021 afternoon when he got home from work his heart was pounding and his heart was fluttering. They have a blood pressure machine at home. It was really fast and fluttering. The exam and EKG were normal at the ER. Doctor said it was inflammation and sent him home. After 8 days he is still having issues; he went to the doctor on Monday there the did 2 EKGs and chest xray and blood work. That was normal. His heart is still hurting. It's around is heart and across his chest that hurt. It feels like a fist over his heart and something is squeezing his heart and chest. When he dumps cans it worsens. They said if he took Advil for inflammation it would go away. He can't take Advil. He is allergic to Advil so he has been taking aspirin. He took Advil and his tongue was itching and swelling. The doctor was surprised. He started taking 350mg of aspirin (Bayer 325mg) three times a day on Monday and he is still hurting. Later that day or the evening started feeling pain around heart, pressure and squeezing. He had some kind of inflammation of the heart. He has gone to the doctor and had 3 EKGs and blood work. They all came out normal. The doctors are not sure why this is happening to him. He has never had heart issues before. Less than 24 hours after receiving his first dose, he went to ER and was diagnosed with inflammation of his heart. As per reporter, symptoms of heart racing, palpitations, and pain around his chest appeared less than 24 hours after receiving the Pfizer BioNTech vaccine. She stated it ""feels like a fist around his heart"" and he had all the symptoms except shortness of breath. Heart inflammation is not visible on xray or EKG, but he still has the pain. It is ongoing and staying the same. The second doctor says it should go away in 3-4 days but it has not. He doesn't want to take the second shot. He was a healthy young man and never had anything like this before. Asthma is the only thing he has. He also has a deadly allergy to peanuts. She pushed him to get the shot because he messes with garbage. Now he gets a heart thing. Investigations included He had 2 EKGs at the hospital and 2- 3 at the doctor. He had chest xray and all the blood work. He had a CBC with Differential, Comprehensive Metabolic Panel, Troponin test, and EKG. All were normal. His heart rate was normal at 94. Blood pressure was normal, not when he went in there then but last time he took it. All the events onset on 26May2021. The AEs require a visit to Emergency Room and Physician Office. The outcome was not recovered."
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1409940-1	Diagnosis: Acute myopericarditis. Presentation: Pt had typical post-vaccine side effects on 6/7/21 including fever and malaise. Also had intermittent mild substernal chest pain starting 6/7/21. Malaise and fever resolved by 6/8/21 but intermittent chest pain continued to occur. Vomited x1 on 6/9/21 in early morning hours, which was followed by severe constant substernal chest pain, pain worse when lying down. Presented to medical care on 6/9/21, seen first via phone visit, then pediatric office visit, then sent to ED and admitted to hospital. Treatment: Naproxen 250 mg PO BID starting on 6/9/21, continues on this treatment as of 6/17/21. Outcome: Symptoms resolved on 6/9/21 after naproxen started, discharged home on 6/10/21. Doing well in outpatient without any complications

Symptoms	Vaccine	Vaccine Manufacturer	VAERS ID	Adverse Event Description
				outpatient without any complications.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1409946-1	Chest pain with myocarditis (EKG with ST changes, troponin leak) with preserved systolic function
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1410135-1	Myocarditis
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1410144-1	Myocarditis - symptoms appeared 2 days following the vaccine. Hospitalized with elevated troponin. Started on oral steroids with improvement in labs and symptoms after 24 hrs.
MYOCARDITIS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1410227-1	Chest pain for 2 weeks with fatigue, found to have Perimyocarditis, admitted to the Pediatric ICU. Seen by pediatric cardiology, Started on ibuprofen, IV Immunoglobulin, IV steroids. Troponin continuing to rise. Serial EKGs with ST Elevations(v2-v6) and PR depressions (lead I), which normalized then developed lateral T wave inversions (v3-v6) Admitted on 6/16 Patient is still admitted at time of filing.
MYOCARDITIS	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1285361-1	I am unsure if this illness was related to his recent vaccination. However, after seeing reading this article about possible link between covid vaccination and the development of myocarditis, I felt compelled to report: https://www.reuters.com/world/middle-east/israel-examining-heart-inflammation-cases-people-who-received-pfizer-covid-shot-2021-04-25/. The patient in question is a 53 year old man with a history of previous carotid artery dissection and hyperlipidemia transferred to our hospital from an outside facility for presumed myocarditis. He rapidly decompensated, required intubation, multiple vasopressors, was initiated and ultimately expired.
MYOCARDITIS	COVID19 (COVID19 (UNKNOWN)) (1202)	UNKNOWN MANUFACTURER	1362568-1	myocarditis
MYOCARDITIS INFECTIOUS	COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	PFIZER\BIONTECH	1280493-1	MYOCARDITIS. Patient is a 16 year old boy with ADHD who presented with fever and myalgias for 3 days, that progressed to sharp parasternal chest pain and some SOB. Patient received second dose Pfizer COVID-19 vaccine on 4/26, and after that shot experienced fever to 102 at home and myalgias. Subsequently his symptoms of chest pain have occurred. He underwent workup revealing of elevated Troponin, and EKG with some ST segment elevation, a slightly elevated CRP at 32, and a normal ECHO. Admitted for observation and concern for infectious myocarditis vs MIS-C. Cardiac MRI was done confirming Myocarditis, Troponin I was elevated and peaked at 23, 325pg/mL. Workup unrevealing of SARS. Other testing showed Resp virus panel negative, blood pcr for EBV, CMV, Parvovirus B19, enterovirus, and adenovirus all negative, HIV antigen/antibody testing negative. Patient treated with Ketorolac with steady improvement in symptoms over several hospital days. Discharged home 5/2 with Troponin I well down and symptoms resolved. Given reports in lay press regarding other cases of COVID-19 MRNA vaccine associated myocarditis, we are reporting this as a vaccine associated adverse event.

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 4:48:59 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 4:48:59 PM

Query Criteria:

State / Territory:	The United States/Territories/Unknown
Symptoms:	MYOCARDIAL INFARCTION; MYOCARDIAL ISCHAEMIA; MYOCARDITIS; MYOCARDITIS BACTERIAL; MYOCARDITIS INFECTIOUS
Vaccine Products:	COVID19 VACCINE (COVID19)
VAERS ID:	All
Group By:	Symptoms; Vaccine; Vaccine Manufacturer; VAERS ID
Show Totals:	False
Show Zero Values:	Disabled