The Vaccine Adverse Event Reporting System (VAERS) Results

Data current as of 07/15/2022

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Death	1793710-1	On 4/2, patient (22 weeks pregnant) developed numbness and tingling down one leg. Symptoms progressed and she was admitted for BLE paralysis 4/5. MRI showing transverse myelitis. Process continued despite maximal medical therapy. 4/12 intubated. 4/20 tracheostomy. 7/11 C section and then developed post-operative bleeding needing mass transfusion protocol. 8/11 family decided to withdraw care and patient expired.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Death	2057289-1	"Booster; He stated the female patient died; Transverse myelitis; Unable to move her arms and legs; This is a spontaneous report received from contactable reporter (Physician) from a sales representative. A female patient received bnt162b2 (Pfizer-BioNTech COVID-19) (Batch/Lot number: unknown) as dose number unknown (booster), single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Covid-19 vaccine (Manufacturer Unknown, Dose number unknown), for COVID-19 Immunization. The following information was reported: IMMUNISATION (death), outcome ""fatal"", described as ""Booster""; DEATH (death), outcome ""fatal"", described as ""He stated the female patient died""; MYELITIS TRANSVERSE (medically significant) after vaccination three days, outcome ""unknown"", described as ""Transverse myelitis""; MOVEMENT DISORDER (non-serious), outcome ""unknown"", described as ""Unable to move her arms and legs"". The event ""unable to move her arms and legs"" was evaluated at the emergency room visit. The patient date of death was unknown. The reported cause of death was ""He stated the female patient died"". It was not reported if an autopsy was performed. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: The information currently provided is too limited to make a meaningful medical assessment hence, the events are conservatively assessed as related to the suspect drug BNT162B2 until further 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.; Reported Cause(s) of Death: He stated the female patient died"
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Death	2269340-1	Transverse myelitis. Contracted covid in January 2022. Passed away on February 08, 2022 from covid.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	1115933-1	Pt BIBA with sx of stroke, including right sided weakness and numbness. imaging suggestive of transverse myelitis vs. spinal cord infarct
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	1209072-1	Transverse myelitis with paraplegia
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	1244079-1	Acute Transverse Myelitis with AIDP in the setting of recent Covid vaccinating and possible bacterial meningitis's. Patient is in the hospital.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	1261832-1	This is a spontaneous report from a contactable consumer. This consumer (patient) reported that a 39-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207) at the age of 39-years, via an unspecified route of administration in right arm on 19Mar2021 14:00 at single dose for COVID-19 immunization. Medical history was not reported. No COVID-19 prior vaccination, no other vaccine in four weeks. There were other medications in two weeks. The patient previously took zaleplon (SONOTA) and experienced allergy to it. On 23Mar2021 08:00 AM, the patient developed transverse myelitis following the first vaccination. The patient went to ER and was admitted and treated there for the following week for the condition transverse myelitis. The event result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization for 7 days, life threatening illness (immediate risk of death from the event). The patient received 5-day course of IV steroids as treatment. Outcome of the event was not recovered. The patient underwent lab tests and procedures, which included COVID-19 virus test (nasal swab) was negative on 10Apr2021.

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MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	1266068-1	Transverse Myelitis worsened; Transverse Myelitis worsened; I could not walk; trouble breathing; This is a spontaneous report from a contactable consumer (patient). A 39-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on an unspecified date at single dose for COVID-19 immunisation. Medical history was not provided. Patient was not pregnant, was not pregnant at time of vaccination. Concomitant medications included other medications in two weeks. No other vaccine in four weeks. Patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207) at the age of 39-years, via an unspecified route of administration in right arm on 19Mar2021 14:00 at single dose for COVID-19 immunisation and experienced transverse myelitis; received zaleplon (SONATA) and experienced allergies. Less than 24 hours after receiving the second vaccination, the transverse myelitis worsened and patient could not walk and was beginning to have trouble breathing. Patient went to emergency room and was admitted and treated there for the following week for the condition transverse myelitis. 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). Days hospitalisation: 7. Patient received treatment for the events included among other meds, 5 day course of IV steroids . No covid prior vaccination, patient underwent covid test (Nasal Swab) post vaccination on 10Apr2021, covid test result was Negative. Outcome of the events was not recovered. Information about lot/batch number has been requested.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	1755727-1	ENTIRE SPINAL CORD HEMORRHAGED; TRANSVERSE MYELITIS; BLOOD CLOT IN CALF MUSCLE; COVID-19 TEST POSITIVE; This spontaneous report received from a patient concerned a 64 year old male. Initial information was processed along with the additional information received on 28-SEP-2021, 29-SEP-2021 and 30-SEP-2021. The patient's height and weight were not reported. The patient's concurrent conditions included no alcohol use, being a non-smoker and an unspecified bladder control disorder. The patient had no history of drug abuse or illicit drug use. It was reported that the patient was 'as healthy as an ox' having previously worked and that he was paraplegic at the time of reporting. The patient had previously experienced 'whole body hurt' when treated with levofloxacin, and 'felt like a train run over him' when treated with ciprofloxacin. The patient reported having no family history of any neurological disease. The patient received COVID-19 vaccine Ad26.COV2.S (suspension for injection, route of administration not reported, batch number 1805020, expiry date 23-AUG-2021), 0.5 mL, once in total, administered on 05-APR-2021 into the right arm for prophylactic vaccination. Concomitant medications included a medication for bladder control, the name of which the patient could not remember. On 11-APR-2021, the patient, went to an emergency room (ER) as he reported feeling terrible, whereupon he tested positive for COVID-19 (rapid/quick COVID-19 test). The patient reported that he had no COVID-19 symptoms, but he was sent home. On 15-APR-2021,the patient awoke at 14:00 and experienced total paralysis from the waist down (paraplegia). A blood clot was detected in his calf muscle and the reporter mentioned that the entire spinal cord had swelled and hemorrhaged. On an unspecified date, the patient was hospitalized and spent 105 days in the hospital and rehabilitation hospitals. The patient was at home for the last 2 months and was working at adjusting to his new normal life as a paraplegic. The patient reported that he aspirated on water 2 days into his hospital stay, resulting in him being transferred into the ICU (intensive care unit) ward on a ventilator for 2 weeks (14 days). He reported that the doctors had never treated anyone else with symptoms that he had, and that finally he was diagnosed with transverse myelitis. The patient reported that he was given the first dose of IVIG(Intravenous immune globulin) at either his ER visit of 11-APR-2021 or 15-APR-2021, but could not remember which. When the result for the clot was positive, IVIG was stopped. The patient reported that he had undergone various unspecified tests since APR-2021 and 'everything was fine', bar results of a spinal magnetic resonance imaging (MRI) scan which shoed his spinal cord 'looked like Swiss cheese'. On 30-SEP-2021, during a telephone call placed to the patient, he reported that total lower body paralysis was continuing. The paralysis remained at the same severity since 15-APR-2021. He reported his upper body was okay, but that his arms felt cold at times. The patient could not figure how to access his medical charts, but did verbally agree to give the company consent to obtain his records and to contact his treating physicians. The action taken with COVID-19 vaccine Ad26.COV2.S was not applicable. The outcome of the transverse myelitis, blood clot in calf muscle, COVID-19 test positive and entire spinal cord hemorrhaged was not reported. This report was serious (life-threatening, caused/prolonged hospitalization, other medically important condition). This report was associated with product complaint 90000194838.; Sender's Comments: V0: This spontaneous report received from a patient concerned a 64-year-old male who tested positive for COVID-19 6 days after vaccination and experienced transverse myelitis, entire spinal cord hemorrhage and a blood clot in the calf muscle 10 days after vaccine. Medical history includes unspecified bladder control disorder and drug reaction to ciprofloxacin and levofloxacin. The patient was healthy at the time of vaccination. Concomitant medications include an unspecified bladder control medication. The patient tested positive for COVID-19 on rapid test 6 days after vaccination and had no symptoms. The patient experienced paraplegia, and a blood clot in his calf muscle 10 days after vaccination. The patient was mechanically ventilated for 14 days in the ICU following an aspiration during his hospital stay. The patient spent 105 days in total in the hospital and rehabilitation centers. The patient was treated with intravenous immunoglobulin until the positive test result (unspecified test) for clot. Unspecified laboratory testing was normal but the MRI of the spinal cord showed a Swiss cheese appearance. The outcome of the events was not reported. The subject's COVID-19 infection may have increased the risk for the event(s) to occur. However, considering the temporal relationship with vaccination, a relationship with Janssen Covid-19 vaccine cannot be ruled out. Therefore, the relationship is considered indeterminate.

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MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	1989251-1	Patient developed bilateral leg weakness, foot numbness, urinary retention, and abdominal hyperesthesia. MRI showed findings consistent with Guillan Barre Syndrome / transverse myelitis. He is currently being admitted to the hospital for further work up.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	2080060-1	Moderna COVID vaccine - 1 dose in March 2021 and 1 dose in April 2021. In June 2021, pt diagnosed w/ Epstein-Barr virus. Then starting 11/1/2022, pt developed transverse infectious myelitis, L4-L5 vertebrae. Hospitalized 3 times. numbness in muscles on most of body making him unable to walk without assistance or perform activities of daily living, fecal and urinary incontinence, high fevers, shivering, and UTI with pseudomonas aeruginosa, kidney stones, ureter stent (now removed), multiple IV courses including Zosyn (3 courses). Pt has had 2 ablations for Atrifal Fibrillation since being vaccinated for COVID. Pt has home health care coming in for activities of daily living, physical therapy coming to home, psychology consult for depression coming up. Pt just got IV line PIC line put in for cefepime antibiotic infusion therapy to be given at home.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	2110398-1	Transverse Myelitis/ Guillan Barre Syndrome, Full paraplagia LEs. Fecal/urinary incontinence.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Life Threatening	2267668-1	The patient developed L axillary lymphadenopathy on the day after vaccination. Ten days later, she was hospitalized for cervical transverse myelitis, from which she is slowly recovering.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	0990700-1	Progressive body numbness and tingling from chest down, unable to feel when urinating or have a bowel movement, tight girdle banding feeling on and around chest and back, hand malfunction with drawing, unable to walk without cane/walker, feeling of walking on a bounce house as walking
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1002428-1	1st dose of vaccine was 1/12/21, Lot number EK9231 2nd dose 2/2/21, Lot number EL8982 Patient was feeling well the day of vaccine and reports no recent illness, no adverse events to first injection in COVID vaccine series. 20 minutes later developed dizziness and nausea. Within hours noticed LUE weakness. Weakness has progressed over last two days to severe left upper extremity and left lower extremity weakness with inability to walk. No sensory deficits. Some urinary retention. Hyperreflexia on examination with upgoing toe on left. Presentation consistent with transverse myelitis. Patient remains hospitalized at this time, starting treatment with IV solumedrol for clinical transverse myelitis. Workup remains in process
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1022067-1	2 days after vaccine developed weakness of legs then arms. MRI cervical and thoracic spine most consistent with Transverse Myelitis; Transverse Myelitis; This is a spontaneous report from a contactable physician. A 69-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 20Jan2021 at single dose for COVID-19 immunisation. The patient was not pregnant at Time of Vaccination. Facility type vaccine was Hospital. Medical history included hyperlipidemia, hypothyroid. The patient's concomitant medications were not reported. No Other vaccine in 4weeks. Days after vaccine on 22Jan20212, the patient developed weakness of legs then arms. MRI cervical and thoracic spine most consistent with Transverse Myelitis. AEs resulted in Hospitalization, Disability or permanent damage. The patient was recovering. IV steroids, physical therapy was received as Treatment. No covid prior vaccination. No covid tested post vaccination. 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1033563-1	Initial pain in Shoulders and Neck (Bilateral) Descending Peripheral Bilateral Neuropathy in legs and Feet on Wednesday , Followed by Ataxia Tremors in 5 th digit of both hands , Itching on both wrists up to elbows bilaterally Numbness appears to have resolved. Numbness persists on left abdomen from waist to underarm. Thursday and then Friday then stronger in legs . Saturday weaker in legs , lack of balance with some word retrieval relative to previous days.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1063364-1	peripheral neuropathy with no feeling in her toes, feet and up to her waist; tremors to the 5th digits to bilateral hands; imbalanced gait; severe upper back pain; Severe neck pain; transverse myelitis with significant involvement; A spontaneous report was received from a physician concerning a 70-year old, female patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced transverse myelitis with significant involvement, peripheral neuropathy with no feeling in her toes, feet and up to her waist, upper back pain, neck pain, tremors to the 5th digits to bilateral hands, and imbalanced gait. The patient's medical history included breast cancer. No relevant concomitant medications were reported. On 28 Jan 2021, the patient received their first of two planned doses of mRNA-1273 (Batch number not provided) for prophylaxis of COVID-19 infection. On 10 Feb 2021, the patient began to experience severe upper back and neck pain. The patient's pain progressed to peripheral neuropathy with no feeling in her toes and feet, and up to her waist. She also had tremors to the 5th digits in both hands. On 12 Feb 2021, the patient was admitted to the hospital. The patient had transverse myelitis with significant involvement. She had an imbalanced gait and had involvement from C3-7 and T1. She was taking high doses of steroids- Dexamethasone 10mg/day. It is believed the patient had an exacerbated autoimmune reaction and that she will require surgical repair. Action taken with mRNA-1273 in response to the events was not provided. The outcomes of the events were not reported.; Reporter's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested.

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MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1066974-1	Admitted to Hospital on 2/25/21 with 1 day of severe upper extremity weakness and numbness. Evaluated by Neurology and Neurosurgery teams and thought to be most consistent with transverse myelitis. Infectious Diseases consult and no clear preceding infectious illness.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1067377-1	Transverse myelitis, leg weakness, bladder/bowel dysfunction. Hospitalized, still recovering.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1074633-1	She was diagnosed with Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1081742-1	Myelitis transverse; A spontaneous report report was received from a physician concerning a male patient of an unknown age, who received Moderna's COVID-19 vaccine (mRNA-1273) and who developed transverse myelitis. The patient's medical history was not provided nor was concomitant medication use. On an unknown date, approximately nine days prior to the onset of the event, the patient received his first of two scheduled doses of mRNA-1273 (LOT unknown) intramuscularly for prophylaxis of Covid-19 infection. It was reported that the patient, a physician, after an extensive neurological workup, was diagnosed with transverse myelitis. His symptoms began, according to report, approximately nine days following vaccine administration. Treatment for the reported event was not provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome of the event, transverse myelitis, was considered unknown. .; Reporter's Comments: Very limited information regarding this event has been provided at this time. Further information has been requested.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1115933-1	Pt BIBA with sx of stroke, including right sided weakness and numbness. imaging suggestive of transverse myelitis vs. spinal cord infarct
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1134665-1	Transverse myelitis acute rapid onset 3/22/21 with severe right lateral mid back pain, rapidly progressing lack of bilateral lower extremity sensation and rapidly progressing within hours to complete paralysis with fecal and urinary incontinence
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1135880-1	"Seen at the walk-In clinic on 3/9/2021 where he presented with complaints of right leg weakness, numbness, and tingling. He was transferred to ER for further evaluation and management. The symptoms (numbness in his hip and thigh) began around 1400 while he was working. He went about his day. The symptoms progressively worsened while he was ambulating around the hardware store. In the ER, his sensation of his right leg was dulled as compared to the left. The numbness extended from his hip to his toes. Felt a pressure-like sensation in his thigh and calf. Denies pain. Felt as though his right foot is floating 2 inches off the ground when standing with both feet on the ground. Reported his right leg is 1-2 inches shorter after a femur fracture many years ago. Nothing made his symptoms better or worse. Did have an episode of feeling generally hot and then cold the evening prior to admission. Denied any trauma. Denied any dizziness, lightheadedness, headaches, shortness of breath, cough, chest pain, palpitations, vomiting, diarrhea, constipation, blood in stools, urinary habit changes, hematuria, dysuria, pyuria, myalgias, arthralgias, recent illness, or fever. MRI showed T2 changes on the right side of the cord down of the thoracic spine concerning for her transverse myelitis. Patient did have Covid vaccine 7 days prior to onset of symptoms, one dose mRNA vaccine. He is on day 3 high-dose methylprednisolone thousand milligrams IV +3 days. He has noticed an improvement in the pressure sensation from the knee up the thigh on the right, no longer having tingling in the right lower leg or the left foot. He is still having numbness over the anterior right thigh. Yesterday when he went to bear weight on the right heel, he had a sharp pain with increase in weakness. That has since settled down. He did have a few involuntary myoclonic movements as described yesterday. This writer reached out on 3/22/2021 for information on his Vaccine lot number. He stated ""At this point I am attending physical therapy, I am walking with the aid of crutches or a walker. There is improvement in the foot and lower leg regarding the numbness, but the upper thigh is still pretty much completely numb yet.""""
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1136997-1	Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1138845-1	Loss of sensory waist down. Numbness and tingling waist down. Weakness in legs, heaviness in the legs. Bladder and bowel problems - urinating frequently, urinary incontinence and constipation.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1152388-1	Thoracic myelopathy, likely transverse myelitis, poss. first presentation mult. sclerosis, recent covid vaccine

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MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1162115-1	Transverse Myelitis; spastic twitching in thighs; severe back and leg pain; severe back and leg pain; This is a spontaneous report from a contactable physician (patient). A 60-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1284 and expiration date not provided) via an unspecified route of administration, administered in left arm on 07Jan2021 15:00 as a single dose for COVID-19 immunisation. Medical history includes Hypertension, Gastrooesophageal reflux disease (GERD), prostate cancer and broncholith left lung. The patient has no known allergy. The patient did not receive any other vaccine within 4 weeks prior to the COVID vaccine. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included amlodipine, losartan, pantoprazole, hctz, and acetylsalicylic acid (ASPIRIN). The patient previously took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK5730) on 17Dec2020 and experienced mild numbness and tingling in arms and legs following first dose of vaccine, followed by progressive weakness in legs. On 19Jan2021, the patient developed severe back and leg pain resulting in spinal fusion surgery on 25Jan2021. Postoperatively, the patient developed spastic twitching in thighs on 31Jan2021. On 07Feb2021, he woke up with weakness and clumsiness in left hand. At post-op check for spinal surgery on 10Feb2021, the neurosurgeon recommended another MRI and mentioned possibility of Transverse Myelitis. Following this MRI on 15Feb2021, he was again admitted to hospital for more extensive work up and was admitted for 6 days. Diagnosis made of Transverse Myelitis and was started on high dose steroid treatment and was discharged to home on 17Feb2021. Since then have had profound leg weakness, right side greater than left, which severely impairs mobility, especially stairs. He completed 5 day course of 1000 mg methylprednisolone per day as an outpatient on 20Feb2021. He is in PT and is unable to predict date of return to work. The events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Disability or permanent damage. Treatment for the events included high dose steroid therapy, PT and exercise. The patient underwent COVID test post vaccination via nasal swab on 24Jan2021 and was negative. The outcome of the events was recovering.; Sender's Comments: Based on available information the reported events are unlikely related to BNT162B2. These are intercurrent medical conditions. 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1181285-1	Transverse myelitis conus medullaris on MRI
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1183773-1	Began with severe back pain on 3/04/21. I went to the ER and they checked heart because pain radiated to front. I went home and pain continued briefly the next day. By 3/6, I began to have numbness in my left leg, so again, I went to ER and they prescribed oral steroids and recommended MRI to be scheduled in back. My Monday 3/8 I was unable to walk and had no sensation from mid chest down. I could feel Pressure, but had no sense of temperature or sharpness. From that point I was admitted to the hospital. I spent a week on the 6th floor and a week on the inpatient rehab floor. They ruled out demyelinating disease that could cause the lesion that was found on my cervical spine from c6-T-2. The records indicate demyelinating disease vs post vaccine reaction. All tests for demyelinating diseases came back negative, so it is believed by the doctors that this was definitely caused by the Moderna vaccine. It caused a transverse myelitis reaction, which I am still dealing with. My walking is extremely slow, and the sensation issues persist, along with incontinence. I have all of my medical records and diagnosis for record. The hope is this will eventually correct, but for now, I am still in PT/OT twice a week.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1206284-1	Longitudinally extensive transverse myelitis, diagnosed less than a week after vaccine administration.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1212838-1	Attack of spinal cord inflammation/transverse myelitis following 1st Pfizer vaccine. Attack was on 03/12/21. He was in his usual state of health on March 11 2021. That day he went skiing and did not have any issues. He was feeling well at 10 PM when he went to bed.. When he woke up at 3 AM on 3/12/2021 to go to the restroom he noticed his right leg felt weak. He stumbled to the restroom. Then he went back to sleep. When he woke up again at 7 or 8 AM his right leg felt weaker. He noticed balance issues, gait issues and bladder urgency more than usual. He walked with difficulty using a cane and went to the ER. He realized in the hospital that he had difficulty with writing due to coordination issues in the right upper extremity with some weakness. He was having a lot of right leg spasms.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1218787-1	Initially patient felt feverish with body aches after receiving the vaccination but this improved after 48 hours. Two weeks after vaccination patient presented to hospital with ascending paresthesias and urinary retention. MRI cervical/thoracic spine with evidence of longitudinally extensive lesion from C6 distally to throughout thoracic cord. Findings overall concerning for transverse myelitis v demyelination.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1219216-1	Transverse myelitis presenting with Urinary retention and hyperreflexia as well as left sided weakness. Treated with high dose steroids

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MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1224145-1	Acute transverse myelitis; This is a spontaneous report from a contactable physician (patient). A 42-year-old female patient not pregnant received first dose of bnt162b2 (BNT162B2), via an unspecified route of administration, administered in Deltoid Left on 18Mar2021 10:30 (Lot Number: Unknown) as single dose (at the age of 42-years-old) for covid-19 immunisation. Medical history included covid-19 (prior to vaccination, the patient was diagnosed with COVID-19). Patient had no allergies to medications, food, or other products. The patient did not receive any other medications within two weeks prior to the vaccination. Patient previously received influenza vaccine (INFLUENZA VACCINE) on unknown date for immunisation and experienced vertigo (Vertigo from flu vaccine). Patient did not receive other vaccine in four weeks prior to the COVID vaccine. The patient experienced acute transverse myelitis on 26Mar2021 19:45. Event resulted in Emergency room/department or urgent care, Prolongation of existing hospitalization (vaccine received during existing hospitalization) and Disability or permanent damage. Patient was treated with Prednisone. The patient underwent laboratory tests and procedures which included sars-cov-2 test (Nasal Swab) positive on 07Jan2021 and negative on 21Jan2021. It was reported that since the vaccination, the patient has been tested for COVID-19, date and results unknown. Therapeutic measures were taken as a result of acute transverse myelitis. Patient had not recovered from the event, at the time of the report. Information about batch/lot number has been requested.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on reported event 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1236641-1	Approximately 3 days after receiving the vaccine she developed bilateral lower extremity paralysis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1246595-1	Functional neuromuscular disability left upper extremity, neuralgia left scalp and neck
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1256778-1	Pt woke up with tingling sensation in feet and numbness up to knees, progressed up to right below shoulders throughout the day. Ended up being hospitalized with transverse myelitis. Was given steroids, metoprolol, pantoprazole, heparin, and other treatments (that is all patient could recall, wasn't sure of the rest) in the hospital. Discharged, but still having lasting numbness/tingling in hands and feet.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1256967-1	Transverse myelitis, on ventilator paralyzed from chest down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1271753-1	Acute transverse myelitis resulting in T4-5 paraplegia
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1280313-1	Longitudinally extensive transverse myelitis, progressive worsening sensory changes in legs ascending to abdomen
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1290378-1	Bilateral lower extremity weakness and numbness presenting 1 week after his second dose of the vaccination. He was found to have a longitudinally extensive transverse myelitis and intramedullary hemorrhage. He unfortunately has not had any recovery of his lower extremities
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1296180-1	On Saturday, April the 3rd, my wife's left leg became numb, and she had a tingling feeling. I took her immediately to ER, where they perform CT and MRI. She was internally transferred to the hospital, where she stayed there until April the 14th, when she was transferred to (the Rehabilitation Institute) to begin physical and occupational therapy. As of today, mi wife doesn't have proprioception in neither of her legs nor her belly (she has no control on bowel and bladder).
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1300402-1	Patient symptoms interscapular back pain started 04/27/2021 upper extremeties weakness started late 4/27/2021 presented to ER on 4/28/2021 developed upper and lower extremeties weakness, urinary retention, multople imaging studies done, including MRI cervical and Thoracic spine, consistent with Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1300611-1	transverse myelitis secondary to vaccine administration of the Moderna coronavirus vaccine at the on 4/15/2021
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1311347-1	Patient began noticing increasing numbness in both lower extremities and was in the process of seeing a surgeon for lumbar spinal stenosis. She already had known DM neuropathy. She received first covid vaccine on 3/4. Lot # EN6199. She received second vaccine 3/25 Lot # ER8732. She reported five days later having bilateral leg spasms. She presented to the ER with inability to walk or move her legs and numbness from her belly button down on 4/27/2021. Thoracic MRI shows demyelinating lesion at T1-T4. Also noted to have epidural lipomatosis at T5-6 with mild to moderate spinal cord compression. Diagnosed with transverse myelitis. LP completed, Brain MRI and cervical mri completed. No evidence of MS, no infectious or neoplastic process evident as a cause thus far. Anti mog and NMO negative. It's not certain if the demyelinating lesion occurred because of the vaccine, but thus far, no other cause has been found. Treated with 5 day course of IV steroids. She remains unable to walk.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1314995-1	"36 Y male patient from another country with a past medical history significant for mild HTN (on 2.5 mg amlodipine) who was in his usual state of health until approximately 4/17/21 when he developed acute onset left volar forearm tingling sensation. He had received the Johnson & Johnson vaccine on 4/2/21 in his left arm and states that he did not experience any noticeable reactions after vaccination. He also recalls having had sustained a minor superficial scrape on his left volar forearm by a trash can lid when he had taken out garbage, which occurred very shortly before the onset of this tingling sensation. The tingling sensation then progressively worsened and became more diffuse across most of his body. He then developed fevers up to 102 at home, chills, neck pain, headache, and pain in all extremities (primarily arms but also in his legs). He initially went to the Health Care ED on 4/28/21. He was afebrile at the time and his vital signs at that time were unremarkable with the exception of elevated diastolic blood pressures (90-104 mm Hg). WBC 10.1 with normal differential, electrolytes and liver enzymes within normal limits. Influenza, RSV, and SARS-CoV-2 PCR were negative. Urinalysis showed few bacteria but no WBCs. Chest x-ray was clear. Blood cultures were drawn and patient was then discharged. Patient returned to the ED on 4/29/21 and reported fever to 102-103 d F, chills, nausea, weakness, body aches, and bilateral foot paraesthesias. He was afebrile (98.8) and his vital signs were within normal limits. His WBC was slightly elevated to 12.2 with a normal differential. His ESR was 11, CRP 1.5, CMP within normal limits. He was noted to have urinary retention and a foley was placed and he was given tamsulosin. Patient then returned to the ED again the following day, on 4/30/21, with worsening generalized pain and weakness and difficulty walking. ED course: temperature 101, heart rate 100s-110s, BP 140s-160s/70s-90s, RR low 20s, SaO2 high 90s. Labs remarkable for WBC 13.1 with 82.4% N, ESR 7, CRP 5.9, lactic acid 2.6, RF 10, urinalysis unremarkable, HIV antigen/antibody negative. Several imaging studies were performed. MRI T spine showed ""Extensive cord signal abnormality in the cervical and thoracic cord as detailed above, with associated expansion of the cord (most pronounced in the cervical cord). Differential includes acute transverse myelitis, demyelination, infection (HIV, syphilis, other viruses)/parainfectious phenomenon, subacute combined degeneration, and inflammatory etiologies. An underlying mass or masses are not excluded but less likely given extensive multifocal patchy involvement. Recommend postcontrast imaging at this time for further workup. Consider brain MR as well to assess for systemic white matter disease."" A lumbar puncture was attempted in the ED but was unable to be performed. Patient was given empiric IV ceftriaxone 1 g q24h and admitted to the hospitalist service. He was evaluated by neurology and was started on Solumedrol 1000 mg for acute transverse myelitis. 5/1/21 MRI brain showed ""Multifocal patchy white matter signal changes, predominantly in the subcortical white matter, also present in the bilateral thalami and bilateral middle cerebellar peduncle, and redemonstration of extensive cervical cord signal abnormality and expansion. No associated restricted diffusion or enhancement. Broad differential, but given pattern of involvement findings are most concerning for ADEM (acute disseminated encephalomyelitis), other considerations include other demyelinating processes, toxic-metabolic pathology, or potentially atypical viral infection."" Patient was given methylprednisolone for ADEM with transverse myelitis and clinically improved. He was hospitalized from 4/30/21 until being discharged to home in a wheelchair on 5/6/21."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1351266-1	Transverse Myelitis relapsed. I was able to use a walker, now I am back in a wheelchair. I lost about 80% of my mobility overnight.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1362595-1	Transverse myelitis with lower limb weakness and numbness. Treated with steroids and IVIG.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1367152-1	sharp shooting pain; she can barely walk; felt like she was hit with a cannonball; bedridden; to be isolated in part of her lower back and her glutes/back is destroyed/it dissipated to her lower back and glutes and is extremely painful; She can barely move/can barely move, barely get in and out of cars, barely stand up from sitting position; Arm is not sore anymore at all; transverse myelitis; barely stand up from sitting position; panic; inflammation of my lower spine; kind of distracted; difficulty with normal everyday functions; She had muscle aches/All caller's muscle are sore/she had muscle pain in all of her body; fever; Eyes weren't burning anymore/burning eyes; to be isolated in part of her lower back and her glutes/it dissipated to her lower back and glutes and is extremely painful; This is a spontaneous report from a contactable consumer (patient). A 43-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration in the arm left on 11May2021 at 15:00 as single dose for COVID-19 immunisation. Medical history included stomach issues, ongoing lyme disease (this condition started and diagnosed about 10 years ago), hay fever, dust allergy, pollen allergy, animal dander allergy, motion sickness (this condition started probably before Lyme), patient said she got sick when she goes on boat; every time she was on a boat she lost her lunch. Family medical history included diabetes, but the patient has never had diabetes. Concomitant medications included ongoing promethazine for stomach issues (it is antihistamines, nothing radical and taking it since got Lyme disease about 10 years ago), ongoing Belsvia. The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration in the left arm on 21Apr2021 at 14:30 (at the age of 43 years old) as single dose for COVID-19 immunization. The patient previously also received the flu shot several months before. No additional vaccines administered on same date of the Pfizer suspect. No prior vaccinations (within 4 weeks). No AE(s) following prior vaccinations. The patient got her second Pfizer covid vaccine on May 11 and felt like she was hit with a cannonball and was bedridden for a day. She had muscle aches on 12May2021 which she expected but now they seem to be isolated in part of her lower back and her glutes and it seems to be getting worse. Patient can barely move, sit down or stand up and it was a sharp shooting pain. All her other muscle pains have resolved. On 12May2021, patient had muscle aches which though was normal for the first couple of days and so most of the muscle aches

Symptoms	Vaccine Type	Event Category	VAERS ID	though was normal for the first couple of days and so most of the muscle aches Adverse Event Description
				went away except the patient back was destroyed that reported as worsened. Stated it was that side of the body in pain. The patient was trying to sit up right now and was having really sharp shooting pain on back. The patient figured this would have resolved itself by now. Stated she was kind of scared this might not go away. On 12May2021, patient arm was not sore anymore at all and eyes weren't burning anymore. The arm was sore day the day after receiving the second dose Pfizer Covid Vaccine, 12May2021. On 12May2021, patient had a fever and about 24 hours the fever lasted; could barely move; burning eyes that back to normal and also lasted for 24 hours. The patient can barely move after receiving second dose Pfizer Covid Vaccine, sharp shooting pains, really, really bad. The patient can barely move, barely get in and out of cars, barely stand up from sitting position. The patient assumes this was a side effect of the second dose Pfizer Covid Vaccine and was it would dissipate by now, but it was getting worse and worse. The patient stated the pain was now isolated to the lower part of her back on the gluts. All muscles were sore, started to get worse, all muscles in whole body were sore but it was now isolated to that area. That was a really big deal, patient can barely function. Thought it would get better, thought it would resolve but it is getting worse. The patient can barely stand up or sit down, that's how bad the pain was. Patient stated it was a pure, really sharp pain and the patient got stuck. The patient got stuck taking a piddle on the toilet for like 15 minutes after the patient first received the second dose Pfizer Covid Vaccine. Patient thought it would go away. All patient's muscle were sore. Noticing it was isolated in that specific area. Pretty much the patient's whole body function was like lower back, whole gluts almost, mainly on injection side. Stated all soreness in whole body, like hit by a cannon ball. The pain in rest of muscles dissipated, they felt normal but the muscles above the gluts, patient's whole function, whole body function was obliterated right now. Whenever the patient tries to move, had a sharp piercing pain. The patient tried to make sure she slept good and in good positions and everything. The patient states she was kind of distracted. Patient can barely walk, she's experiencing sharp shooting pain and difficulty with normal everyday functions (she's been bedridden because even going to the toilet was a big deal, she got stuck and was unable to get up and sit down), she's concerned because the other side-effects resolved but she got the vaccine a week ago and it's getting worse, she had muscle pain in all of her body and it dissipated to her lower back and glutes and was extremely painful. Patient also had burning eyes but this symptom went away and fever. She would like to know if anyone else has experienced anything like this and if it's normal to experience these side-effects, particularly the severe debilitating muscle pain 7 days after the second dose of the vaccine because she still has this symptom and it's getting worse. Patient said she was stuck lying in bed. She said if she switches sides she got the sharpest pain and it was like she gets it in her organs, like her lung was being punctured. Her primary care didn't know her well enough to give her anything for the pain for a couple of days. The pain was sharp, shocking. She felt like its in her hips; she can't even use toilet on her own, it takes forever. She was un-functionable and obliterated. The walking issue started a couple days after the vaccine. It was with all the muscles in her body, she was bedridden. She expected it to resolve. She said it isolated to that area, ironically her arm wasn't sore anymore, nothing else, but she was extremely sore in that area in her glutes. It was getting worse and it made her panic, she was not walking, she was handicapped, she was completely crippled. Also said the muscle pain started the day after her vaccine and went for 7 days after. The difficulty walking start day was hard to say; it was a gradual manifestation and it was not like all of the sudden she got the shot and can't walk. It was several days getting worse and now was is sort of in demise. Clarified these events occurred after her second vaccine, she had no problems with the first. Patient also stated she thought she had developed transverse myelitis, inflammation of her lower spine from the vaccine, from second Pfizer vaccine, side effect, she can barely move. AE(s) did not require a visit to emergency room, for events not being able to barely walk and being in extreme pain that resulted in physician office visit and she went to the doctor's on 17May2021. No surgeries to report. Lab data included body height was 160 cm or 5 feet, 3 inches; patient weight was like 145 pounds. The outcome of events fever, burning eyes was recovered on 13May2021. The outcome of events transverse myelitis, feeling abnormal, bedridden, Movements reduced, Pain in arm, Panic disorder, Spondylitis, Distractibility was unknown; while of the other events was not recovered.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Permanent Disability**	1373291-1	transverse myelitis; paralyzed waist down; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYELITIS TRANSVERSE (transverse myelitis) and PARALYSIS (paralyzed waist down) in a 69-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 040A21A) for COVID-19 vaccination. No medical history was provided by the reporter. Concomitant products included DOCUSATE SODIUM (STOOL SOFTENER) for Constipation. On 09-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 MYELITIS TRANSVERSE (transverse myelitis) (seriousness criteria hospitalization prolonged, disability and medically significant) and PARALYSIS (paralyzed waist down) (seriousness criteria hospitalization prolonged, disability and medically significant). The patient was hospitalized from sometime in March 2021 to sometime in 2021 due to MYELITIS TRANSVERSE, and then on sometime in March 2021 due to PARALYSIS. At the time of the report, MYELITIS TRANSVERSE (transverse myelitis) outcome was unknown and PARALYSIS (paralyzed waist down) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Additional concomitant medications included a non-specific antidepressant and rosacea medication. Treatment information was not provided. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. Most recent FOLLOW-UP information incorporated above includes: On 25-May-2021: Non significant follow up; 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.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1374459-1	Transverse Mylitus
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1375019-1	The patient developed a progressive facial diplegia and quadriparesis, mostly involving the lower extremities 3 weeks after receiving Moderna Vaccination. Initially work-up was concerning for Guillain-BarrT however LP showed significant pleocytosis with high protein, more consistent with transverse myelitis. MRI demonstrated long region of increased signal lower cervical to upper thoracic without enhancement. She showed significant improvement on high-dose steroids. She is able to ambulate without assistance at this time. She was discharged after complete her fifth day of steroids. Her speech and swallowing is improving, plans to follow-up with outpatient speech therapy.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1418336-1	"Signs and symptoms consistent with transverse myelitis/first episode of demyelinating disease. Symptoms began on 6/6/21 with circumferential numbness and tingling of lower abdomen/vulva/perineum/perianal area and over the next couple of days progressed distally down both lower extremities. By 6/10/21 she also had numbness and tingling of her right upper extremity and over the next 2-3 days she developed numbness and tingling of her left upper extremity and some ""clumsiness"" (banging into things, dropping things.) After MRIs were done (see below) she was treated with 5 days of IV steroids and had significant improvement in her symptoms."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1430351-1	Muscle weakness, nerve damage, burning in legs, numbness/tingling in legs, numbness/tingling feet and hands and arms, severe cramping - cannot walk for more than a few minutes. Treatment will involve Solumedrol steroid injections, Tizanidine muscle relaxers, and Meloxicam inflammatory medication.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1433882-1	Patient obtained 1st pfizer vaccine on 4/24/21 and then started having symptoms of cervical transverse myelitis on 5/1/21. A 2nd pfizer vaccine was received on 5/15/21. A 1.5T MRI of her cervical spine on 5/18/21 diagnosed cervical transverse myelitis which was confirmed with a 3T MRI cervical spine on 5/18/21. Patient hospitalized on 6/26/21 for IV solumedrol 1 gram daily x 5 days for treatment of cervical transverse myelitis. CSF and additional MRIs obtained.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1443938-1	After 1st dose, 2 weeks after, Pain in right arm with tingling in right hand After 2nd dose, 1 week after, experiences full paralysis of right side (arm and leg) and trunk, 80% paralysis on left side (arm and leg) Diagnosed with Tranverse Myelitis, Inflammation of my Cervical spine, C2-C7
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1485401-1	Patient started to develop numbness around the upper body 2 weeks after the vaccine (mid-April). Later the numbness and tingling progressed to lower extremities (by July). Patient later found to have transverse myelitis involving T4 spinal cord on MRI. Strong suspicion that the transverse myelitis was triggered by immune reaction from Pfizer vaccine.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1493606-1	6/7/2021 DAY 12 POST VACCINE, BOTH ARMS FELT TINGLY AND NUMB ON AND OFF. 6/12/2021 WENT TO URGENT CARE IN THE MORNING WITH VERY SORE BACK. SENT TO ER. TREATED WITH MUSCLE RELAXER FOR PINCH NERVE IN NECK. A FEW HOURS LATER, HE SUDDENLY COLLAPSED AT HOME UNABLE TO MOVE. TRANSFERED TO ER VIA AMBULANCE. IN ER ALL NIGHT. TRANSFERED 6/13 WHEN AMBULANCE WAS AVAILABLE. NOW HE IS COMPLETELY PARALYZED FROM HIS NECK TO HIS TOES. AFTER MANY TESTS AND EXAMS, HE WAS DIAGNOSED WITH TRANSVERSE MYELITIS. HE REMAINED AT MEDICAL CENTER FOR 3 WEEKS. THEN TRANSFERED TO WHERE IS REMAINS.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1493826-1	Transverse myelitis, with symptom onset around 6/22. Symptoms began with bilateral lower extremity weakness and pain, and then progressed to constipation and concomitant bandlike abdominal pain.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				"Around the 5th of May, 2021, Pt felt a numbness sensation in her right hand that radiate it up her arm. 1 week later, the numbness presented in her left hand as well following by a tingling. The numbness and tingling wrapped around her chest making it difficult to breath. Pt was taken to the hospital and went into the ER. They misdiagnosed her with a Pulmonary Embolism. Pt started to feel excruciating neck pain which cause an inability to sleep during this time. The doctors decided to do an MRI scan of her cervical spine. The doctors saw that she had lesions on her spine. The treatment in the hospital was blood thinners for the misdiagnosed Pulmonary Embolism and a low dose steroid as well for the inflammation of her spine. 10 days after Pt was admitted into the hospital. Once at hospital, Pt was admitted into the ICU. The staff did an MRI of her brain, cervical and thoracic spine, and a lumbar puncture. That's when the doctors diagnosed her with Transverse Myelitis. Here are some notes from the Doctors, ""22 year old female without significant past medical history who was transferred to center for further evaluation of right upper extremity numbness and weakness. Here, the patient underwent completion MR imaging which confirmed a large, vertically extensive cervical cord lesion, and a lumbar puncture. The patient was started on pulse methylprednisone with marked improvement of her right upper extremity symptoms. The patient has a very large lesion involving the majority of the cervical cord. The main differentials are a significant demyelinating event and malignancy. Covid19 vaccination. Of note, patient received the Johnson & Johnson...If this ends up being a demyelinating event, this probably should be reported."" Medications given at center are Tylenol 325mg PO 2 pills every 6 hours for headache. CARBAMAZEPINE XR 100mg PO 1 tab twice a day for spasms due to working diagnosis. Enoxaparin 40mg/ 0.4ml x 0.4ml syrn injected underneath skin daily for misdiagnosis of PE by the doctors (discontinued due to Doctors reasonable conclusion that there was no CLOT whatsoever.) SOLU-Medrol 1g IV daily. Pt was then MEDEVAC to different enter on the 27th of May, 2021. Pt was hospitalized at center for 4 days with follow up appointments for Occupational therapy, physical therapy, Immunology, Hepatology. Pt felt the same symptoms such as Numbness and weakness in right hand, tingling sensation in left hand digits, spasms and tremors. The Doctors note reads, "" Patient with evidence of primarily central T2 hyperintensity spanning greater than 3 vertebral segments in both cervical and thoracic cord with corresponding right upper extremity mono-paresis and sensory changes to multiple modalities... The highest suspicion was for an autoimmune etiology such as NMOSD."" Previous medications that were given at previous center were discontinued and the new medications are as follows: predniSONE 20mg PO with tapering of steroids included for Transverse Myelitis. Gabapentin 300mg PO 1 pill twice a day for nerve pain. PROTONIX 20mg PO 1 tab everyday for GI protection due to steroids being harsh on the stomach Tylenol 325mg PO take 2 tabs every 6 hours PRN for pain. Rituximab 1g IV. Pt flew back to her home on the 9th of July, 2021. During this time till now she has been feeling the same symptoms as described before. Numbness and weakness still in her right upper extremity, painful spasms, inability to sleep, left upper extremity beginning to show weakness as well. Through all these events it is without a doubt that this has taken a toll on her body, both physically and mentally. Pt while here at home station saw a civilian Doctor named Dr. who is rheumatologist. He was taking up the decision whether to allow the second dose of Rituximab for Pt. He did his own exams and wrote his own notes apart from the military providers. He questions whether Pt has NMOSD or MOGAD. In his notes he questions whether there is a relationship between this acute illness and the J&J vaccine. I, a (spouse), write this from Center as Pt and I sit here because of another ER visit due to worsening symptoms. She is currently waiting to be discharged from the hospital. She received another treatment of steroids IV to combat the inflammation of her spinal cord with another MRI being taken on Friday the 30th of July 2021. The MRI showed a new lesion on her cervical spine which was behind the reason of her intial visit to the ER, neck pain. I believe the J&J vaccine triggered something in Pt body to cause this disorder to arise prematurely. Of course the question is when was it supposed to happen? I wrote this because she told me she did not feel right two hours after the J&J vaccination was administered to her. With the recent news articles of J&J vaccine and the side effects of GBS or Guillain-Barre syndrome appearing, I knew this report had to be made. I thank you for your time for reading this report and please feel free to contact me."
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Permanent Disability**	1522831-1	
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Permanent Disability**	1534765-1	Transverse Myelitis- temporary paralysis, intense pain, muscle spasms, bladder retention, 4 UTIs in 3 months, physical therapy to regain mobility which is still limited. Doctors indicated recovery will take 6-12 months.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Permanent Disability**	1549286-1	Patient developed progressive weakness and numbness of both legs, unsteady gait, bowel/bladder dysfunction two weeks following vaccination; patient developed altered sensation below spinal level T2. MRI spine showed abnormal signal consistent with probable transverse myelitis involving C3 to T10 levels; CSF with elevated WBC and protein also consistent with transverse myelitis. CSF negative for infection or other abnormalities. Patient is responding well to IV methylprednisolone with steady improvement.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Permanent Disability**	1605722-1	Transverse Myelitis requiring IV solumedrol 1000 mg daily x 5 days then 32 mg oral BID weaning by 4 mg daily until off (last dose 4/20/21) Hospitalized x 12 days including rehab being discharged with a walker and previously fully ambulatory 8 weeks physical therapy Off work x 7 weeks Continue to require muscle relaxer at HS Effect to right leg with tightness, numbness to right axilla and side, pain at T1 area to right anterior and posterior, gait effected , but improving with no support Confirmed was not MS Treated for Guillain Barre post flu vaccine in 2013
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Permanent Disability**	1617706-1	Transverse myelitis - started after receiving unknown COVID 19 vaccine in 4/2021.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Permanent Disability**	1628183-1	Lose of urine and bowel. Pins/needle and numbness down legs and feet. Lots of pressure on feet. Difficulty walking.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1632364-1	Transverse Myelitis developed 4 months s/p second shot
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1644538-1	Transverse myelitis; being paralyzed; not receiving 2nd dose of the Moderna COVID19 vaccine; This spontaneous case was reported by a consumer and describes the occurrence of PARALYSIS (being paralyzed) and MYELITIS TRANSVERSE (Transverse myelitis) in a 27-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 054c21a) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was reported. Concomitant products included ANTIDEPRESSANTS for an unknown indication. On 05-Jun-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 29-Jul-2021, the patient experienced PARALYSIS (being paralyzed) (seriousness criteria hospitalization, disability and medically significant). On an unknown date, the patient experienced MYELITIS TRANSVERSE (Transverse myelitis) (seriousness criteria hospitalization, disability and medically significant) and PRODUCT DOSE OMISSION ISSUE (not receiving 2nd dose of the Moderna COVID19 vaccine). At the time of the report, PARALYSIS (being paralyzed) had not resolved, MYELITIS TRANSVERSE (Transverse myelitis) outcome was unknown and PRODUCT DOSE OMISSION ISSUE (not receiving 2nd dose of the Moderna COVID19 vaccine) had resolved. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was withdrawn on an unknown date. It was reported patient had multiple tests in the hospital. No concomitant medications were reported. No treatment information was provided by the reporter. Company Comment : 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1654158-1	Immediate lower back pain and thigh pain on injection Ongoing pain (back and nerve) Onset of numbness, nerve pain, and weakness in bilateral legs. Hospital stay started August 17th Diagnosed with Transverse Myelitis after 6 days. Numbness and extreme weakness in legs. Unable to walk without assistance. Treatment is still in progress.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1659022-1	On July 3 I woke up with my right leg feeling numb. When taking shower I felt weird sensation. In a few hours right leg, rom waist down, felt stiff, as if tightly wrapped in cloth. I was unable to walk or stand. I was taken to ER. After multiple MRI, after a week, it was diagnosed as Transvers Myelitis. Doctor gave me a 5 day course of Solumedrol. I now take Baclofen - three times a day. I was given D3 and B12 supplements. I was advised physical therapy. As of now (August 31) I have good strength and motor skills. I can walk. However weird sensation (tightness in thigh and toes, tingling on touch) sensation continues.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1665737-1	Transverse Myelitis, paralyzed from waist down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1670389-1	acute transverse myelitis impacting cervical and thoracic spine
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1682613-1	I started developing Transverse Myelitis on August 22nd 2021(30th day after my second covid shot). It started with weakness (numbness, tingling, lack of sensation, difficulty to walk) on toes, feet, legs, thighs and reached upto abdomen. MRI of spine showed 2cms inflammtion on Throacic part. I am still on treament for it having doctor appointments etc. Consutled my PCP and My Neuro.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1689034-1	Seizure, transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1693388-1	Pt had her first Shot of Moderna on 1/21/2021 and her second shot on 2/18/2021- Lot # 024M20A. She also had a Td on 4/12/2021 Lot # A132A1. She is unsure exactly when her first symptoms started but around July she had a tight circumferential feeling around chest. Symptoms progressed through August and she developed numbness in toes that worked it's way up to her chest. She went in for an Emergency MRI and was diagnosed with Transverse Myelitis and also Multiple Sclerosis. She had 3 lesions total and was told this was caught early. This may or not be related to a vaccine but since transverse myelitis can develop after a vaccine I am reporting it.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1696569-1	Diagnosed with transverse myelitis on March 29, 2021. Hospitalized for 2 weeks with loss of mobility in both legs, numbness, tingling, stiffness. Followed by 2 weeks of residential rehab with PT and OT. Regained mobility with continued spasticity and neuropathy. Continued out-patient PT.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1711506-1	Myelitis transverse; Paralyzed; her knees down to her feet into her toes stayed on fire now; This is a spontaneous report from contactable nurse (patient). A 75-year-old female patient received the 2nd dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech), intramuscular administered in arm right on 06Feb2021 10:10 (Lot Number: EL9264) as DOSE 2, SINGLE for COVID-19 immunisation. Medical history included spinal operation from in Jan2020 (not ongoing). The patient's concomitant medications were not reported. Previously the patient received the 1st dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech) (Lot# 2L3302) on 05Jan2021 at 75 years for COVID-19 immunisation with no adverse effect. In Mar2021 or Apr2021 the patient became paralyzed. The event caused patient's hospitalization for 2 days and they did MRI and CT scan. Both tests came out normal. She was told her spinal cord was wide open and hardware looked good. The event also required emergency room visit and physician office visit (neurologist). On 27Jul2021 she saw the neurologist which diagnosed her with transverse myelitis with outcome of unknown. She could walk now, she was diagnosed transverse myelitis from the vaccine. Treatment included physical therapy. She reported that below her knees down to her feet into her toes stayed on fire in Aug2021 with outcome of not recovered, and she had testing done another MRI. She also had a test in Aug2021 on her muscles and nerves, she does not know the name of the test.; Sender's Comments: Based on the information in the case report and a plausible temporal relationship, a possible causal relationship between the events Transverse myelitis, Paralysis and suspect drug BNT162B2 cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1736043-1	Weakness in arms that moved to legs. Hospitalized and diagnosed with transverse myelitis after 2 weeks. Not leg function.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1802749-1	Transverse Myelitis, steroids
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1813999-1	ON APRIL 20 PATIENT WOKE UP WITH TINGLING AND NUMBNESS ON FEET . IT WAS 4 WEEK AND 3 DAYS SFTER RECEIVING SECOND DOSE OF PFIZER VACCINE
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1842879-1	Admitted to Hospital 10/27/2021 Diagnosed with Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1857657-1	1. Stroke in the Cerebellum 2. Transverse Myelitis at the top of my spine
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1867996-1	Transverse myelitis, with numbness and tingling in the feet and legs, then pain, numbness, and tingling in his back, followed by similar symptoms in his upper extremities.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1894441-1	10-16-21 Admitted to Hospital via ER, complaining of numbness from the waist down, difficulty walking and balancing. given muscle relaxer and oral steroids' 10-20-21 Admitted to Hospital per Dr. Given blood thinner, IV Steroids' treated for Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1903643-1	She nowhas Transverse Myelitis; Paralyzed from the waist down; This spontaneous case was reported by a consumer and describes the occurrence of MYELITIS TRANSVERSE (She nowhas Transverse Myelitis) and PARALYSIS (Paralyzed from the waist down) in a female patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 21-Aug-2021, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYELITIS TRANSVERSE (She nowhas Transverse Myelitis) (seriousness criteria disability and medically significant) and PARALYSIS (Paralyzed from the waist down) (seriousness criteria disability and medically significant). At the time of the report, MYELITIS TRANSVERSE (She nowhas Transverse Myelitis) and PARALYSIS (Paralyzed from the waist down) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. It was reported that we have acquired numerous hospital bills and now have to modify our home and vehicle. This case concerns a female subject of an unknown age, with no relevant history reported in this case, who experienced the serious unexpected events of Myelitis transverse (AESI) and Paralysis. The events occurred of an unknown date for an unknown date and schedule of administration of mRNA-1273 vaccine. The rechallenge is unknown for the events since no information about the dose sequence is provided. At the time of the report the outcome of the event was Unknown. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This case concerns a female subject of an unknown age, with no relevant history reported in this case, who experienced the serious unexpected events of Myelitis transverse (AESI) and Paralysis. The events occurred of an unknown date for an unknown date and schedule of administration of mRNA-1273 vaccine. The rechallenge is unknown for the events since no information about the dose sequence is provided. At the time of the report the outcome of the event was Unknown. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1903896-1	Transverse myelitis numbness in lower extremities paralysis in lower body from hips to feet from July to present
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1923810-1	Shingles that ended up causing Transverse Myelitis I was in the hospital for a week and still have a lot of health issues associated with the Myelitis.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1932105-1	Began with sudden worsening of baseline cognitive deficits about 1 month after the vaccine. Progressed to increased clumsiness and falls by June 2021. Falls escalated by August 2021 and he was seen multiple times in Neurology clinic. MRI was ordered. Ultimately diagnosed with transverse myelitis with a large lesion extending from T2-T12 and patient is now paraplegic with severe neuropathic pain in the feet. He has undergone two rounds of high dose steroids without benefit. He is approximately 6-9 months from symptom onset and has not made any progress, unable to ambulate, unable to move legs.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1932128-1	Presented to ER 9/2021 with complaint of scrotal numbness and bilateral lower extremity numbness. MRI of the lumbar spine was negative at that time and he was diagnosed with possible GBS. He was referred to neurology clinic and seen 10/2021 at which time he had persistent numbness in bilateral lower extremities and hyperreflexia. MRI of the cervical and thoracic spine revealed lesion extending from T5-T6 consistent with likely transverse myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1933606-1	Patient presented to emergency department on 9/22/2021 for sudden onset bilateral lower extremity weakness and paralysis. Patient reports she received her first dose of the Covid vaccination about 2 weeks prior to admission. After that, she started to note bilateral lower extremity cramping which she thought was due to low potassium and did not have any pain. She states it was not particularly bothersome otherwise. The morning of admission, 9/22/21 she woke up feeling her usual self and was able to go around and through her normal routine, but after she sat down later in the morning on a chair, she felt like her legs became completely flaccid and she could not move them. An initial MRI of the lumbar and thoracic spine showed multiple areas of stenosis but no acute findings. On evaluation by neurosurgical specialists, patient had flaccid paralysis in both lower extremities at about the T12 level with decreased rectal tone. Patient was soon after evaluated by neurology specialists where Guillain-Barre syndrome was felt to be likely diagnosis and patient was started on IVIG. A spinal tap was also performed which was potentially suggestive of bacterial meningitis despite patient showing no systemic symptoms suggestive of meningitis. Patient was started on empiric antibiotics, however further testing was negative and antibiotics were discontinued at the guidance of Infectious Disease specialists. A repeat MRI on 9/26/21 of TSpine showed Transverse Myelitis of T10-L1. Neurology consultation again weighed in and recommended high dose steroids and continuing IVIG. Patient ultimately completed course of both of these, will minimal improvement in symptoms. Patient was discharged to inpatient rehabilitation facility on 10/4/2021, and at the time of discharge remained without all sensation from bilateral knees down, decreased sensation from hips down to knees and no mobility in bilateral lower extremities. Patient improved in their functional status throughout rehabilitation stay however remained with lower extremity paralysis. Patient continued to improve and was deemed stable to discharge to skilled nursing facility on 10/27/21.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1952139-1	Developed lower back pain at L5S1 within 2 days of the vaccine. Developed urinary incontinence 5 days after Vaccine. Diagnosed with TRANVERSE MYELITIS.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1958761-1	The day after the vaccine, I could not walk because my knees kept collapsing. I had very very sharp pains in my legs, arms, shoulders, hips, and feet. Burning sensations in my legs. I also started with shortness of breath. I had muscles spasms in my legs causing involuntary movements. This last until the beginning of May and the pain subsided somewhat. To this day, I still get sharp pains in my legs and cannnot stand more than 10 minutes without a lot of pain.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1963338-1	acute transverse myelitis, plasma treatment, steroids, paralized from neck down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1966295-1	Thursday: day of vaccine began to feel a knot/ball in the middle of my stomach underneath my belly button. Took a Tylenol to relieve the pain and took a nap, the stomach cramp pain woke me up and I once again took a Tylenol and went to bed because I felt sick, tired and week. On Friday and Saturday, I still had the stomach cramp, difficulty time breathing, I had a hard time getting out of bed because my waist was hurting, my legs felt heavy and I had a hard time walking. The stomach cramping, leg heaviness, tingling, inflammation, numbing, and back pain got more intense and I had a difficult time moving and breathing. I would get winded walking from one room to another. I spent most of my afternoon sitting down or laying down to rest because I felt sick, tired and very weak, I took Tylenols during the day to see if the pain would go away. By the end of the day, I was having more cramping, difficulty breathing, my legs felt very heavy, numbed, tingling, inflammation and my feet felt as if I was walking on jelly. I had to get help to stand up and walking. On Sunday, the stomach cramp went away, I still would loose my breath when I would walk from one room to another, the tingling, numbness, inflammation, leg and feet heaviness was worse. On Monday, I called clinic and talked to an advice nurse and told her my symptoms and she urged my to go to the nearest ER. I went to the closest ER, where the nurses had to come out to help me walk inside the hospital, because they had no available wheelchairs and I was not able to walk in. I was admitted and they did blood tests (all came out normal, an CT Scan of my head and the ER doctor tried to do a Spinal tap. I was in the ER for a day and then transferred by ambulance to another hospital. Once at hospital they did a MRI of my spine, Ultra Sound to check for any blood clots, blood tests (all came out normal), was in the hospital for a week

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1975058-1	Got my Booster 10/21/2021. On December 7th 2021, I experience sharp excruciating pain in my left hip. Within an hour it radiated down my lower back and down both legs. Within 2 hours both legs were numb, couldn't pass urine or # 2. Was taken to Hospital. Couldn't walk.Hospital did a CAT scan and said I needed to be transferred where they had a Neurosurgeon and Neurologist. Was transferred. 3 MRI, not structural damage to my spine. Blood test ruled out most know neurological diseases - Lyme disease, MS, Lupus, Untreated STD's Aids etc. MRI of my spine with contrast noted inflammation one the Lumbar area of my spine. Spent 6 days in the hospital- IV steroids was main treatment. Still experience numbness in both legs soles of my feet and buttocks and groin area. walking with difficulty. Upper area of my body in unaffected from the waist up. Follow up care with Neurologist, PT, Urologist, and Opthalmology. Diagnosis - Acute Transverse Myelitis without underlying disease. I am still unable to walk and return to my normal life as of the time of typing.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	1989251-1	Patient developed bilateral leg weakness, foot numbness, urinary retention, and abdominal hyperesthesia. MRI showed findings consistent with Guillan Barre Syndrome / transverse myelitis. He is currently being admitted to the hospital for further work up.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2011399-1	Sudden Pain in the lower back, lesson L4 and L5, inflammation of transverse myelitis, numbness of legs, loss of motor movement in the right leg, not currently walking.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2019828-1	diagnosed with transverse myletis on 09/20/2021 - symptoms - could not get out of arm chair by himself - trouble walking - legs turned to jelly and caused him to collapse onto the floowr- twice - extremely dizzy - awful hacking cough and sounds like regurgating - started on may 16, 2021 - took him to pc doctor - gave him cipro (suspected uti or bladder infection - legs gave out again - went to emergency room o5-19-2021 - also suspected bladder / cipro caused low pottassium - kept in hospital for 3 days - physical terapy - did not help - went to numerous doctors - no help for problems - now no control of bladder - showers with sitting in a chair with help from me / cannot put socks or shoes on by himself - problems walking - bought walker had to buy chair lift - wears many depends daily - seeing nurosurgeon now - had ct scans/mris/ xrays to try to help him recover to some normalcy of everyday life
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2038492-1	On 10/1/2021 (patient) began dropping things due to numbness in fingers and lateral hands. Symptoms greater on right. On 10/8/2021 forearms began numbness and tingling bi-laterally. These symptoms continued until 11/23/2021 at which time patient was blanketed with numbness, tingling, burning, and pain from chest line down and through toes. Symptoms greater on right. By 11/29/2021, the numbness continued upward to include bi-lateral groins, perineum, buttock which intermittently caused patient to not feel the urge to urinate causing incontinence of urine. Upper extremity symptoms continued as well. Patient continued dropping things and symptoms worsened to include severe risk of falling. This caused patient to have to walk with a walker. On 12/6/2021 patient went to PCP APRN whom noted that Patient in lower extremities severely with numbness and tingling to the point where she could not feel them. This led her to re-call her PCP, to which APRN advised patient to go to the hospital. On 12/10/2021, the ER admitted patient into the hospital X 2 weeks with diagnosis of transverse myelitis (TM). During the 2 weeks, patient received mass dose of Steroids i.e. 1,000 mg x 5 consecutive doses. She also received Plasmapheresis x 5 treatments over 10 days. Patient was discharged home with diagnosis of TM and is on several new meds, PT and OT 3x week and numerous doctors visits. Current Status: patient is unable to walk without a walker and/or drive, d/t bi-lateral leg burning, tingling, and pain. Patient also has difficulty picking items up and holding onto said items d/t upper extremity involvement d/t the CNS - sensory system being affected by the demyelinating lesions. Patient is at EXTREME RISK for skin injury. Patient is at times incontinent of urine, just as she was while admitted in hospital.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2051210-1	4/28/21: numbness in left arm 4/29/21: fever, nausea, fatigue, heart palpitations, chest pressure, shortness of breath, numbness in limbs, panic attacks, black spot in vision 6/9/2021: stomach ulcers, burning/ nerve pain in pelvis and hands 7/24/2021: severe nerve pain (sharp, burning, prickling, shooting) in hands, feet, pelvis, spreading to chest, mouth, and eyes, bladder pain, urinary retention, weakness in left leg, limping
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2066886-1	After completion of the second vaccination dose, patient developed back pain a few weeks later. Approximately 3 months after completion of second vaccination dose, patient developed idiopathic transverse myelitis which has resulted in permanent lower extremity paralysis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2079322-1	Thoracic transverse myelitis versus spinal cord infarct
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2080060-1	Moderna COVID vaccine - 1 dose in March 2021 and 1 dose in April 2021. In June 2021, pt diagnosed w/ Epstein-Barr virus. Then starting 11/1/2022, pt developed transverse infectious myelitis, L4-L5 vertebrae. Hospitalized 3 times. numbness in muscles on most of body making him unable to walk without assistance or perform activities of daily living, fecal and urinary incontinence, high fevers, shivering, and UTI with pseudomonas aeruginosa, kidney stones, ureter stent (now removed), multiple IV courses including Zosyn (3 courses). Pt has had 2 ablations for Atrifal Fibrillation since being vaccinated for COVID. Pt has home health care coming in for activities of daily living, physical therapy coming to home, psychology consult for depression coming up. Pt just got IV line PIC line put in for cefepime antibiotic infusion therapy to be given at home.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2091816-1	New Onset Multiple Sclerosis with transverse myelitis with initial presentation. Onset 1 week after shot. Progressed 2 months later.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2095709-1	Alodynia began in back of thighs with severe dysuria. Alodynia progressed to constant burning and aching involving both lower extremities symmetrically then up to the umbilicus level. Then right inferior ribs. No rash or UTI. Autonomic symptoms included sphincter dysfuction, sexual dysfunction and heat intolerance. Low back pain. Anxiety as pain was extreme . MRI showed enhancement of conus and thoracolumbar nerve root ganglia. Spinal tap elevated WBC, protein. MS panel, Lyme, etc all neg. Metabolic profile negative. Neurology Dx Transverse Myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2110398-1	Transverse Myelitis/ Guillan Barre Syndrome, Full paraplagia LEs. Fecal/urinary incontinence.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2122888-1	Beginning on 10/16, patient developed fever and fatigue. this resolved over several days, fever was gone by 10/19. On 10/20, develoed blurred vision, short term memory loss (could not remember driving to work, lightheadedness and tingling in hands and feet. was evaluated in the ER. Over the course of next few days, developed pain and parasthesias in both legs and arms, myalgias, neck pain, back pain. Was admitted to the hospital on 10/27 for suspected transverse myelitis. workup essentiall unremarkable, but symptoms persisted. continued with headache, weakness in arms and legs, balance difficulties. As of November 2021Requiring a cane to ambulate, extreme fatigue, persistent tachycardia. She has been evaluated by neurology and cardiology, work-up still ongoing. she subsequently developed herpes zoster in early February 2022. Patient's symptoms have persistent without improvement, continues to be disabled from employement
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2124185-1	Pt developed paresthesia in lower extremities and was admitted inpatient at local hospital and diagnosed with Transverse Myelitis bilateral Lower Extremities; April 15, 2022.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2138049-1	Left leg numbness left abdomen numbness. Hospitalization. Tests and MRI scans dx transverse myelitis. 5 days IV steroids. Numbness continues on left full leg.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2162059-1	12/20/21 - I received the Pfizer COVID booster shot at the pharmacy at approximately 11:40 AM. 12/22/21 - I felt a tightness in my stomach, as if there was a tight band around it. 12/23/21 - I had numbness and tingling from my stomach down to my ankles which made it very difficult to walk, stay balanced and get up from a seated position. 12/24 - 12/26/21 - I had trouble standing, walking, walking up/down steps and getting up from a seated position. 12/26/21 - 1/5/22: I went to Urgent Care at approximately 8:00AM and was told to go to emergency room immediately. I went to the Hospital and was admitted. According to multiple Neurologists they determined it was an atypical case of Guillain-BarrT Syndrome and Acute Transverse Myelitis; typically both diagnoses start from the feet and work their way up, but mine did not - so the doctors were not fully sure of the cause. I was given a couple of different treatments that typically help with GBS and ATM. Treatments I received were 3 doses of gamma globulin injections, as well as 5 doses of Dexamethasone steroids. I received both physical and occupational therapy to help build my strength but since I did not have feeling in my knees and legs, I had randomly fallen while standing with a walker or while exercising. 1/5/22 - 2/4/22: I was then transferred to Rehab on 1/5/22. I was seen by their neurologist and team of doctors while receiving physical and occupational therapy. Starting on 1/8/22 I received 5 doses of Prednisone Steroids for Acute Transverse Myelitis. The neurologist could not exactly pinpoint what diagnosis I have but they believe that it is Acute Inflammatory Demyelinating Polyneuropathy / Paresthesia of the Lower Extremities which is a type of Guillain-BarrT Syndrome. 2/4/22 - Present: I left Rehab on was working with Home Care PT / OT from 2/4/22 - 2/16/22. I am going to outpatient neuro-PT, two times a week at (Privacy) Rehabilitation (my parents will be driving me), as well as exercising at home to regain strength. I am still feeling the numbness/tingling in my legs and knees, along with having back pain, difficulty going up and down stairs, difficulty walking smoothly with the walker, not being able to get up from a seated position, (especially seats without armrests), difficulty balancing and being unable to drive. I have not returned to work due to these circumstances and do not know when I will be able to return.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2162639-1	My wife had booster vaccination on Feb 07, 2022. Next day she felt numbness in her toes and then next day the numbness was in her both feet, which next day travel towards her legs and the abdomen and then chest. Now power of her left leg is 0/5 and right 2/5. The diagnosis at first was transverse myelitis, which after MRI confirmed as Longitudinally extensive transverse myelitis (LETM). And after positiove AQ4 anti bodies test it is diagnosed as Neuromyelitis optica Spectrum Disorder(NMOSD). As per doctors It is very likely due to Pfizer Covid 19 booster. And I am sure it is due to Pfizer Covid 19 booster vaccination. Please help us to treat the disease which is occurred as result of Pfizer Covid Booster.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2189272-1	I had COVID in July of 2020. My workplace, the Medical Center, mandated the COVID vaccine. Approximately two weeks after having the second vaccine, I developed extreme fatigue. On April 1st, 2021, I developed right eye heaviness and pain to the back, right side of my head. Over the next couple of weeks, the pain turned in to sharp, stabbing pain and I started to lose my vision in my right eye. I was diagnosed with Optic Neuritis and had IV steroids and Plasmapheresis. In July of 2021, I was diagnosed at Clinic by doctor with Neuromyelitis Optica Spectrum Disorder and Transverse Myelitis. *This is an abbreviated version of my health journey that continues to negatively disable me to this date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2238592-1	Diagnosis - Transverse myelitis

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2260576-1	Swelling of ankles and ankle pain one week after 3rd dose(booster). Treated with 6 days of steroid by primary care doctor. Symptoms resumed after steroid with additional pain throughout the trunk and legs. Referred to Rheumatologist. 12 days steroid and pain resolved and resumed after steroids. Numbness pain and tingling began in late February. Additional steroid resolved pain. Numbness and tingling continued. Rheumatology referred to emergency room and neurology. MRI of spine and spinal tap showed spinal inflammation and lesions. Hospital admission for 10 days. Received ivig and high dose steroid. Diagnosis is transverse myelitis. Continued treatment with steroids, baclofen and pegabalin. Numbness and tingling continues. Physical therapy prescribed. Symptoms remain as of current date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2262341-1	left upper thoracic transverse myelitis with left leg weakness with improvement after IV solumedrol (still with hemiparesis as of 5/3/22 but improving slowly)
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2278369-1	transverse myelitis approximately 1 week after Pfizer dose in this patient without past medical history; treated with 5 days of methylprednisolone 1g daily with complete resolution of symptoms; symptoms recurred 2 months ago which also resolved with steroids, and again one week ago, currently resolving with steroids but with MRI results showing multiple sclerosis (demyelinating lesions that remit and relapse in different and multiple locations)
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2318770-1	Onset complete transverse myelitis 3/4/22. Treated with IV steroids, plasma exchange, IVIG with significant but incomplete recovery to date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2334951-1	Was diagnose with transverse Myelitis; This spontaneous case was reported by a patient and describes the occurrence of MYELITIS TRANSVERSE (Was diagnose with transverse Myelitis) in a 57-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 057M21A, 032L20A and 026L20A) for COVID-19 vaccination. No Medical History information was reported. On 17-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 14-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In November 2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 30-Apr-2022, received fourth dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 04-May-2022, the patient experienced MYELITIS TRANSVERSE (Was diagnose with transverse Myelitis) (seriousness criteria disability and medically significant). At the time of the report, MYELITIS TRANSVERSE (Was diagnose with transverse Myelitis) had not resolved. Patient took second booster on 27 Apr 2022, and by 4 May 2022 patient had right foot drop, right sided numbness, and right leg could not stand up, and was diagnose with Transverse Myelitis, and patient was handicap. Patient stated that patient was hardly walk, and her right leg was numb. Also patient was the picture of health work out every day, did not smoke or drink or was fat, and one day could not walk, the leg drag, had trouble urinating , and moving bowel, and everything was form Moderna. Also she reported to the CDC. Adverse event caused patient to seek medical care (office visit, Urgent care, ER, hospitalized). Patient symptoms was worsened. Company comment: This is a spontaneous case concerning a 57-year-old, female patient with no reported medical history and with vaccine history of receiving first, second and first booster dose of mRNA-1273 vaccine, who experienced the unexpected serious (disability and medically significant) AESI event of myelitis transverse. The event occurred approximately 4 days after the second booster dose of mRNA-1273 vaccine administration. Allegedly the events were described as, patient experienced right foot drop, right sided numbness, right leg could not stand up, leg drag, can hardly walk and had trouble urinating and moving bowel. Patient sought consult and was diagnose with transverse myelitis. It was reported that the patient was now a handicap. No other information surrounding the event was reported. The outcome of the event was reported as not resolved. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This is a spontaneous case concerning a 57-year-old, female patient with no reported medical history and with vaccine history of receiving first, second and first booster dose of mRNA-1273 vaccine, who experienced the unexpected serious (disability and medically significant) AESI event of myelitis transverse. The event occurred approximately 4 days after the second booster dose of mRNA-1273 vaccine administration. Allegedly the events were described as, patient experienced right foot drop, right sided numbness, right leg could not stand up, leg drag, can hardly walk and had trouble urinating and moving bowel. Patient sought consult and was diagnose with transverse myelitis. It was reported that the patient was now a handicap. No other information surrounding the event was reported. The outcome of the event was reported as not resolved. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Permanent Disability	2341797-1	"""This is a 71-year-old gentleman very healthy and not on any medical treatment who received some vaccination 2 weeks ago and 3 days after that started noticing weakness and numbness in his lower extremity. He was evaluated at the first facility and after imaging was discharged home. Since his symptoms progressed he went to another facility and underwent an MRI scan of the cervical spine that showed cord abnormality consistent with transverse myelitis. He was started on high-dose IV Solu-Medrol 1000 mg for 3 days. Also received 60 mg of prednisone. Hospitalist at that facility spoke with a specified university and they recommended transfer to our facility for possible plasmapheresis/neurology consult. After patient arrived here with urology back the patient recommended plasmapheresis. However there was no dialysis nurse available for plasmapheresis. Dr. had to go out of his way to find a nurse that would be willing to do it. Patient has received plasmapheresis on 6/26/2022. He will get another session on 6/27/2022. He will need IPR. Patient is uninsured and case manager to assist"""
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	0943158-1	Numbness tingling in feet, toes progressed to waist. ER Sunday hosp, pt was admitted inpatient, diagnosis transverse myelitis.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	0965263-1	On 12/27 feet started feeling like pins sticking in then numbness & cold non stop. This sensation gradually moved up to the waistline area. Then total numbness, heaviness in legs, making it difficult to walk. There is also a raised, red rash that burns. Her symptoms are not better.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	0990700-1	Progressive body numbness and tingling from chest down, unable to feel when urinating or have a bowel movement, tight girdle banding feeling on and around chest and back, hand malfunction with drawing, unable to walk without cane/walker, feeling of walking on a bounce house as walking
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1002428-1	1st dose of vaccine was 1/12/21, Lot number EK9231 2nd dose 2/2/21, Lot number EL8982 Patient was feeling well the day of vaccine and reports no recent illness, no adverse events to first injection in COVID vaccine series. 20 minutes later developed dizziness and nausea. Within hours noticed LUE weakness. Weakness has progressed over last two days to severe left upper extremity and left lower extremity weakness with inability to walk. No sensory deficits. Some urinary retention. Hyperreflexia on examination with upgoing toe on left. Presentation consistent with transverse myelitis. Patient remains hospitalized at this time, starting treatment with IV solumedrol for clinical transverse myelitis. Workup remains in process
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1020733-1	The night after receiving dose 1 of the vaccine, she didn't want to eat dinner, was starting to spit up saliva, and noted a new headache, and asked her daughter to sleep with her that night considering she was feeling poorly. She was restless all night, and then at ~5am her L arm began to twitch; she was still alert at this time but didn't realize her arm was moving. Shortly after this she lost consciousness, her eyes rolled back in her head, and she developed a frank GTC seizure. Her daughter called an ambulance, and by the time she was on the way to the hospital, she was awake and alert again. At the hospital, she was initially talking and able to answer most questions appropriately. She was noted to be afebrile, hemodynamically stable, without an O2 requirement, though with tachycardia to the 110s. She was found to have a leukocytosis to ~16, thrombocytosis to ~550, and LDH elevated in the 600s. Over the following day, her mental status declined and she became agitated and disoriented to place/time. CT chest revealed b/l multifocal pneumonia, for which she was started on pip-tazo. She underwent MRI brain (DWI sequence only) which did not reveal any obvious CVA. LP was performed on 1/29 at ~10PM; as far as we can tell, she had only received pip-tazo for antibiotics at this point. CSF studies revealed 220 WBCs (14% PMNs, 76% lymphs, 10% monos), 14 RBCs, Glu 59, Prot 145; GS 2+ WBCs, no orgs; india ink stain negative; Cx pending at time of transfer. Given concern for bacterial or viral meningoencephalitis she was transitioned to vancomycin/ceftriaxone/acyclovir. Patient was then transferred to another Hospital for further management. Micro was all negative or pending at the time of transfer. Shortly after admission to hospital she was intubated. Spine MRI was notable for longitudinally extensive transverse myelitis. All infectious workup has been negative with just two more pending studies for tuberculosis; autoantibody panel pending. She is now able to follow commands with eyes and mouth, but has not been able to move her arms or legs. We do not have high suspicion that this syndrome is related to the vaccine, given that progressive neurological symptoms started the week before vaccine, but thought it prudent to report given the time course.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1022067-1	2 days after vaccine developed weakness of legs then arms. MRI cervical and thoracic spine most consistent with Transverse Myelitis; Transverse Myelitis; This is a spontaneous report from a contactable physician. A 69-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 20Jan2021 at single dose for COVID-19 immunisation. The patient was not pregnant at Time of Vaccination. Facility type vaccine was Hospital. Medical history included hyperlipidemia, hypothyroid. The patient's concomitant medications were not reported. No Other vaccine in 4weeks. Days after vaccine on 22Jan20212, the patient developed weakness of legs then arms. MRI cervical and thoracic spine most consistent with Transverse Myelitis. AEs resulted in Hospitalization, Disability or permanent damage. The patient was recovering. IV steroids, physical therapy was received as Treatment. No covid prior vaccination. No covid tested post vaccination. 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1033563-1	Initial pain in Shoulders and Neck (Bilateral) Descending Peripheral Bilateral Neuropathy in legs and Feet on Wednesday , Followed by Ataxia Tremors in 5 th digit of both hands , Itching on both wrists up to elbows bilaterally Numbness appears to have resolved. Numbness persists on left abdomen from waist to underarm. Thursday and then Friday then stronger in legs . Saturday weaker in legs , lack of balance with some word retrieval relative to previous days.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1036485-1	Transverse myelitis with GAD enhancing lesion on MRI C3-C5. Strength was 5/5 symmetrically in the lower extremities, but he had significant weakness in the upper extremities left worse than right. Generally 4-/5 proximally on the right, 4/5 distally; left deltoid, biceps, triceps were 2-3/5, 4-/5 at the wrist and hand. Sensation is largely impaired on the right in a patchy distribution to light touch, temperature, pinprick, vibratory (impaired significantly on the right) and proprioception. Romberg testing was positive.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1038582-1	Few days after receiving the 1st dose, developed tingling paresthesia in both hands. He received his second vaccination despite the symptoms. Symptoms continued to progress to his feet, and also developed weakness, particularly in his legs. Also had some weakness in arm but more so on the left side. He had difficulty climbing ladder when deer hunting due to weakness in his thighs/legs. He ended up falling in his home on Jan 17, 2021 as well, which caused significant hip pain. Had a neurosurgical evaluation- finding lumbar disease L3-4 requiring fusion. Following surgery, paresthesia and weakness persisted and actually worsened, , developed uncontrolled twitching in both thighs. Further developed loss of function in his L-hand. MRI revealed transverse myelitis. Symptoms have improved with corticosteroid therapy. Patient was hospitalized due to these symptoms for two days, discharged on corticosteroids.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1063364-1	peripheral neuropathy with no feeling in her toes, feet and up to her waist; tremors to the 5th digits to bilateral hands; imbalanced gait; severe upper back pain; Severe neck pain; transverse myelitis with significant involvement; A spontaneous report was received from a physician concerning a 70-year old, female patient who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced transverse myelitis with significant involvement, peripheral neuropathy with no feeling in her toes, feet and up to her waist, upper back pain, neck pain, tremors to the 5th digits to bilateral hands, and imbalanced gait. The patient's medical history included breast cancer. No relevant concomitant medications were reported. On 28 Jan 2021, the patient received their first of two planned doses of mRNA-1273 (Batch number not provided) for prophylaxis of COVID-19 infection. On 10 Feb 2021, the patient began to experience severe upper back and neck pain. The patient's pain progressed to peripheral neuropathy with no feeling in her toes and feet, and up to her waist. She also had tremors to the 5th digits in both hands. On 12 Feb 2021, the patient was admitted to the hospital. The patient had transverse myelitis with significant involvement. She had an imbalanced gait and had involvement from C3-7 and T1. She was taking high doses of steroids- Dexamethasone 10mg/day. It is believed the patient had an exacerbated autoimmune reaction and that she will require surgical repair. Action taken with mRNA-1273 in response to the events was not provided. The outcomes of the events were not reported.; Reporter's Comments: Very limited information regarding these events has been provided at this time. Further information has been requested.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1065159-1	Transverse myelitis; bowel and urine issues; bowel and urine issues; she can't walk; numbness from her toes up to her breast on the left side and numbness from her toes to her groin on the right side; This is a spontaneous report from a contactable consumer (patient). A 75-year-old female consumer received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 23Jan2021 at 13:00 at single dose into right arm for COVID-19 immunisation at the age of 75-year-old. Lot number was EL8982. Medical history was unknown and concomitant medications included blood pressure pills and cholesterol pills and vitamins. On 24Jan2021, the patient experienced transverse myelitis; the patient was hospitalized due to the event (hospitalization dates from 24Jan2021 to 7Feb2021; emergency room since 24Jan20211 noon). Consumer stated that when she was in the hospital, she was on heavy doses of steroids intravenous (IV) for 5 days. Blood work at the hospital was normal. Consumer left the hospital to go to the rehab facility on 30Jan2021, and then consumer left the rehab facility on 07Feb2021. Consumer stated that she could not walk. Consumer had complete numbness from her toes up to her breast on the left side and numbness from her toes to her groin on the right side. Consumer stated that she was still having issues with dragging her left leg, and with rehab, she was finally getting back some feeling, the numbness was still there but she was having bowel and urine issues. Consumer stated that her issues have somewhat improved with the help of rehab. The patient was recovering from the events.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1066974-1	Admitted to Hospital on 2/25/21 with 1 day of severe upper extremity weakness and numbness. Evaluated by Neurology and Neurosurgery teams and thought to be most consistent with transverse myelitis. Infectious Diseases consult and no clear preceding infectious illness.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1067377-1	Transverse myelitis, leg weakness, bladder/bowel dysfunction. Hospitalized, still recovering.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1074633-1	She was diagnosed with Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1092810-1	Seizures starting 1/25/21, transverse myelitis diagnosed 3/1/21 with symptoms of transverse myelitis starting 2/5/21. Now with diagnosis of multiple sclerosis but with atypical initial presentation
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1108122-1	"Patient awoke the morning of March 5th feeling weak, fatigued, and unsteady. He went to his primary care provider 5 days later on the 10th of March, as his symptoms were not improving. He told his PCP there that the past few days he was suffering from unsteady gait, walking around like hes ""drunk"", and bouncing off walls. It was thought his symptoms were caused by a low serum potassium value, so he was given a rx for potassium. 3 days later the patient presented to the emergency room where his problems persisted. He was still having trouble keeping balance when he walked around. One of the providers treating him reached out to neurology, who recommended that the patient be started on high dose steroids followed by a prednisone taper for tranverse myelitis, The patient was then admitted and treated at Hospital."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1115933-1	Pt BIBA with sx of stroke, including right sided weakness and numbness. imaging suggestive of transverse myelitis vs. spinal cord infarct
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1132383-1	Patient was admitted to Medical Center with transverse myelitis, potentially caused by second Moderna vaccine received on 3/16/21

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1134665-1	Transverse myelitis acute rapid onset 3/22/21 with severe right lateral mid back pain, rapidly progressing lack of bilateral lower extremity sensation and rapidly progressing within hours to complete paralysis with fecal and urinary incontinence
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1135880-1	"Seen at the walk-In clinic on 3/9/2021 where he presented with complaints of right leg weakness, numbness, and tingling. He was transferred to ER for further evaluation and management. The symptoms (numbness in his hip and thigh) began around 1400 while he was working. He went about his day. The symptoms progressively worsened while he was ambulating around the hardware store. In the ER, his sensation of his right leg was dulled as compared to the left. The numbness extended from his hip to his toes. Felt a pressure-like sensation in his thigh and calf. Denies pain. Felt as though his right foot is floating 2 inches off the ground when standing with both feet on the ground. Reported his right leg is 1-2 inches shorter after a femur fracture many years ago. Nothing made his symptoms better or worse. Did have an episode of feeling generally hot and then cold the evening prior to admission. Denied any trauma. Denied any dizziness, lightheadedness, headaches, shortness of breath, cough, chest pain, palpitations, vomiting, diarrhea, constipation, blood in stools, urinary habit changes, hematuria, dysuria, pyuria, myalgias, arthralgias, recent illness, or fever. MRI showed T2 changes on the right side of the cord down of the thoracic spine concerning for her transverse myelitis. Patient did have Covid vaccine 7 days prior to onset of symptoms, one dose mRNA vaccine. He is on day 3 high-dose methylprednisolone thousand milligrams IV +3 days. He has noticed an improvement in the pressure sensation from the knee up the thigh on the right, no longer having tingling in the right lower leg or the left foot. He is still having numbness over the anterior right thigh. Yesterday when he went to bear weight on the right heel, he had a sharp pain with increase in weakness. That has since settled down. He did have a few involuntary myoclonic movements as described yesterday. This writer reached out on 3/22/2021 for information on his Vaccine lot number. He stated ""At this point I am attending physical therapy, I am walking with the aid of crutches or a walker. There is improvement in the foot and lower leg regarding the numbness, but the upper thigh is still pretty much completely numb yet.""""
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1136997-1	Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1138845-1	Loss of sensory waist down. Numbness and tingling waist down. Weakness in legs, heaviness in the legs. Bladder and bowel problems - urinating frequently, urinary incontinence and constipation.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1147682-1	Transverse Myelitis; Could not go to bathroom in spite his bladder was full; Could not get out of bed; Could not walk; Chest pain; Pain in middle back; Pain in both of arm; The blood pressure went high; Pain was intense that cannot be describe; Pain across shoulders; A spontaneous report was received from a consumer concerning a 67-year-old male patient, who received Moderna's COVID-19 vaccine (mRNA -1273) and experienced events of chest pain, middle back pain, pain across shoulders/arthralgia, pain in both of arm/pain in extremity, pain was intense that cannot be described, the blood pressure went high/hypertension, could not get out of bed/asthenia, could not walk/gait inability, could not go to bathroom in spite his bladder was full/urinary retension and transverse myelitis. The patient's medical history as provided by the reporter included, quadruple bypass heart surgery, partial lung removal, back problem and neck problem. No relevant concomitant medications were reported. On 19 Jan 2021, approximately one day prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 (Batch number: 028L20A) intramuscularly in the right arm for prophylaxis of COVID-19 infection. On 01 Mar 2021, the patient received their second of two planned doses of mRNA-1273 (Batch number: 002A21A) intramuscularly in the right arm for prophylaxis of COVID-19 infection. On 20 Jan 2021, the patient reported that after receiving the vaccine he was taken to the hospital for chest pain, pain in middle back, pain across shoulders, pain in both of arm, pain was intense that cannot be described and the blood pressure went high. On 21 Jan 2021, in the morning, he could not get out of bed, could not walk and could not go to bathroom in spite his bladder was full for which a catheter was installed to go to bathroom and he got hospitalized for three days. The physician diagnosed him having transverse myelitis which is a side effect from vaccine. The patient received both scheduled doses of mRNA-1273 prior to the events, therefore action taken with the drug in response to the events is not applicable. The outcome of the events, could not get out of bed, could not go to bathroom in spite his bladder was full were resolved on 24 Jan 2021. At the time of reporting, (16 Mar 2021), the outcome of the event, could not walk, was recovering/resolving as the patient reported he was able to walk a little and was on physiotherapy. At the time of this report, the outcome of the events, chest pain, pain in middle back, pain across shoulders, pain in both of arm, pain was intense that cannot be described, the blood pressure went high and transverse myelitis 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1152388-1	Thoracic myelopathy, likely transverse myelitis, poss. first presentation mult. sclerosis, recent covid vaccine
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1153930-1	Transverse Myelitis; A spontaneous report was received from a consumer, concerning an 86-year-old, male patient and experienced transverse myelitis/myelitis transverse. The patient's medical history was not reported. No relevant concomitant medications were reported. On 05 Feb 2021, the patient received their first of two planned doses of mRNA-1273 (Lot number: unknown) intramuscularly for prophylaxis of COVID-19 infection. On 05 Feb 2021, the patient experienced transverse myelitis and was hospitalized on 23 Feb 2021. Treatment information was not provided. Action taken with mRNA-1273 in response to the event was not reported. The outcome of event of transverse myelitis was unknown.; Reporter's Comments: Very limited information regarding the events

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				has been provided at this time. Further information has been requested.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1156573-1	Moderna COVID-19 Vaccine EUA Patient received Moderna second dose on 3/29/21 at 8:30 am and experienced weakness in legs later that day around 3:00 pm. Presented to emergency department on 3/30/21 with complaints of generalized body aches and numbness to both legs and lower arms, feeling like legs had fallen asleep. Initial examination in ED revealed sensory deficit with final diagnosis of myelitis, acute transverse and Guillain-Barre Syndrome after administration of vaccine. On 4/1/21, continuing to experience numbness with some ascending pattern, slight decrease in reflexes.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1162115-1	Transverse Myelitis; spastic twitching in thighs; severe back and leg pain; severe back and leg pain; This is a spontaneous report from a contactable physician (patient). A 60-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1284 and expiration date not provided) via an unspecified route of administration, administered in left arm on 07Jan2021 15:00 as a single dose for COVID-19 immunisation. Medical history includes Hypertension, Gastrooesophageal reflux disease (GERD), prostate cancer and broncholith left lung. The patient has no known allergy. The patient did not receive any other vaccine within 4 weeks prior to the COVID vaccine. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included amlodipine, losartan, pantoprazole, hctz, and acetylsalicylic acid (ASPIRIN). The patient previously took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK5730) on 17Dec2020 and experienced mild numbness and tingling in arms and legs following first dose of vaccine, followed by progressive weakness in legs. On 19Jan2021, the patient developed severe back and leg pain resulting in spinal fusion surgery on 25Jan2021. Postoperatively, the patient developed spastic twitching in thighs on 31Jan2021. On 07Feb2021, he woke up with weakness and clumsiness in left hand. At post-op check for spinal surgery on 10Feb2021, the neurosurgeon recommended another MRI and mentioned possibility of Transverse Myelitis. Following this MRI on 15Feb2021, he was again admitted to hospital for more extensive work up and was admitted for 6 days. Diagnosis made of Transverse Myelitis and was started on high dose steroid treatment and was discharged to home on 17Feb2021. Since then have had profound leg weakness, right side greater than left, which severely impairs mobility, especially stairs. He completed 5 day course of 1000 mg methylprednisolone per day as an outpatient on 20Feb2021. He is in PT and is unable to predict date of return to work. The events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Disability or permanent damage. Treatment for the events included high dose steroid therapy, PT and exercise. The patient underwent COVID test post vaccination via nasal swab on 24Jan2021 and was negative. The outcome of the events was recovering.; Sender's Comments: Based on available information the reported events are unlikely related to BNT162B2. These are intercurrent medical conditions. 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1181285-1	Transverse myelitis conus medullaris on MRI
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1183773-1	Began with severe back pain on 3/04/21. I went to the ER and they checked heart because pain radiated to front. I went home and pain continued briefly the next day. By 3/6, I began to have numbness in my left leg, so again, I went to ER and they prescribed oral steroids and recommended MRI to be scheduled in back. My Monday 3/8 I was unable to walk and had no sensation from mid chest down. I could feel Pressure, but had no sense of temperature or sharpness. From that point I was admitted to the hospital. I spent a week on the 6th floor and a week on the inpatient rehab floor. They ruled out demyelinating disease that could cause the lesion that was found on my cervical spine from c6-T-2. The records indicate demyelinating disease vs post vaccine reaction. All tests for demyelinating diseases came back negative, so it is believed by the doctors that this was definitely caused by the Moderna vaccine. It caused a transverse myelitis reaction, which I am still dealing with. My walking is extremely slow, and the sensation issues persist, along with incontinence. I have all of my medical records and diagnosis for record. The hope is this will eventually correct, but for now, I am still in PT/OT twice a week.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1194994-1	Progressive ascending weakness (R>L) with urinary retention. MRI spine showing T6-conus longitudinally extensive non-enhancing lesions and minimally enhancing 3x 2.3cm L thalamic lesion. Differential diagnosis includes post-infectious vs post-vaccine autoimmune demyelinating process such as ADEM-like picture with transverse myelitis vs paraneoplstic process. Lower suspicion for primary CNS lymphoma. -s/p brain biopsy 4/7/21 -s/p 5 plasma exchanges with two more planned
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1199613-1	Received Moderna COVID vaccination 4/1/21. About 27 hours later, he felt muscle spasming across his chest. He then developed neck pain, tingling that goes into right and left arms/fingers. Was started on oral steroids by his PCP on 4/6/21. Given worsening symptoms and new development of urinary retention. Patient was admitted to Hospital 4/8-4/11. Suspected to have cervical transverse myelitis. Re-admitted 4/12 due to worsening generalized weakness, significant numbness, gait/coordination issues, and several falls. Differential diagnosis includes guillain barre syndrome vs. transverse myelitis. No MS on brain MRI. No cord lesion. Treatment included IVIG 0.5g/kg daily x 4 days, B12, 1 mg IM daily x 3 days. bilateral neural foraminal stenosis at L5-S1. 4/7: MRI cervical spine: Small focal area of increased T2 signal within the central cervical cord at the C2 level without associated postcontrast enhancement. A demyelinating disease is leading differential consideration. 4/11: MRI brain: normal, no de-myelinating disease; MRI C-spine: severe cervical stenosis with flattening of spinal cord but no cord

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				edema/enhancement.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1206284-1	Longitudinally extensive transverse myelitis, diagnosed less than a week after vaccine administration.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1209072-1	Transverse myelitis with paraplegia
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1218787-1	Initially patient felt feverish with body aches after receiving the vaccination but this improved after 48 hours. Two weeks after vaccination patient presented to hospital with ascending paresthesias and urinary retention. MRI cervical/thoracic spine with evidence of longitudinally extensive lesion from C6 distally to throughout thoracic cord. Findings overall concerning for transverse myelitis v demyelination.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1219216-1	Transverse myelitis presenting with Urinary retention and hyperreflexia as well as left sided weakness. Treated with high dose steroids
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1222898-1	Transverse myelitis Numbness and tingling to trunk and legs. Difficulty walking
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1230149-1	TRANSVERSE MYELITIS POST MODERNA VACCINE
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1230840-1	"Pt states she had weakness that began about 30 minutes after vaccination. This included muscle spasms and muscle pain ""all over."" She states she had flu-like symptoms for ~1.5 days after vaccination and then felt ok until approximately 3/22/2021, when muscle weakness began and has not stopped. She presented to another hospital on 3/29/2021 to the emergency room and ""had a full work-up including EKG, x-rays, and lab work"" and was told she had a viral illness. She was given a prescription for azithromycin and ibuprofen, as she was complaining of sore throat. She presented to the emergency room on 3/30/2021 with c/o generalized weakness, back pain, myalgias and chest pain. She also c/o fever and chills. Temp in the ER was 98.5F. Physical exam revealed ""diffusely tender abdomen, no rigidity or guarding"" and ""diffusely tender back all throughout."" 3/31/2021-saw family physician w/ c/o cough and myalgias, negative for back pain and chest pain/palpitations. Sore throat and cough were improved. Was diagnosed with an apparent viral illness and supportive care. She was advised this could be a viral illness and discharged to home in stable condition. 4/11/2021-Pt reports she went to urgent care b/c felt she had a bad ear infection and eyes were hurting (mostly right); was diagnosed with sinus infection and that ears looked ok. Was told to stop azithromycin and begin amoxicillin and ibuprofen. 4/16/2021-presented to emergency room. ""Patient with 3 weeks of progressive symptoms of headache, blurry vision, nausea, weakness, and poor control of her bowel and bladder. Symptoms are constant with gradual progression with a duration of 3 weeks. Timing is constant. Severity is now severe. Quality is sharp, tight headache."" Vision changes got worse when she was on the flight there. ""No exacerbating or alleviating factors. Not associated with fevers. Does have some nausea and muscle aches. Diffuse tremors and difficulty walking without assistance. PE revealed mild psychomotor retardation, tremulous and diffuse weakness, and Romberg present. Mild right sided papilledema. 4/17/2021- further HPI recorded-The patient is presenting for evaluation of headaches, paresthesias, numbness. The patient is a fairly good historian and tells me that symptoms began after she received the Johnson & Johnson COVID-19 vaccine. Patiet began to feel fatigued, malaise, numbness and weakness over the legs. Patient had some mild blurriness of vision in the right eye. Symptoms have been persistent and patient began to have some difficulty with walking and feeling off balance. Patient describes the headaches as primarily right-sided. According to nursing staff, the patient has also had some incontinence of urine today. Patient has had some numbness over proximal legs and ""private areas"". 4/19/2021 ? Assessment as per Infectious Diseases physician; Pt with continued intermittent headaches. Has continued difficulty bearing full weight due to unsteadiness. No loss of sensation at arms/legs. Has action tremor, wide gait, hyperreflexia of arms/legs bilaterally. ADEM Hyperreflexia CSF pleocytosis Fatigue Headache, new onset Patient has nonspecific findings of CSF pleocytosis as well as clinical findings concerning for ADEM. No infectious cause for this problem; temporally associated with receipt of Janssen COVID vaccine. 4/19 Assessment as per Neurologist; Question of transverse myelitis/ADEM: Perhaps induced by the Covid vaccine On steroids MRI scan of the thoracic spine shows demyelination but no contrast enhancement Continue to work with therapy services No signs of CNS infection and antibiotics discontinued. The patient continues on methylprednisolone 500 mg iv q 12 hr at this time (4/19/2021)."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1234531-1	Johnson & Johnson COVID-19 Vaccine EUA Patient is a 36 year old female who was in her usual state of health until 4/13 where she went to urgent care and received antibiotics and diagnosed with a UTI. She went to the Emergency department on 4/14 for bilateral lower extremity weakness and urinary retention. Approximately 1 liter of urine removed by foley catheter. PMH of oophrectomy and migraines. Patient reported she received J&J vaccine approximately 12 days prior (~ 4/2/2021). MRI findings of acute transverse myelitis of unknown etiology. Urinary retention likely due to neurogenic bladder from spinal lesion. Three of 5 plasmapheresis sessions have been completed.Patient has been treated with methylprednisolone 1g every 24 hours (4/15-4/18). Patient has been able to walk with physical therapy. Patient still in the hospital. Discharge plans for either home or rehabilitation program
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1236641-1	Approximately 3 days after receiving the vaccine she developed bilateral lower extremity paralysis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1244079-1	Acute Transverse Myelitis with AIDP in the setting of recent Covid vaccinating and possible bacterial meningitis's. Patient is in the hospital.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1256778-1	Pt woke up with tingling sensation in feet and numbness up to knees, progressed up to right below shoulders throughout the day. Ended up being hospitalized with transverse myelitis. Was given steroids, metoprolol, pantoprazole, heparin, and other treatments (that is all patient could recall, wasn't sure of the rest) in the hospital. Discharged, but still having lasting numbness/tingling in hands and feet.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1256967-1	Transverse myelitis, on ventilator paralyzed from chest down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1258461-1	Transverse Myelitis - being treated with steroids and IVIg
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1261832-1	This is a spontaneous report from a contactable consumer. This consumer (patient) reported that a 39-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207) at the age of 39-years, via an unspecified route of administration in right arm on 19Mar2021 14:00 at single dose for COVID-19 immunization. Medical history was not reported. No COVID-19 prior vaccination, no other vaccine in four weeks. There were other medications in two weeks. The patient previously took zaleplon (SONOTA) and experienced allergy to it. On 23Mar2021 08:00 AM, the patient developed transverse myelitis following the first vaccination. The patient went to ER and was admitted and treated there for the following week for the condition transverse myelitis. The event result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization for 7 days, life threatening illness (immediate risk of death from the event). The patient received 5-day course of IV steroids as treatment. Outcome of the event was not recovered. The patient underwent lab tests and procedures, which included COVID-19 virus test (nasal swab) was negative on 10Apr2021.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1261928-1	in a lot of pain; Transversal Myelitis caused by the vaccine shot; couldn't walk; has Neuropathy really bad, pains and needles in the feet and the back/tingling/has no feeling; Nauseated; Headache; Doctor advised her not to received the second dose.; This spontaneous case was reported by a patient family member or friend (subsequently medically confirmed) and describes the occurrence of MYELITIS TRANSVERSE (Transversal Myelitis caused by the vaccine shot), GAIT DISTURBANCE (couldn't walk), PARAESTHESIA (has Neuropathy really bad, pains and needles in the feet and the back/tingling/has no feeling), PAIN (in a lot of pain), NAUSEA (Nauseated) and HEADACHE (Headache) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 028L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. 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 12-Feb-2021, the patient experienced GAIT DISTURBANCE (couldn't walk) (seriousness criterion hospitalization), PARAESTHESIA (has Neuropathy really bad, pains and needles in the feet and the back/tingling/has no feeling) (seriousness criterion hospitalization), NAUSEA (Nauseated) (seriousness criterion hospitalization) and HEADACHE (Headache) (seriousness criterion hospitalization). On 15-Feb-2021, the patient experienced MYELITIS TRANSVERSE (Transversal Myelitis caused by the vaccine shot) (seriousness criterion hospitalization). On an unknown date, the patient experienced PAIN (in a lot of pain) (seriousness criterion hospitalization) and OFF LABEL USE (Doctor advised her not to received the second dose.). The patient was treated with Rehabilitation therapy (walker) for Gait disturbance. At the time of the report, MYELITIS TRANSVERSE (Transversal Myelitis caused by the vaccine shot), GAIT DISTURBANCE (couldn't walk), PARAESTHESIA (has Neuropathy really bad, pains and needles in the feet and the back/tingling/has no feeling), PAIN (in a lot of pain), NAUSEA (Nauseated) and HEADACHE (Headache) outcome was unknown and OFF LABEL USE (Doctor advised her not to received the second dose.) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In February 2021, Computerised tomogram: normal (normal) CT didn't show anything. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For treatment, the patient received Galopentin and another drug the reporter couldn't remember. Patient is also receiving therapy. 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. Most recent FOLLOW-UP information incorporated above includes: On 21-Apr-2021: lot number for vaccine; 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.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1266068-1	Transverse Myelitis worsened; Transverse Myelitis worsened; I could not walk; trouble breathing; This is a spontaneous report from a contactable consumer (patient). A 39-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on an unspecified date at single dose for COVID-19 immunisation. Medical history was not provided. Patient was not pregnant, was not pregnant at time of vaccination. Concomitant medications included other medications in two weeks. No other vaccine in four weeks. Patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207) at the age of 39-years, via an unspecified route of administration in right arm on 19Mar2021 14:00 at single dose for COVID-19 immunisation and experienced transverse myelitis; received zaleplon (SONATA) and experienced allergies. Less than 24 hours after receiving the second vaccination, the transverse myelitis worsened and patient could not walk and was beginning to have trouble breathing. Patient went to emergency room and was admitted and treated there for the following week for the condition transverse myelitis. 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). Days hospitalisation: 7. Patient received treatment for the events included among other meds, 5 day course of IV steroids . No covid prior vaccination, patient underwent covid test (Nasal Swab) post vaccination on 10Apr2021, covid test result was Negative. Outcome of the events was not recovered. Information about lot/batch number has been requested.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1267602-1	"This patient received the Moderna vaccine as an outpatient . Admitted with progrssively worsening leg weakness. Family history of MS. Diagnosed with transverse myelitis . As per MRI "" 2 tiny foci of abnormal intra substance signal in the spinal cord consistent with demyelinating process .. Patient treated with methlyPrednisone, doing better and discharged . . Discharged on prednisone . Being followed by Neurology ."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1271753-1	Acute transverse myelitis resulting in T4-5 paraplegia
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1272181-1	patient s/p J&J COVID vaccine on 4/9 at pharmacy. admitted on 4/26 with acute onset paralysis to BUE and BLE. MRI c/w transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1272277-1	Approximately 5-6 days after my second Pfizer vaccine dose, I began having paresthesias in patchy areas on the outside of my right ankle. Over the next 3-4 weeks, the paresthesias (burning, tingling, temperature sensation) progressed to the other leg and then ascended up the legs bilaterally to the upper thigh area. I consulted my neurologist and he ordered a MRI of the cervical and thoracic spine. The day after the MRI (4/15/21), I had two seizures in the morning after being seizure free for a year. I had significant fatigue and felt very poorly. A few hours later, I had a sudden onset of severe bilateral leg weakness. Because I could not walk, EMS was called. I went to Hospital where I was admitted for leg weakness. Additional imaging was performed. I was able to walk a few steps after receiving a dose of 1g solumedrol via IV that night. My symptoms improved over the next few days with IV steroid treatment. I was discharged on 4/19/21 and was advised to follow up with outpatient neurology. My neurologist initially diagnosed acute transverse myelitis and ordered physical therapy. I continued a steroid taper for 6 days after hospital discharge. Today (4/29/21), my symptoms have improved but continue to have adverse effects. I am able to walk but tire quickly and am very fatigued. I have been unable to work since hospital discharge.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1276481-1	TRANSVERSE MYELITIS; This spontaneous report received from a patient concerned a 72 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 administration not reported, batch number: Unknown) frequency one total, dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the patient experienced transverse myelitis, a post-infectious or post-vaccine autoimmune phenomenon, in which the body's immune system mistakenly attacks the body's own tissue while responding to the infection. The patient was hospitalized (date unspecified) and the duration of hospitalization was not reported. She was still in need of medical treatment. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from transverse myelitis. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0:20210450559-COVID-19 VACCINE AD26.COV2.S-transverse myelitis. 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).
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1284033-1	transverse myelitis - potentially related to immunosuppression from Humira, the herpes simplex virus or the vaccine (or combination of all 3). Sx included areflexia, bilateral paresthesia (legs and feet), double vision, cord damage from cervical region to conus of the cord. Also developed urinary retention.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1290378-1	Bilateral lower extremity weakness and numbness presenting 1 week after his second dose of the vaccination. He was found to have a longitudinally extensive transverse myelitis and intramedullary hemorrhage. He unfortunately has not had any recovery of his lower extremities
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1295976-1	Transverse myelitis in the thoracic cord. Symptom onset 1 week after 2nd vaccine dose. Sensory change in the left leg and increased reflexes/clonus
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1296180-1	On Saturday, April the 3rd, my wife's left leg became numb, and she had a tingling feeling. I took her immediately to ER, where they perform CT and MRI. She was internally transferred to the hospital, where she stayed there until April the 14th, when she was transferred to (the Rehabilitation Institute) to begin physical and occupational therapy. As of today, mi wife doesn't have proprioception in neither of her legs nor her belly (she has no control on bowel and bladder).

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1300402-1	Patient symptoms interscapular back pain started 04/27/2021 upper extremeties weakness started late 4/27/2021 presented to ER on 4/28/2021 developed upper and lower extremeties weakness, urinary retention, multople imaging studies done, including MRI cervical and Thoracic spine, consistent with Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1300611-1	transverse myelitis secondary to vaccine administration of the Moderna coronavirus vaccine at the on 4/15/2021
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1301639-1	Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1311347-1	Patient began noticing increasing numbness in both lower extremities and was in the process of seeing a surgeon for lumbar spinal stenosis. She already had known DM neuropathy. She received first covid vaccine on 3/4. Lot # EN6199. She received second vaccine 3/25 Lot # ER8732. She reported five days later having bilateral leg spasms. She presented to the ER with inability to walk or move her legs and numbness from her belly button down on 4/27/2021. Thoracic MRI shows demyelinating lesion at T1-T4. Also noted to have epidural lipomatosis at T5-6 with mild to moderate spinal cord compression. Diagnosed with transverse myelitis. LP completed, Brain MRI and cervical mri completed. No evidence of MS, no infectious or neoplastic process evident as a cause thus far. Anti mog and NMO negative. It's not certain if the demyelinating lesion occurred because of the vaccine, but thus far, no other cause has been found. Treated with 5 day course of IV steroids. She remains unable to walk.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1314995-1	"36 Y male patient from another country with a past medical history significant for mild HTN (on 2.5 mg amlodipine) who was in his usual state of health until approximately 4/17/21 when he developed acute onset left volar forearm tingling sensation. He had received the Johnson & Johnson vaccine on 4/2/21 in his left arm and states that he did not experience any noticeable reactions after vaccination. He also recalls having had sustained a minor superficial scrape on his left volar forearm by a trash can lid when he had taken out garbage, which occurred very shortly before the onset of this tingling sensation. The tingling sensation then progressively worsened and became more diffuse across most of his body. He then developed fevers up to 102 at home, chills, neck pain, headache, and pain in all extremities (primarily arms but also in his legs). He initially went to the Health Care ED on 4/28/21. He was afebrile at the time and his vital signs at that time were unremarkable with the exception of elevated diastolic blood pressures (90-104 mm Hg). WBC 10.1 with normal differential, electrolytes and liver enzymes within normal limits. Influenza, RSV, and SARS-CoV-2 PCR were negative. Urinalysis showed few bacteria but no WBCs. Chest x-ray was clear. Blood cultures were drawn and patient was then discharged. Patient returned to the ED on 4/29/21 and reported fever to 102-103 d F, chills, nausea, weakness, body aches, and bilateral foot paraesthesias. He was afebrile (98.8) and his vital signs were within normal limits. His WBC was slightly elevated to 12.2 with a normal differential. His ESR was 11, CRP 1.5, CMP within normal limits. He was noted to have urinary retention and a foley was placed and he was given tamsulosin. Patient then returned to the ED again the following day, on 4/30/21, with worsening generalized pain and weakness and difficulty walking. ED course: temperature 101, heart rate 100s-110s, BP 140s-160s/70s-90s, RR low 20s, SaO2 high 90s. Labs remarkable for WBC 13.1 with 82.4% N, ESR 7, CRP 5.9, lactic acid 2.6, RF 10, urinalysis unremarkable, HIV antigen/antibody negative. Several imaging studies were performed. MRI T spine showed ""Extensive cord signal abnormality in the cervical and thoracic cord as detailed above, with associated expansion of the cord (most pronounced in the cervical cord). Differential includes acute transverse myelitis, demyelination, infection (HIV, syphilis, other viruses)/parainfectious phenomenon, subacute combined degeneration, and inflammatory etiologies. An underlying mass or masses are not excluded but less likely given extensive multifocal patchy involvement. Recommend postcontrast imaging at this time for further workup. Consider brain MR as well to assess for systemic white matter disease."" A lumbar puncture was attempted in the ED but was unable to be performed. Patient was given empiric IV ceftriaxone 1 g q24h and admitted to the hospitalist service. He was evaluated by neurology and was started on Solumedrol 1000 mg for acute transverse myelitis. 5/1/21 MRI brain showed ""Multifocal patchy white matter signal changes, predominantly in the subcortical white matter, also present in the bilateral thalami and bilateral middle cerebellar peduncle, and redemonstration of extensive cervical cord signal abnormality and expansion. No associated restricted diffusion or enhancement. Broad differential, but given pattern of involvement findings are most concerning for ADEM (acute disseminated encephalomyelitis), other considerations include other demyelinating processes, toxic-metabolic pathology, or potentially atypical viral infection."" Patient was given methylprednisolone for ADEM with transverse myelitis and clinically improved. He was hospitalized from 4/30/21 until being discharged to home in a wheelchair on 5/6/21."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1320153-1	Transverse Myelitis; had no feeling in his feet or left leg; Severe back pain; This is a spontaneous report from contactable consumers. A 33-year-old male patient received bnt162b2 (BNT162B2), dose 1 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's medical history and concomitant medications were not reported. The patient was previously healthy and athletic. Three days after receiving the vaccine the patient reported severe back pain, and 2 days after the back pain started he had no feeling in his feet or left leg. The staff at the hospital believe his condition is transverse myelitis, and told the family there are no reported cases of this being caused by the Pfizer covid vaccine, but the family would like more information from Pfizer. The patient was hospitalized for the event transverse myelitis on unspecified date. The outcome of the events was unknown. Follow-up attempts are completed; information about lot/batch number cannot be obtained.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1332780-1	Leg spasms; She has a patient who is pregnant with her first child. She had the second dose of the vaccine on April 1st.; Just 2 days after she had leg spasms then it led to being paralized; she had leg spasms then it led to being paralized. It spread through her whole body, even her stomach; She is now a transverse/ have Transverse mylighttis as well; she had leg spasms then it led to being paralized. It spread through her whole body, even her stomach; This is a spontaneous report from a Pfizer sponsored program support from a non contactable consumer. A 37-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 01Apr2021 at single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. The patient previously received first dose of BNT162B2 on unknown date. The patient was pregnant with her first child. She had the second dose of the vaccine on 01Apr2021. Just 2 days after she had leg spasms then it led to being paralized. It spread through her whole body, even her stomach. She was put into the hospital and she was now a transverse and was going to hospice. She was only 37 years old and the caller wanted to know what happened to other people who have transverse mylighttis as well. The outcome of all events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1341845-1	I was diagnosed with Transverse Spinal Myelitis at ER in town on April 27th. I had been suffering from sever back and neck pain for over a week. I reported to the ER due to the inability to void my bladder. I had full back, neck, and Brain MRI?s after being admitted to the hospital and neurologist Dr. made the diagnosis of Transverse Spinal Myelitis. I spent 3 days in the hospital and received 5 IV steroid treatments to treat my condition.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1347467-1	The patient states that symptom onset started at 8 AM. She awoke at 5 AM and felt fine. She complains of bilateral weakness in the distal upper extremities and in her bilateral grip. She states that she has never had this weakness, which is worse on the left than on the right. MRI C-spine showed an Abnormal cord signal from C3/C4 to C6/C7 involves both halves of the spinal cord with a predilection for the central gray matter. No pathologic enhancement. Findings may represent cord infarct although longitudinally extensive demyelinating disease (NMO or ADEM) or transverse myelitis are not excluded. CSF done - CSF studies reviewed clear less fluid white count 3 RBC 28 glucose 92 with protein 31.4 CSF bio fire negative oligoclonal bands in the CSF are pending serum RPR negative B12 647 folate 6.6 HIV negative The patient was treated with IV methyl-prednisone then oral prednisone. She had improvement in her weakness
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1354556-1	Developed transverse myelitis. She began to develop numbness in her feet starting 4/30 which worsened over several days. She presented to the emergency department and had a normal CBC, CMP, TSH. Normal vital signs. However on her exam she had decreased but not absent sensations in bilateral lower extremities to the mid calf, lack of positional sense of her bilateral toes. She had a lumbar puncture which showed 160 white blood cells with an 83% lymphocyte predominance but without elevated protein or glucose alteration the numbness found a ascending to just below her breasts at that time she was having no sensory or motor symptoms in her arms, no visual disturbance speech or swallowing difficulty. She was aware of bowel and bladder sensation but unable to sense her self urinating or defecating. She was listing to the left while walking. Her B12 was noted to be low at 232 and she was started on a B12 supplement. She is negative for Covid, RSV, influenza A and B. She also had her cerebrospinal fluid evaluated for IgG and oligoclonal bands. She was after having MRIs of her brain, C-spine, T-spine with and without contrast she was started on Solu-Medrol for 5 days. Imaging had no specific findings suggesting the diagnosis, Dr felt that she likely had some mild myelitis. She did improve with the Solu-Medrol. Since returning home patient has been feeling better but still has some limitations. Still has some limited sensation from her abdomen downward, gait is a little unsteady. The balls of her feet still feel numb, and she is to be very cautious about her footwear and how she walks.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1362595-1	Transverse myelitis with lower limb weakness and numbness. Treated with steroids and IVIG.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1363855-1	TRANSVERSE MYELITIS; This spontaneous report received from a physician concerned a 52-year-old female patient of unspecified race and ethnic origin. The patient's height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration was not reported, batch number and expiry date were unknown) dose was not reported, 1 total, administered on 09-APR-2021 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 22-APR-2021, the patient experienced headache, numbness in feet, could not void/have a bowel movements, could not ambulate, had paralysis from the chest to the feet, and burning/numbness in ribcage and in chest to the feet. On the same day, she presented to the hospital with these symptoms and was admitted. She was diagnosed with transverse myelitis following which she was treated with intravenous (IV) steroids (unspecified) and was also started on gabapentin and carbamazepine. Since then, the patient was transferred to a rehabilitation facility and has reportedly partially improved. Recently, she could stand and step a few steps. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from transverse myelitis. This report was serious (Hospitalization Caused / Prolonged). This case, from the Others is linked to 20201203588.; Sender's Comments: V0: 20210554951-Covid-19 vaccine ad26.cov2.s-Transverse myelitis. 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).
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1368771-1	Transverse Myelitis - 6 days after second dose. MRI T spine showed enhancing lesion. MRI Brain, C,L normal CSF,AQP4, MOG all normal

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1369294-1	Transverse myelitis resulting in bilateral leg weakness and urinary retention, weakness started 3 was after vaccine, mild abdominal pain started two weeks after vaccine. He was seen in the ED on 5/19 with abdominal pain and weakness, negative work up and sent home. Came again to the ED on 5/21, again with abdominal pain and weakness. Found to have urinary retention, required fully catheter for decompression which improved abdominal pain. Also significant weakness.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1371617-1	Patient developed numbness and weakness in left arm, left leg and left side of abdomen. Cervical MRI with and without contrast showed enhancement . Lumbar puncture had high protein levels. Neurology consulted and think process is either cervical myelomalacia or cervical transverse myelitis/vaccine associated inflammation. Patient had never had a problem like this before. He was given high dose Solumedrol X 2 days and sent home on a prednisone taper. His numbness and weakness had improved at time of discharge from the Hospital on May 18, 2021. However, I see he has been readmitted to the Hospital on May 27, 2021 with similar symptoms.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1373291-1	transverse myelitis; paralyzed waist down; This spontaneous case was reported by a consumer (subsequently medically confirmed) and describes the occurrence of MYELITIS TRANSVERSE (transverse myelitis) and PARALYSIS (paralyzed waist down) in a 69-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 040A21A) for COVID-19 vaccination. No medical history was provided by the reporter. Concomitant products included DOCUSATE SODIUM (STOOL SOFTENER) for Constipation. On 09-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 MYELITIS TRANSVERSE (transverse myelitis) (seriousness criteria hospitalization prolonged, disability and medically significant) and PARALYSIS (paralyzed waist down) (seriousness criteria hospitalization prolonged, disability and medically significant). The patient was hospitalized from sometime in March 2021 to sometime in 2021 due to MYELITIS TRANSVERSE, and then on sometime in March 2021 due to PARALYSIS. At the time of the report, MYELITIS TRANSVERSE (transverse myelitis) outcome was unknown and PARALYSIS (paralyzed waist down) had not resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. Additional concomitant medications included a non-specific antidepressant and rosacea medication. Treatment information was not provided. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information has been requested. Most recent FOLLOW-UP information incorporated above includes: On 25-May-2021: Non significant follow up; 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1374333-1	Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1374459-1	Transverse Mylitus
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1375019-1	The patient developed a progressive facial diplegia and quadriparesis, mostly involving the lower extremities 3 weeks after receiving Moderna Vaccination. Initially work-up was concerning for Guillain-BarrT however LP showed significant pleocytosis with high protein, more consistent with transverse myelitis. MRI demonstrated long region of increased signal lower cervical to upper thoracic without enhancement. She showed significant improvement on high-dose steroids. She is able to ambulate without assistance at this time. She was discharged after complete her fifth day of steroids. Her speech and swallowing is improving, plans to follow-up with outpatient speech therapy.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1392514-1	Presents to our facility today with complaints of progressive weakness, inability to ambulate, abdominal pain, left thoracic wall paresthesias, inability to move bowels, and urinary difficulties. Reports he was also bitten by a spider on his left side recently and did not seek treatment, but decided to seek treatment when he developed same symptoms in his right side. Reports he has been experiencing symptoms for 1 week or more.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1394968-1	Almost immediate (next day) started having numbness in left fingers 3-5, heavy, glove like feeling in left hand, pain down left arm gradually intensifying in frequency and severity over 6-7 weeks. Cervical MRI ordered due to intense, sharp, stabbing left arm pain and numbness down ulnar side of left arm. Admitted to Medical Center on June 11, 2021 due to findings on MRI and worsening of symptoms. Drs. have narrowed down the DX to likely Acute Transverse Myelitis- pending results from a spinal tap done June 12, 2021. Currently still admitted for pain control and IV steroids to control swelling on spinal cord.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1397486-1	We report an event of transverse myelitis occurring one week after second dose of COVID vaccine in a seventy-five-year-old previously able-bodied gentleman with HTN and DM2. He developed a painless, distal greater than proximal, subacute onset weakness of the right greater than left upper and lower extremities with bowel and bladder retention. He was treated with methylprednisolone IV q24h for 3 days and IVIG (divided over 3 days). At one month from symptom onset, he was able to walk, but continued to have urinary and fecal retention. By 60 days since symptom onset, he had near resolution of symptoms.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1417310-1	Patient received second dose on 3/13/21. In mid-april, patient started experiencing numbness, tingling, parasthesias, and weakness in the lower extremity. This progressed upwards over a period of 2 months with worsening weakness. Due to the symptoms the patient fell and broke his ankle. The patient eventually could no longer walk as the weakness progressed. On MRI the patient was found to have an extensive transverse myelitis and was admitted to the hospital 06/18 for steroid treatment.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1432879-1	Transverse Myelitis; This is a spontaneous report from a contactable physician. A 74-year-old male patient received bnt162b2 (PFIZER BIONTECH COVID-19 VACCINE, solution for inhection), via an unspecified route of administration on 25Mar2021 (at the age of 74 years old) (Lot number was not reported) as dose number unknown, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Prior to vaccination, was the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 20Apr2021, the patient experienced transverse myelitis. The patient was given IV methylprednisolone sodium succinate (SOLU-MEDROL) as treatment. The patient was hospitalized for transverse myelitis for 3 days. The event resulted in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. Since the vaccination, the patient been tested for COVID-19. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 01May2021. The outcome of the event was recovering at the time of report. 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 transverse myelitis and the use of BNT162B2 cannot be fully excluded. There is limited information in this case 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1433882-1	Patient obtained 1st pfizer vaccine on 4/24/21 and then started having symptoms of cervical transverse myelitis on 5/1/21. A 2nd pfizer vaccine was received on 5/15/21. A 1.5T MRI of her cervical spine on 5/18/21 diagnosed cervical transverse myelitis which was confirmed with a 3T MRI cervical spine on 5/18/21. Patient hospitalized on 6/26/21 for IV solumedrol 1 gram daily x 5 days for treatment of cervical transverse myelitis. CSF and additional MRIs obtained.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1435074-1	Facial flushing, palpitations and orthostasis 3 days following first injection. Within 10 days the patient began experiences headaches and distal dysesthesias in her hands and feet. At the time of my examination on 1/9/21 she had widespread hyperreflexia. She continued to manifest signs of dysautonomia with rapid and disproportionate increases in heart rate with trivial activity. Her presentation was consistent with acute transverse myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1435082-1	The patient experienced chest pain/heaviness in addition to interscapular stabbing pain radiating into both arms approximately 23 days following her second dose of the Pfizer vaccination. She was taken to the cardiac cath lab after negative troponins and a negative stress test. Two coronary stents were placed in the setting of single vessel disease. She suffered a mild myocardial infarct during angioplasty. The patient was transferred to the facility where I work due to persistance of bilateral arm/hand dysesthesias/numbness/tingling which did not resolve following angioplasty/stenting. She demonstrated a poorly-definted mid-thoracic sensory level described as abdominal numbness extending to the legs. She demonstrated widespread hyperreflexia, including crossed adduction with bilateral knee jerk reflexes. Her presentation was consistent with acute transverse myelitis. As of outpatient follow-up on 4/12/21 the patient had continued dysesthesias and a subjective sensory level similar to presentation.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1443938-1	After 1st dose, 2 weeks after, Pain in right arm with tingling in right hand After 2nd dose, 1 week after, experiences full paralysis of right side (arm and leg) and trunk, 80% paralysis on left side (arm and leg) Diagnosed with Tranverse Myelitis, Inflammation of my Cervical spine, C2-C7
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1454224-1	The next day after the shot I started getting a severe pain in my back and the pain started migrating up my back and over my shoulders and down to my fingers. the pain comes and goes and is very severe, it is a crippling pain. The pain keeps coming and going, I did go to the ER and my BP was very high, and the pain radiates across my chest. I was in the hospital for two days.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1478597-1	March 26 first vax, no prob except tired and no energy. a week and 2 days later she went to hospital could not even change clothes , went to Dr. , then ER. they did MRI, and found out she had a stroke on right side of brain. but right side was showing weakness. Week and half later weakness in right hand. 2nd MRI left side stroke on brain, inflammation on spinal cord, short term rehab. They found UTI after going back to ER. Son got call from The 2nd ER doctor and said she was diagnosed with neuromyelitis optica very rare disease. They said she had transverse myelitis (May, 14 2021) Returned to rehab then found out she had high white blood cell count , On May 16, 2021 readmitted to hospital and did not return to Rehab until June 18 2021 . Then returned and is still in on July 2, 2021. (Inflammation of gallbladder, 4th diagnose of Shower strokes, diabetes, On July 12, 2021 in hospital was diagnosed with Covid 19 and is still in hospital
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1485401-1	Patient started to develop numbness around the upper body 2 weeks after the vaccine (mid-April). Later the numbness and tingling progressed to lower extremities (by July). Patient later found to have transverse myelitis involving T4 spinal cord on MRI. Strong suspicion that the transverse myelitis was triggered by immune reaction from Pfizer vaccine.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1490889-1	Suffered an unwitnessed fall this evening ~ 0130. Prior to this he had been ambulating in the dayroom around midnight without difficulty at his baseline and interacting with staff. He then went to his room. During rounds ~0130, the staff found him in the bathroom face down. He stated he lost his balance but was not able to provide more information. He was assisted up and he had difficulty walking . RN noted three abrasions on his forehead and one on his chin. His vitals were 146/86, 20, 74, 97.2. He had a change in his baseline mentation and ambulatory status at that time. Patient transferred to local ED, where he was seen by two providers. At that time, patient was noted to be using his right arm and left.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1493606-1	6/7/2021 DAY 12 POST VACCINE, BOTH ARMS FELT TINGLY AND NUMB ON AND OFF. 6/12/2021 WENT TO URGENT CARE IN THE MORNING WITH VERY SORE BACK. SENT TO ER. TREATED WITH MUSCLE RELAXER FOR PINCH NERVE IN NECK. A FEW HOURS LATER, HE SUDDENLY COLLAPSED AT HOME UNABLE TO MOVE. TRANSFERED TO ER VIA AMBULANCE. IN ER ALL NIGHT. TRANSFERED 6/13 WHEN AMBULANCE WAS AVAILABLE. NOW HE IS COMPLETELY PARALYZED FROM HIS NECK TO HIS TOES. AFTER MANY TESTS AND EXAMS, HE WAS DIAGNOSED WITH TRANSVERSE MYELITIS. HE REMAINED AT MEDICAL CENTER FOR 3 WEEKS. THEN TRANSFERED TO WHERE IS REMAINS.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1493826-1	Transverse myelitis, with symptom onset around 6/22. Symptoms began with bilateral lower extremity weakness and pain, and then progressed to constipation and concomitant bandlike abdominal pain.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1497549-1	Transverse Myelitis; This is a spontaneous report from a contactable pharmacist. A 40-years-old adult male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Batch/lot number: El3249) via an intramuscular route of administration in Arm Right on 20Jan2021 03:15 (age at vaccination 40years old) as Dose 2,Single for COVID-19 immunization. Medical history included diabetes mellitus from an unknown date and unknown if ongoing, hypertension from an unknown date and unknown if ongoing, HTN, hyperlipidaemia from an unknown date and unknown if ongoing. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Facility the most recent COVID-19 vaccine was administered in Workplace clinic. Concomitant medication(s) included semaglutide (OZEMPIC); metformin (METFORMIN); hydrochlorothiazide, losartan potassium (HYZAAR); rosuvastatin calcium (CRESTOR). All taken for an unspecified indication, start and stop date were not reported. The patient was allergic to the drug Amoxil.Since the vaccination, the patient had not been tested positive for COVID-19. The patient had historical vaccine of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Batch/lot number: El0142) via an intramuscular route of administration in Arm Right on 30Dec2020 03:15 as Dose 1,Single for COVID-19 immunization. The patient experienced transverse myelitis in Jun2021. The patient was hospitalized for transverse myelitis for 3 days. The patient received any treatment for the adverse events. Therapeutic measures were taken as a result of transverse myelitis. The clinical outcome of the event recovering. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on the reported information ,a causal relationship between the events and suspected drug cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				"Around the 5th of May, 2021, Pt felt a numbness sensation in her right hand that radiate it up her arm. 1 week later, the numbness presented in her left hand as well following by a tingling. The numbness and tingling wrapped around her chest making it difficult to breath. Pt was taken to the hospital and went into the ER. They misdiagnosed her with a Pulmonary Embolism. Pt started to feel excruciating neck pain which cause an inability to sleep during this time. The doctors decided to do an MRI scan of her cervical spine. The doctors saw that she had lesions on her spine. The treatment in the hospital was blood thinners for the misdiagnosed Pulmonary Embolism and a low dose steroid as well for the inflammation of her spine. 10 days after Pt was admitted into the hospital. Once at hospital, Pt was admitted into the ICU. The staff did an MRI of her brain, cervical and thoracic spine, and a lumbar puncture. That's when the doctors diagnosed her with Transverse Myelitis. Here are some notes from the Doctors, ""22 year old female without significant past medical history who was transferred to center for further evaluation of right upper extremity numbness and weakness. Here, the patient underwent completion MR imaging which confirmed a large, vertically extensive cervical cord lesion, and a lumbar puncture. The patient was started on pulse methylprednisone with marked improvement of her right upper extremity symptoms. The patient has a very large lesion involving the majority of the cervical cord. The main differentials are a significant demyelinating event and malignancy. Covid19 vaccination. Of note, patient received the Johnson & Johnson...If this ends up being a demyelinating event, this probably should be reported."" Medications given at center are Tylenol 325mg PO 2 pills every 6 hours for headache. CARBAMAZEPINE XR 100mg PO 1 tab twice a day for spasms due to working diagnosis. Enoxaparin 40mg/ 0.4ml x 0.4ml syrn injected underneath skin daily for misdiagnosis of PE by the doctors (discontinued due to Doctors reasonable conclusion that there was no CLOT whatsoever.) SOLU-Medrol 1g IV daily. Pt was then MEDEVAC to different enter on the 27th of May, 2021. Pt was hospitalized at center for 4 days with follow up appointments for Occupational therapy, physical therapy, Immunology, Hepatology. Pt felt the same symptoms such as Numbness and weakness in right hand, tingling sensation in left hand digits, spasms and tremors. The Doctors note reads, "" Patient with evidence of primarily central T2 hyperintensity spanning greater than 3 vertebral segments in both cervical and thoracic cord with corresponding right upper extremity mono-paresis and sensory changes to multiple modalities... The highest suspicion was for an autoimmune etiology such as NMOSD."" Previous medications that were given at previous center were discontinued and the new medications are as follows: predniSONE 20mg PO with tapering of steroids included for Transverse Myelitis. Gabapentin 300mg PO 1 pill twice a day for nerve pain. PROTONIX 20mg PO 1 tab everyday for GI protection due to steroids being harsh on the stomach Tylenol 325mg PO take 2 tabs every 6 hours PRN for pain. Rituximab 1g IV. Pt flew back to her home on the 9th of July, 2021. During this time till now she has been feeling the same symptoms as described before. Numbness and weakness still in her right upper extremity, painful spasms, inability to sleep, left upper extremity beginning to show weakness as well. Through all these events it is without a doubt that this has taken a toll on her body, both physically and mentally. Pt while here at home station saw a civilian Doctor named Dr. who is rheumatologist. He was taking up the decision whether to allow the second dose of Rituximab for Pt. He did his own exams and wrote his own notes apart from the military providers. He questions whether Pt has NMOSD or MOGAD. In his notes he questions whether there is a relationship between this acute illness and the J&J vaccine. I, a (spouse), write this from Center as Pt and I sit here because of another ER visit due to worsening symptoms. She is currently waiting to be discharged from the hospital. She received another treatment of steroids IV to combat the inflammation of her spinal cord with another MRI being taken on Friday the 30th of July 2021. The MRI showed a new lesion on her cervical spine which was behind the reason of her intial visit to the ER, neck pain. I believe the J&J vaccine triggered something in Pt body to cause this disorder to arise prematurely. Of course the question is when was it supposed to happen? I wrote this because she told me she did not feel right two hours after the J&J vaccination was administered to her. With the recent news articles of J&J vaccine and the side effects of GBS or Guillain-Barre syndrome appearing, I knew this report had to be made. I thank you for your time for reading this report and please feel free to contact me."
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1522831-1	Transverse Myelitis- temporary paralysis, intense pain, muscle spasms, bladder retention, 4 UTIs in 3 months, physical therapy to regain mobility which is still limited. Doctors indicated recovery will take 6-12 months.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1536516-1	In mid April, I started to have numbness in my fingers on both hands and it started to spread into my arms, chest, and back. I saw a surgeon and a neurologist when I went to the hospital. I was diagnosed transmyelitis. I still have numbness and tingling in my hands and down my legs.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1549286-1	Patient developed progressive weakness and numbness of both legs, unsteady gait, bowel/bladder dysfunction two weeks following vaccination; patient developed altered sensation below spinal level T2. MRI spine showed abnormal signal consistent with probable transverse myelitis involving C3 to T10 levels; CSF with elevated WBC and protein also consistent with transverse myelitis. CSF negative for infection or other abnormalities. Patient is responding well to IV methylprednisolone with steady improvement.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1582373-1	Acute transverse myelitis
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1605722-1	Transverse Myelitis requiring IV solumedrol 1000 mg daily x 5 days then 32 mg oral BID weaning by 4 mg daily until off (last dose 4/20/21) Hospitalized x 12 days including rehab being discharged with a walker and previously fully ambulatory 8 weeks physical therapy Off work x 7 weeks Continue to require muscle relaxer at HS Effect to right leg with tightness, numbness to right axilla and side, pain at T1 area to right anterior and posterior, gait effected , but improving with no support Confirmed was not MS Treated for Guillain Barre post flu vaccine in 2013

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1617706-1	Transverse myelitis - started after receiving unknown COVID 19 vaccine in 4/2021.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1628183-1	Lose of urine and bowel. Pins/needle and numbness down legs and feet. Lots of pressure on feet. Difficulty walking.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1632364-1	Transverse Myelitis developed 4 months s/p second shot
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1642023-1	One day after receiving the vaccine, the patient developed bilateral leg weakness, palpitations, and also numbness in the lower back region. She was found to have neck flexion as well as bilateral proximal leg weakness. Her gait is unsteady.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1644538-1	Transverse myelitis; being paralyzed; not receiving 2nd dose of the Moderna COVID19 vaccine; This spontaneous case was reported by a consumer and describes the occurrence of PARALYSIS (being paralyzed) and MYELITIS TRANSVERSE (Transverse myelitis) in a 27-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 054c21a) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No medical history was reported. Concomitant products included ANTIDEPRESSANTS for an unknown indication. On 05-Jun-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 29-Jul-2021, the patient experienced PARALYSIS (being paralyzed) (seriousness criteria hospitalization, disability and medically significant). On an unknown date, the patient experienced MYELITIS TRANSVERSE (Transverse myelitis) (seriousness criteria hospitalization, disability and medically significant) and PRODUCT DOSE OMISSION ISSUE (not receiving 2nd dose of the Moderna COVID19 vaccine). At the time of the report, PARALYSIS (being paralyzed) had not resolved, MYELITIS TRANSVERSE (Transverse myelitis) outcome was unknown and PRODUCT DOSE OMISSION ISSUE (not receiving 2nd dose of the Moderna COVID19 vaccine) had resolved. mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was withdrawn on an unknown date. It was reported patient had multiple tests in the hospital. No concomitant medications were reported. No treatment information was provided by the reporter. Company Comment : 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.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				Acute Transverse Myelitis/Idiopathic Acute Transverse Myelitis; Parazlyzed from the neck down; I had spasticity in my legs; Weird sensations in my body; Pain in my arms; Retention in my bladder/overactive bladder; Lost control over bowels; Hands are weak; Chest pain; Back pain; This spontaneous case was reported by a consumer and describes the occurrence of MYELITIS TRANSVERSE (Acute Transverse Myelitis/Idiopathic Acute Transverse Myelitis), PARALYSIS (Parazlyzed from the neck down), URINARY RETENTION (Retention in my bladder/overactive bladder), ANAL INCONTINENCE (Lost control over bowels), MUSCLE SPASTICITY (I had spasticity in my legs), FEELING ABNORMAL (Weird sensations in my body) and PAIN IN EXTREMITY (Pain in my arms) in a 41-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 004C21A and 031B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Allergy to nuts (Tree nuts), Birch pollen allergy and Vegetable allergy. Concomitant products included LORAZEPAM for Anxiety, SERTRALINE for Depression. On 05-Apr-2021 at 1:00 AM, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 03-May-2021 at 1:30 AM, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 10-May-2021, the patient experienced PARALYSIS (Parazlyzed from the neck down) (seriousness criteria hospitalization and medically significant), MUSCLE SPASTICITY (I had spasticity in my legs) (seriousness criterion hospitalization), FEELING ABNORMAL (Weird sensations in my body) (seriousness criterion hospitalization) and PAIN IN EXTREMITY (Pain in my arms) (seriousness criterion hospitalization). In May 2021, the patient experienced URINARY RETENTION (Retention in my bladder/overactive bladder) (seriousness criteria hospitalization and medically significant) and ANAL INCONTINENCE (Lost control over bowels) (seriousness criterion hospitalization). On an unknown date, the patient experienced MYELITIS TRANSVERSE (Acute Transverse Myelitis/Idiopathic Acute Transverse Myelitis) (seriousness criteria hospitalization and medically significant). an unknown date, the patient experienced MUSCULAR WEAKNESS (Hands are weak) and BACK PAIN (Back pain). an unknown date, the patient experienced CHEST PAIN (Chest pain). The patient was hospitalized for 9 days until 04-Jun-2021 due to MYELITIS TRANSVERSE, then for 9 days until 28-Jun-2021 due to ANAL INCONTINENCE, FEELING ABNORMAL, MUSCLE SPASTICITY, PAIN IN EXTREMITY, PARALYSIS and URINARY RETENTION. The patient was treated with BACLOFEN for Muscle relaxant, at a dose of 10 mg once a day; BACLOFEN for Muscle relaxant, at a dose of 10 mg and FLUDROCORTISONE for Blood pressure abnormal, at an unspecified dose and frequency. At the time of the report, MYELITIS TRANSVERSE (Acute Transverse Myelitis/Idiopathic Acute Transverse Myelitis), PARALYSIS (Parazlyzed from the neck down), URINARY RETENTION (Retention in my bladder/overactive bladder), ANAL INCONTINENCE (Lost control over bowels), MUSCLE SPASTICITY (I had spasticity in my legs), FEELING ABNORMAL (Weird sensations in my body), PAIN IN EXTREMITY (Pain in my arms), MUSCULAR WEAKNESS (Hands are weak), CHEST PAIN (Chest pain) and BACK PAIN (Back pain) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 13-May-2021, Magnetic resonance imaging: abnormal (abnormal) Abnormal Diagnosed with Acute Transverse Myelitis. Spine was inflamed from C2 - C7. On an unknown date, Blood test: couldn't find anything (normal) couldn't find anything. On an unknown date, Urine analysis: couldn't find anything (normal) couldn't find anything. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Patient reported that on 21-JUL-2021 neurogenic bladder test was done, results were not reported. Patient was given 5 rounds of steroids and had a lumbar puncture. The steroids were very effective in getting my paralysis down. MRI of her thoracic spine is scheduled on August 27th because of new chest and back pain. Went back to the Urologist to have a neurogenic bladder test. The patient reported that she was prescribed a bladder medication, Gemsa, and she also straight cath herself about 6 times or more a day. Company comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. This case was linked to MOD-2021-230242 (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.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1644557-1	
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1645746-1	Diagnosed with transverse myelitis; This is a spontaneous report from a contactable consumer (patient). A 33-year-old female patient (not pregnant) received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: Ewo182 and expiration date not provided), via an unspecified route of administration, in left arm, on 03May2021 (at the age of 33-year-old, not pregnant), at single dose, for COVID-19 immunization. Medical history and concomitant medications were not reported. Patient had no COVID prior vaccination, no COVID tested post vaccination. Patient had no known allergies, no other medical history. No other vaccine in four weeks. No other medications in two weeks. The patient previously took first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: Ewo158 and expiration date not provided), via an unspecified route of administration, in left arm, on 12Apr2021 (at the age of 33-year-old), at single dose, for COVID-19 immunization. Patient was diagnosed with transverse myelitis on 08Jul2021. Event resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, and hospitalization. Patient was hospitalized for 4 days. Therapeutic measures were taken as a result of event and included treatment with 3 days of IV steroids. The outcome of the events was recovering. No follow-up attempts are needed. No further information is expected.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1651353-1	Patient now admitted to Hospital. At direction of the Provider currently taking care of patient I am entering this report. Per providers note and conversation - patient is experiencing facial droop, numbness and migrating neurologic symptoms severe enough to present to emergency room and then be admitted to Hospital floor for further monitor and testing. Demyelinating disease with possible transverse myelitis is suspected.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1654158-1	Immediate lower back pain and thigh pain on injection Ongoing pain (back and nerve) Onset of numbness, nerve pain, and weakness in bilateral legs. Hospital stay started August 17th Diagnosed with Transverse Myelitis after 6 days. Numbness and extreme weakness in legs. Unable to walk without assistance. Treatment is still in progress.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1659022-1	On July 3 I woke up with my right leg feeling numb. When taking shower I felt weird sensation. In a few hours right leg, rom waist down, felt stiff, as if tightly wrapped in cloth. I was unable to walk or stand. I was taken to ER. After multiple MRI, after a week, it was diagnosed as Transvers Myelitis. Doctor gave me a 5 day course of Solumedrol. I now take Baclofen - three times a day. I was given D3 and B12 supplements. I was advised physical therapy. As of now (August 31) I have good strength and motor skills. I can walk. However weird sensation (tightness in thigh and toes, tingling on touch) sensation continues.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1665737-1	Transverse Myelitis, paralyzed from waist down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1677295-1	Could not have a bowel movement for about 8 days; Numbness and tingling in both of their legs; Paralyzed; Swelling of their spine (transverse myelitis); Still has no control of when they need to urinate; Numbness and tingling in both of their legs; Second dose not taken even after 55 days; Patient can use a walker with the strength of their upper body to swing their legs on to the bed; This spontaneous case was reported by a consumer and describes the occurrence of PARALYSIS (Paralyzed), MYELITIS TRANSVERSE (Swelling of their spine (transverse myelitis)), CONSTIPATION (Could not have a bowel movement for about 8 days), URINARY INCONTINENCE (Still has no control of when they need to urinate), HYPOAESTHESIA (Numbness and tingling in both of their legs) and PARAESTHESIA (Numbness and tingling in both of their legs) in a 28-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 054C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Muscle spasm. Concomitant products included CYCLOBENZAPRINE for Muscle spasms, SERTRALINE, GABAPENTIN, VITAMIN C [ASCORBIC ACID], VITAMIN D NOS and ZINC for an unknown indication. On 05-Jun-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 29-Jul-2021, the patient experienced MYELITIS TRANSVERSE (Swelling of their spine (transverse myelitis)) (seriousness criteria hospitalization and medically significant), CONSTIPATION (Could not have a bowel movement for about 8 days) (seriousness criterion hospitalization), URINARY INCONTINENCE (Still has no control of when they need to urinate) (seriousness criterion hospitalization), HYPOAESTHESIA (Numbness and tingling in both of their legs) (seriousness criterion hospitalization) and PARAESTHESIA (Numbness and tingling in both of their legs) (seriousness criterion hospitalization). On 31-Jul-2021, the patient experienced PARALYSIS (Paralyzed) (seriousness criteria hospitalization and medically significant). In August 2021, the patient experienced WALKING AID USER (Patient can use a walker with the strength of their upper body to swing their legs on to the bed). On an unknown date, the patient experienced INCOMPLETE COURSE OF VACCINATION (Second dose not taken even after 55 days). The patient was hospitalized on 31-Jul-2021 due to HYPOAESTHESIA, MYELITIS TRANSVERSE, PARALYSIS and URINARY INCONTINENCE. The patient was treated with Physical therapy (Three times a week) for Paralysis. In August 2021, CONSTIPATION (Could not have a bowel movement for about 8 days) had resolved. At the time of the report, PARALYSIS (Paralyzed) and URINARY INCONTINENCE (Still has no control of when they need to urinate) had not resolved, MYELITIS TRANSVERSE (Swelling of their spine (transverse myelitis)), HYPOAESTHESIA (Numbness and tingling in both of their legs), PARAESTHESIA (Numbness and tingling in both of their legs) and WALKING AID USER (Patient can use a walker with the strength of their upper body to swing their legs on to the bed) outcome was unknown and INCOMPLETE COURSE OF VACCINATION (Second dose not taken even after 55 days) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Other relevant concomitant included multivitamin and glycoin. Treatment medications included high dose steroids. 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 Type	Event Category	VAERS ID	Adverse Event Description
				TRANSVERSE MYELITIS; BELL'S PALSY; CHILLS; NAUSEA; This spontaneous report was received from literature: SARS-CoV-2 Vaccination-Induced Transverse Myelitis. 2021 Jul 25; 13(7): E16624. This report concerned a 44 year old female. The patient's height, and weight were not reported. The patient had no past history. The patient's pre-existing medical conditions included: Her family history was unremarkable for muscular disorders, multiple sclerosis, stroke and any rheumatological disorders. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration, batch number: Unknown and expiry date: Unknown) dose, start therapy date were not reported, 1 total for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. The patient was presented to the emergency department with a three-days history of worsening back pain associated with nausea and urinary retention. She also reported numbness and weakness in the lower extremities for the last two days along with low-grade fever, chills, and body aches for two to three days. On physical examination, blood pressure was 135/83 mmHg, heart rate of 78 beats per minute, temperature of 99.1 Fahrenheit, respiratory rate of 11 breaths per minute and oxygen saturation of 99% on room air. She was awake, alert, attentive, and oriented to time and person and did not have any nuchal rigidity, meningismus, or Lhermitte's sign. Her cranial nerves II-XII examination was grossly intact. She had normal muscle tone and strength in both upper and lower extremities with normal coordination and gait. Exaggerated (3+) deep tendon reflexes were noted in bilateral upper and lower extremities and positive Babinski signs were present bilaterally. Sensory examination was abnormal with decreased vibration in bilateral toes, and mild paresthesia in the neck and abdomen. The rest of the physical examination was unremarkable. Initial laboratory analysis showed an unremarkable complete metabolic profile, complete blood count, and a negative SARS-CoV-2 nucleic acid amplification test. The patient underwent magnetic resonance imaging (MRI) of the cervical, thoracic spine, and lumbar spine with and without contrast, showing increased signal throughout the spinal cord extending from the C2-3 segment into the upper thoracic spine (Transverse myelitis). She underwent MRI brain with and without contrast, which was unremarkable for any inflammatory process. Neurology services evaluated her and recommended starting high-dose methylprednisolone therapy for the next three days. She required multiple straight catheterizations due to urinary retention. The next day she had significant improvement in her symptoms. Lumbar puncture was performed with cerebrospinal fluid (CSF) analysis showing a white blood cell count of 227 ¦/L, red blood cells of 25 ¦/L, total cell count of 100 with 96% of lymphocytes, 3% of monocytes, and 1% of eosinophils. CSF chemistry analysis showed glucose of 71 mg/dL, protein of 43 mg/dL, albumin of 0.6 g/dL, and lactate dehydrogenase of 8 units/L. The rest of the workup, including the venereal disease research laboratory test, Toxoplasma gondii antibody, neuromyelitis optica IgG antibody, antinuclear antibody screen and cryptococcal antigen, were negative. CSF bacterial, viral, and fungal cultures were sent and were later reported as negative. The myelin basic protein was noted to be 2.8 mcg/L, and the (Immunoglobulin G) IgG index was 0.67. No oligoclonal bands were present. The CSF pathology showed small lymphocytes and rare monocytes. To prevent recurrence or exacerbation of myelopathy, neurology services decided to start her on plasma exchange for five treatments over 10 days after the completion of three days of pulse dose of methylprednisolone. While undergoing plasma exchange, she developed Bell's palsy, suggesting the persistence of the underlying inflammatory process despite three days of methylprednisolone and four sessions of plasma exchange. Repeat MRI cervical and thoracic spine with and without contrast was performed after five sessions of plasma exchange and showed a decrease in signal intensities in the cervical and thoracic spine depicting improvement in her condition. Treatment medications (dates unspecified) included: methylprednisolone. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from bell's palsy, chills, and nausea, and was recovering from transverse myelitis. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210901278-covid-19 vaccine ad26.cov2.s -Transverse Myelitis; Bells Palsy 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). 20210901278-covid-19 vaccine ad26.cov2.s -Chills; Nausea. This event(s) is labeled per RSI and is therefore considered potentially related.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1681441-1	
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1689034-1	Seizure, transverse myelitis
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1693388-1	Pt had her first Shot of Moderna on 1/21/2021 and her second shot on 2/18/2021- Lot # 024M20A. She also had a Td on 4/12/2021 Lot # A132A1. She is unsure exactly when her first symptoms started but around July she had a tight circumferential feeling around chest. Symptoms progressed through August and she developed numbness in toes that worked it's way up to her chest. She went in for an Emergency MRI and was diagnosed with Transverse Myelitis and also Multiple Sclerosis. She had 3 lesions total and was told this was caught early. This may or not be related to a vaccine but since transverse myelitis can develop after a vaccine I am reporting it.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1696569-1	Diagnosed with transverse myelitis on March 29, 2021. Hospitalized for 2 weeks with loss of mobility in both legs, numbness, tingling, stiffness. Followed by 2 weeks of residential rehab with PT and OT. Regained mobility with continued spasticity and neuropathy. Continued out-patient PT.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1701309-1	Acute Transverse Myelitis
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1704113-1	Transverse myelitis

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1711506-1	Myelitis transverse; Paralyzed; her knees down to her feet into her toes stayed on fire now; This is a spontaneous report from contactable nurse (patient). A 75-year-old female patient received the 2nd dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech), intramuscular administered in arm right on 06Feb2021 10:10 (Lot Number: EL9264) as DOSE 2, SINGLE for COVID-19 immunisation. Medical history included spinal operation from in Jan2020 (not ongoing). The patient's concomitant medications were not reported. Previously the patient received the 1st dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech) (Lot# 2L3302) on 05Jan2021 at 75 years for COVID-19 immunisation with no adverse effect. In Mar2021 or Apr2021 the patient became paralyzed. The event caused patient's hospitalization for 2 days and they did MRI and CT scan. Both tests came out normal. She was told her spinal cord was wide open and hardware looked good. The event also required emergency room visit and physician office visit (neurologist). On 27Jul2021 she saw the neurologist which diagnosed her with transverse myelitis with outcome of unknown. She could walk now, she was diagnosed transverse myelitis from the vaccine. Treatment included physical therapy. She reported that below her knees down to her feet into her toes stayed on fire in Aug2021 with outcome of not recovered, and she had testing done another MRI. She also had a test in Aug2021 on her muscles and nerves, she does not know the name of the test.; Sender's Comments: Based on the information in the case report and a plausible temporal relationship, a possible causal relationship between the events Transverse myelitis, Paralysis and suspect drug BNT162B2 cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1721916-1	diagnosed with transverse myelitis; paralysis/my legs became paralyzed/still partially paralyzed; had deep inflammation of the neck/developed inflammation of my cervical spine that was completely due to the COVID Vaccine; She can't use her right hand/she couldn't feel her right hand; still has pain in her left foot; It's numb/left hand numbness/numbness of the feet/numbness in right toes; tingling feeling; is just overall frustrated; The paralyses reached to my Bladder, where I could not hold my own urine/lost bladder control; couldn't walk anymore; This is a spontaneous report received from a contactable consumer (Patient). A 54-year-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, solution for injection, Lot number: FD8448) via an unspecified route of administration administered at left arm on 20Aug2021 13:00 (at the age of 54-year-old) as dose 1, single for COVID-19 immunisation. Medical history included occasional asthma. Patient received someone unspecified inhaler for occasional asthma as concomitant medication. It was reported that Caller has taken the Pfizer-BioNTech COVID-19 Vaccine and she is experiencing paralysis. She wants to talk to someone. She got disconnected before could transfer her. Caller reports she had the Pfizer Covid, first shot, on 20Aug2021 and ended up in the hospital for 6 days and she underwent a MRI and spinal tap and it was ruled out for any other possible reason/condition medically for her to have had deep inflammation of the neck, onset of paralysis. Attempt made to slow caller to clarify details. States just put that she was diagnosed with transverse myelitis and was hospital for 6 days and was discharged on 03Sep2021 and was sent home with a walker and crutches. She can't use her right hand and that is her bread and butter, she has been working from home and still has pain in her left foot and can't put weight on it without feeling any pain. It's numb, it's a nerve condition and hard to explain. Thinks they reported it to the CDC. Was put in for a MRI, a painful MRI and endured and had to go through a 2 hour brain scan, cervical (neck) scan, and thoracic area scan. Was put through a spinal tap. Before the Covid shot she was a 100% healthy 54-year-old. She would like some compensation, someone to help pay for her debt and time taken off work. She works for the government who forced her to do this, and it was encouraged that all government employees get it and it was against all her instincts and she did this and her employer will not pay for her sick time or medical debt. Is a good citizen. Has not left the house in 16 months. Patient did not receive any other vaccines given the same day or 4 weeks prior. No problems with vaccines in past. No flu shot in 31 years and has never been sick for 31 years or hospitalized in 31 years ans she was super healthy. Only carries an inhaler for occasional asthma and has not ever been hospitalized for asthma. Later says except with the flu shot 31 years ago. Does not know if she was really hospitalized and does not remember it well, but she had an asthma attack. Does not know if it was a result of flu shot, she probably never even had a flu shot. Again, stated that she was not sure. She further stated that she waited probably too long to go to the hospital. It was about a day and a half after the vaccine started having problems. Probably the 20th and it progressed slowly. She was communicated this with her doctor on Thursday, 26 August about the left-hand numbness and tingling feeling and numbness of the feet. It was progressing up the legs and by that Friday by 3pm she called the nurse and told her that she couldn't feel her right hand. Finally, she went at 2pm to the hospital on the 29th, Sunday. By then she had lost bladder control and couldn't walk anymore, and they had to do a spinal tap to rule out bacterial infection, which came back negative for bacterial infection. Then she was treated and started on a 5 day, 1 hour IV drip of Methylprednisolone steroid, a heavy duty steroid, enough for a horse and was 50% better and can feel her right legs. Still has 10% of the tingling and numbness in right toes. Right hand, index finger and thumb still are numb and tingling. Left hand is perfect especially with the numbness and tingling. Her whole left leg from the thigh to toes and foot has probably about 30% improved. There was nothing more than they could do for her so they discharged her home with a walker. She further mentioned that They did about 95 different kinds of blood work on her and DNA genetic testing at the hospital. Results stated she does not have Parkinson's, MS and does not even carry cancer cells. Does not have Lupus and was in perfect health before with no diabetes, in perfect health. Has been taking care of herself for years and exercises and she does not smoke. Is just overall frustrated. Again, mentions she needs some help with financially and hopes to get it from Pfizer. Has missed work for 2 weeks and the government was not going to pay for her sick time and they don't care. They just cared about uploading her Covid shot. Her doctors even have written letters to her employer not to force her to get the second shot because of what happened with the first one and it's now on her allergies list. Knows Pfizer may care what happens and she has not called anybody else. Called Pfizer since she took Pfizer shot. Patient did not visit the emergency room and physician office for the events. The seriousness criteria as hospitalization. Outcome of events: diagnosed with transverse myelitis, paralysis/my legs became paralyzed/still partially paralyzed, is just overall frustrated, It's numb/left hand numbness/numbness of the feet/numbness in right toes, still has pain in her left foot, She can't use her right hand/she couldn't feel her right hand not recovered while remaining all events was unknown.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1736043-1	Weakness in arms that moved to legs. Hospitalized and diagnosed with transverse myelitis after 2 weeks. Not leg function.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				ENTIRE SPINAL CORD HEMORRHAGED; TRANSVERSE MYELITIS; BLOOD CLOT IN CALF MUSCLE; COVID-19 TEST POSITIVE; This spontaneous report received from a patient concerned a 64 year old male. Initial information was processed along with the additional information received on 28-SEP-2021, 29-SEP-2021 and 30-SEP-2021. The patient's height and weight were not reported. The patient's concurrent conditions included no alcohol use, being a non-smoker and an unspecified bladder control disorder. The patient had no history of drug abuse or illicit drug use. It was reported that the patient was 'as healthy as an ox' having previously worked and that he was paraplegic at the time of reporting. The patient had previously experienced 'whole body hurt' when treated with levofloxacin, and 'felt like a train run over him' when treated with ciprofloxacin. The patient reported having no family history of any neurological disease. The patient received COVID-19 vaccine Ad26.COV2.S (suspension for injection, route of administration not reported, batch number 1805020, expiry date 23-AUG-2021), 0.5 mL, once in total, administered on 05-APR-2021 into the right arm for prophylactic vaccination. Concomitant medications included a medication for bladder control, the name of which the patient could not remember. On 11-APR-2021, the patient, went to an emergency room (ER) as he reported feeling terrible, whereupon he tested positive for COVID-19 (rapid/quick COVID-19 test). The patient reported that he had no COVID-19 symptoms, but he was sent home. On 15-APR-2021,the patient awoke at 14:00 and experienced total paralysis from the waist down (paraplegia). A blood clot was detected in his calf muscle and the reporter mentioned that the entire spinal cord had swelled and hemorrhaged. On an unspecified date, the patient was hospitalized and spent 105 days in the hospital and rehabilitation hospitals. The patient was at home for the last 2 months and was working at adjusting to his new normal life as a paraplegic. The patient reported that he aspirated on water 2 days into his hospital stay, resulting in him being transferred into the ICU (intensive care unit) ward on a ventilator for 2 weeks (14 days). He reported that the doctors had never treated anyone else with symptoms that he had, and that finally he was diagnosed with transverse myelitis. The patient reported that he was given the first dose of IVIG(Intravenous immune globulin) at either his ER visit of 11-APR-2021 or 15-APR-2021, but could not remember which. When the result for the clot was positive, IVIG was stopped. The patient reported that he had undergone various unspecified tests since APR-2021 and 'everything was fine', bar results of a spinal magnetic resonance imaging (MRI) scan which shoed his spinal cord 'looked like Swiss cheese'. On 30-SEP-2021, during a telephone call placed to the patient, he reported that total lower body paralysis was continuing. The paralysis remained at the same severity since 15-APR-2021. He reported his upper body was okay, but that his arms felt cold at times. The patient could not figure how to access his medical charts, but did verbally agree to give the company consent to obtain his records and to contact his treating physicians. The action taken with COVID-19 vaccine Ad26.COV2.S was not applicable. The outcome of the transverse myelitis, blood clot in calf muscle, COVID-19 test positive and entire spinal cord hemorrhaged was not reported. This report was serious (life-threatening, caused/prolonged hospitalization, other medically important condition). This report was associated with product complaint 90000194838.; Sender's Comments: V0: This spontaneous report received from a patient concerned a 64-year-old male who tested positive for COVID-19 6 days after vaccination and experienced transverse myelitis, entire spinal cord hemorrhage and a blood clot in the calf muscle 10 days after vaccine. Medical history includes unspecified bladder control disorder and drug reaction to ciprofloxacin and levofloxacin. The patient was healthy at the time of vaccination. Concomitant medications include an unspecified bladder control medication. The patient tested positive for COVID-19 on rapid test 6 days after vaccination and had no symptoms. The patient experienced paraplegia, and a blood clot in his calf muscle 10 days after vaccination. The patient was mechanically ventilated for 14 days in the ICU following an aspiration during his hospital stay. The patient spent 105 days in total in the hospital and rehabilitation centers. The patient was treated with intravenous immunoglobulin until the positive test result (unspecified test) for clot. Unspecified laboratory testing was normal but the MRI of the spinal cord showed a Swiss cheese appearance. The outcome of the events was not reported. The subject's COVID-19 infection may have increased the risk for the event(s) to occur. However, considering the temporal relationship with vaccination, a relationship with Janssen Covid-19 vaccine cannot be ruled out. Therefore, the relationship is considered indeterminate.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1755727-1	
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	1791166-1	diagnosed with transverse myelitis; paralyzed from her waist down; This is a spontaneous report from a contactable consumer. This consumer reported similar events for two patients. This is the second of two reports. A female patient of an unspecified age (family friend) received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE lot/batch number and expiration date not reported) via an unspecified route of administration on an unspecified date as dose number unknown, single for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. Reporter stated that he has a really close family friend that is a female and she was diagnosed with transverse myelitis in T2 and was paralyzed from her waist down and she received the Pfizer Vaccine as well and it came on out of the blue that morning and she felt tingling in her legs like he did and within an hour she could not move her legs and they did diagnose her as well with transverse myelitis (hospitalization). Outcome of the events was unknown. The lot number for BNT162B2, was not provided and will be requested during follow up.; Sender's Comments: Linked Report(s) : US-PFIZER INC-202101314920 same reporter/drug, similar event, different patients

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1791170-1	transverse myelitis; neuropathy from his waist down; This is a spontaneous report from a contactable consumer (patient). This consumer reported similar event for two patients. This is the first of two reports. A 41-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), (at the age of 41 years old) via an unspecified route of administration, administered in Arm Right on 24May2021 (Batch/Lot Number: EW0186) as dose 2, single for covid-19 immunisation. The patient has no medical history and concomitant medications. The patient had the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot: EW0176) via an unspecified route of administration in the left arm on 03May2021 10:00 (at the age of 41 years old) for COVID-19 immunization and experienced brain fog, a lot of digestive issues and still has a huge knot on his left arm and it has remained the same and is as hard as a rock (the patient had the 2nd dose administered in his right arm and it has no knot on that arm). No additional vaccines administered on same date of the Pfizer suspect and no prior vaccinations within 4 weeks. The patient was diagnosed with transverse myelitis on 09Sep2021 per his 'MyChart'. The patient that stated they have been doings tests and treatment running over the last few months. The patient had four MRIs, a spinal tap and blood tests. The results of the MRI showed white matter on his spine at T2 and the neurologist diagnosed him with transverse myelitis. For the first symptoms of transverse myelitis, he lost all feeling in his legs and had numbness and tingling and now neuropathy from his waist down and that happened on 16Aug2021 and the hospital emergency room visit was on 19Aug2021 in the hospital outpatient and saw his doctor on 16Aug2021. On 17Aug2021, they did the MRI and thought this was Guillian Barre syndrome as it has the same side effects but ruled out Guillian Barre syndrome. He went on 19Aug2021 for admission to the emergency room and had tingling up to his chest and down to his feet including all his extremities and spent two nights in the hospital admitted on 19Aug2021 and discharged on 21Aug2021. The only other thing was that until he took the vaccine, he had not been to the HCP in two years for anything and since he took the vaccine not counting all the follow up visits to the doctor five times for different ongoing symptoms and since then he has been doing research. The patient stated that in hospitals and with doctors, his neurologist said they had a spike in cases of transverse myelitis since people have been taking the vaccine; his chiropractor said there has been a spike in his patients coming to him for relief as well in the last 8-10 months. The outcome of the event transverse myelitis was not recovered while the other event was unknown.; Sender's Comments: Linked Report(s) : US-PFIZER INC-202101312448 same reporter/drug, similar event, different patients
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1801414-1	neck pain, numbness [diffuse], inability to walk, urinary retention, diagnosed with transverse myelitis, underwent imaging in hospital. hospitalized for several days. received iv steroids and clinically improving now
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1839152-1	This is a spontaneous report from a Contactable Physician. A 75-year-old male patient received the third dose of BNT162B2 (BNT162B2, Lot No. FF2587) intramuscular at single dose on 24Sep2021 for COVID-19 immunization (75-year-old at the time of vaccination). Relevant history included HTN, HLD, OA, HX cervical spine fusion. No known drug allergy. Relevant concomitant drug included amlodipine, hydralazine, atorvastatin calcium (LIPITOR) and lisinopril. The patient previously received first dose of BNT162B2 (Lot No. EN6201) intramuscular at single dose on 05Feb2021 for COVID-19 immunisation, the second dose of BNT162B2 (Lot No. EN6201) intramuscular at single dose on 26Feb2021 for COVID-19 immunisation. The patient had also received Flu Vaccine on 23Sep2021. The patient experienced transverse myelitis vs ADEM per MRI with contrast on cervical/thoracic spine; paraplegia in bil LE; bil UE weakness and progressive loss of sensation up to T4; loss of bladder continence since 26Sep2021. The events reported as serious due to hospitalization (15 days). The outcome of events was not resolved. Treatment therapy included IV solumedrol; plasmapheresis, IVIG. The patient did not have COVID prior vaccination. The patient had NAAT on 05Oct2021 with negative result (Nasal Swab). MRI on 05Oct2021 showed transverse myelitis vs ADEM per MRI with contrast on cervical/thoracic spine.; Sender's Comments: Based on the information available, a possible contributory role of suspect product BNT162B2 to the reported all the reported events cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1841404-1	transverse myelitis, lymphocytic pleocytosis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1842879-1	Admitted to Hospital 10/27/2021 Diagnosed with Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1853455-1	transverse myelitis and encephalitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1867996-1	Transverse myelitis, with numbness and tingling in the feet and legs, then pain, numbness, and tingling in his back, followed by similar symptoms in his upper extremities.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1887907-1	Lower rib cage to feet causing gait abnormality and imbalance diagnosed with transverse myelitis. given 3 days of IV Solu-Medrol at 1 gm daily x 3 days hospitalized for 4 days improving but not resolved
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1894441-1	10-16-21 Admitted to Hospital via ER, complaining of numbness from the waist down, difficulty walking and balancing. given muscle relaxer and oral steroids' 10-20-21 Admitted to Hospital per Dr. Given blood thinner, IV Steroids' treated for Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE	Hospitalized	1903896-1	Transverse myelitis numbness in lower extremities paralysis in lower body from hips to feet from July to present

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1923810-1	Shingles that ended up causing Transverse Myelitis I was in the hospital for a week and still have a lot of health issues associated with the Myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1932105-1	Began with sudden worsening of baseline cognitive deficits about 1 month after the vaccine. Progressed to increased clumsiness and falls by June 2021. Falls escalated by August 2021 and he was seen multiple times in Neurology clinic. MRI was ordered. Ultimately diagnosed with transverse myelitis with a large lesion extending from T2-T12 and patient is now paraplegic with severe neuropathic pain in the feet. He has undergone two rounds of high dose steroids without benefit. He is approximately 6-9 months from symptom onset and has not made any progress, unable to ambulate, unable to move legs.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1933606-1	Patient presented to emergency department on 9/22/2021 for sudden onset bilateral lower extremity weakness and paralysis. Patient reports she received her first dose of the Covid vaccination about 2 weeks prior to admission. After that, she started to note bilateral lower extremity cramping which she thought was due to low potassium and did not have any pain. She states it was not particularly bothersome otherwise. The morning of admission, 9/22/21 she woke up feeling her usual self and was able to go around and through her normal routine, but after she sat down later in the morning on a chair, she felt like her legs became completely flaccid and she could not move them. An initial MRI of the lumbar and thoracic spine showed multiple areas of stenosis but no acute findings. On evaluation by neurosurgical specialists, patient had flaccid paralysis in both lower extremities at about the T12 level with decreased rectal tone. Patient was soon after evaluated by neurology specialists where Guillain-Barre syndrome was felt to be likely diagnosis and patient was started on IVIG. A spinal tap was also performed which was potentially suggestive of bacterial meningitis despite patient showing no systemic symptoms suggestive of meningitis. Patient was started on empiric antibiotics, however further testing was negative and antibiotics were discontinued at the guidance of Infectious Disease specialists. A repeat MRI on 9/26/21 of TSpine showed Transverse Myelitis of T10-L1. Neurology consultation again weighed in and recommended high dose steroids and continuing IVIG. Patient ultimately completed course of both of these, will minimal improvement in symptoms. Patient was discharged to inpatient rehabilitation facility on 10/4/2021, and at the time of discharge remained without all sensation from bilateral knees down, decreased sensation from hips down to knees and no mobility in bilateral lower extremities. Patient improved in their functional status throughout rehabilitation stay however remained with lower extremity paralysis. Patient continued to improve and was deemed stable to discharge to skilled nursing facility on 10/27/21.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1952139-1	Developed lower back pain at L5S1 within 2 days of the vaccine. Developed urinary incontinence 5 days after Vaccine. Diagnosed with TRANVERSE MYELITIS.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1963338-1	acute transverse myelitis, plasma treatment, steroids, paralized from neck down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1966295-1	Thursday: day of vaccine began to feel a knot/ball in the middle of my stomach underneath my belly button. Took a Tylenol to relieve the pain and took a nap, the stomach cramp pain woke me up and I once again took a Tylenol and went to bed because I felt sick, tired and week. On Friday and Saturday, I still had the stomach cramp, difficulty time breathing, I had a hard time getting out of bed because my waist was hurting, my legs felt heavy and I had a hard time walking. The stomach cramping, leg heaviness, tingling, inflammation, numbing, and back pain got more intense and I had a difficult time moving and breathing. I would get winded walking from one room to another. I spent most of my afternoon sitting down or laying down to rest because I felt sick, tired and very weak, I took Tylenols during the day to see if the pain would go away. By the end of the day, I was having more cramping, difficulty breathing, my legs felt very heavy, numbed, tingling, inflammation and my feet felt as if I was walking on jelly. I had to get help to stand up and walking. On Sunday, the stomach cramp went away, I still would loose my breath when I would walk from one room to another, the tingling, numbness, inflammation, leg and feet heaviness was worse. On Monday, I called clinic and talked to an advice nurse and told her my symptoms and she urged my to go to the nearest ER. I went to the closest ER, where the nurses had to come out to help me walk inside the hospital, because they had no available wheelchairs and I was not able to walk in. I was admitted and they did blood tests (all came out normal, an CT Scan of my head and the ER doctor tried to do a Spinal tap. I was in the ER for a day and then transferred by ambulance to another hospital. Once at hospital they did a MRI of my spine, Ultra Sound to check for any blood clots, blood tests (all came out normal), was in the hospital for a week
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1975058-1	Got my Booster 10/21/2021. On December 7th 2021, I experience sharp excruciating pain in my left hip. Within an hour it radiated down my lower back and down both legs. Within 2 hours both legs were numb, couldn't pass urine or # 2. Was taken to Hospital. Couldn't walk.Hospital did a CAT scan and said I needed to be transferred where they had a Neurosurgeon and Neurologist. Was transferred. 3 MRI, not structural damage to my spine. Blood test ruled out most know neurological diseases - Lyme disease, MS, Lupus, Untreated STD's Aids etc. MRI of my spine with contrast noted inflammation one the Lumbar area of my spine. Spent 6 days in the hospital- IV steroids was main treatment. Still experience numbness in both legs soles of my feet and buttocks and groin area. walking with difficulty. Upper area of my body in unaffected from the waist up. Follow up care with Neurologist, PT, Urologist, and Opthalmology. Diagnosis - Acute Transverse Myelitis without underlying disease. I am still unable to walk and return to my normal life as of the time of typing.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	1989251-1	Patient developed bilateral leg weakness, foot numbness, urinary retention, and abdominal hyperesthesia. MRI showed findings consistent with Guillan Barre Syndrome / transverse myelitis. He is currently being admitted to the hospital for further work up.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2011399-1	Sudden Pain in the lower back, lesson L4 and L5, inflammation of transverse myelitis, numbness of legs, loss of motor movement in the right leg, not currently walking.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2018587-1	"Acute transverse myelitis; This is a literature report for the following literature source: ""Inpatient rehabilitation for a 76-year-old male with acute transverse myelitis post-BNT162B2 COVID- 19 vaccination"", Case Description: A 76-year-old right handed previously independent male with history of hypertension, dyslipidemia and myoclonus, developed sudden onset left arm weakness and paresthesia, dizziness and imbalance 20 minutes after he received the second dose of COVID-19 vaccine (BNT162b2, Pfizer- BioNTech) in his left deltoid. By the time he presented to the acute care hospital, the weakness and paresthesia had progressed to the left lower extremity. Initial MRI brain and C-spine were unremarkable. Repeat MRI C-spine 4 days later revealed interval development of T2 hyperintensity and restricted diffusion of the spinal cord at C3-C4 suggestive of demyelinating transverse myelitis. The patient received 5 days of high-dose Solumedrol and 5 rounds of plasmapheresis during his 17-day acute hospital stay before discharge to inpatient rehab. Upon admission the patient described belt sensation around his waist, left side hemiparesis and significant trunk weakness. Sensation was intact to light touch throughout. Initial activity of daily living (ADL) and mobility evaluation revealed the patient was at a dependent level for dressing, maximal assist for bathing and toileting, moderate assist with oral hygiene, dependent with bed-to-chair transfer, and unable to walk or propel a wheelchair. Setting: Acute inpatient rehabilitation hospital. Case Diagnosis: Acute transverse myelitis. Assessment/Results: After first 18 days of the total expected 28-day inpatient rehab hospital course, the patient gradually improved his functional status to moderate assist level for most ADLs, transfer and ambulation of 40 feet with a rolling walker. Discussion: This is the first reported case, to knowledge, of inpatient rehabilitation of a patient with acute myelitis that developed shortly after a full dose of BNT162b2 COVID-19 vaccination. Conclusion: Authors described a case of acute myelitis most likely secondary to COVID-19 vaccination with the BNT162b2 vaccine that caused severe functional impairment. The ongoing inpatient rehabilitation has helped the patient to slowly improve in strength, functions of ADL and mobility. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on the close temporal relationship and lack of any other possible etiology, the association between the event acute transverse myelitis 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."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2018617-1	"Acute Transverse Myelitis; This is a literature report. A 79 year-old female patient received bnt162b2 (BNT162B2) (Batch/Lot number: unknown) as dose 2, single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Covid-19 vaccine (MANUFACTURE UNKNOWN, DOSE 1, lot number unknown), for COVID-19 immunisation. The following information was reported: MYELITIS TRANSVERSE (hospitalization), outcome ""recovering"", described as ""Acute Transverse Myelitis"". The patient underwent the following laboratory tests and procedures: magnetic resonance imaging: increased signal intensity extending from c4 to c6, notes: -C7. Therapeutic measures were taken as a result of myelitis transverse. Clinical course and discussion is as follows: A 79-year-old woman presented to the hospital with a complaint of bilateral upper extremity weakness. She had recently received the second dose of the COVID-19 vaccine two and a half weeks prior to the onset of her symptoms. The patient underwent MRI imaging of her brain and cervical spine which revealed increased signal intensity extending from C4 to C6-C7. The patient was evaluated by neurology and determined to have transverse myelitis. Setting: Inpatient rehabilitation facility. Assessment/Results: The patient underwent treatment with intravenous methylprednisolone and her condition began to improve. She was transitioned to an oral steroid taper and did not require intravenous immunoglobulin or plasma exchange. She was admitted to our acute rehabilitation acility where she was found to need moderate assistance for transfers and minimal assistance for ambulation. She also required moderate to total assistance for dressing. Discussion: Transverse myelitis has been associated with certain viral illnesses. More rarely, it has been seen following certain vaccinations. This unique case is particularly important as it demonstrates a possible link between transverse myelitis and the COVID-19 vaccine. This case was therefore reported to the FDA. At least one other case of transverse myelitis has been reported as an adverse event linked to receiving a COVID-19 booster vaccine during the vaccine trials. There are currently multiple vaccines against COVID-19 being used which have been FDA approved and are currently undergoing phase 4 trials. Therefore, healthcare professionals must continue to observe for possible adverse events associated with the vaccine. Conclusion: While there is currently insufficient data to form a direct association between the COVID-19 vaccine and transverse myelitis, it is vitally important for healthcare professionals to remain vigilant for potential adverse events and report them to the FDA as appropriate. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on the temporal relationship and lack of an alternative etiology, the association between the event acute transverse myelitis 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."

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2019828-1	diagnosed with transverse myletis on 09/20/2021 - symptoms - could not get out of arm chair by himself - trouble walking - legs turned to jelly and caused him to collapse onto the floowr- twice - extremely dizzy - awful hacking cough and sounds like regurgating - started on may 16, 2021 - took him to pc doctor - gave him cipro (suspected uti or bladder infection - legs gave out again - went to emergency room o5-19-2021 - also suspected bladder / cipro caused low pottassium - kept in hospital for 3 days - physical terapy - did not help - went to numerous doctors - no help for problems - now no control of bladder - showers with sitting in a chair with help from me / cannot put socks or shoes on by himself - problems walking - bought walker had to buy chair lift - wears many depends daily - seeing nurosurgeon now - had ct scans/mris/ xrays to try to help him recover to some normalcy of everyday life
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2027100-1	"SPINAL CORD RUPTURED; PARALYZED; TRANSVERSE MYELITIS; DEMYELINATION OF THE SPINAL CORD; This spontaneous report received from a consumer via social media via a company representative concerned a male of unspecified age, race and ethnic origin. The patient's height and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin and batch number were not reported, expiry: unknown) dose and start therapy date were not reported, 1 total administered 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, the patient experienced spinal cord ruptured, paralyzed, transverse myelitis, and demyelination of the spinal cord, and was hospitalized (date unspecified). It was reporter that ""one of the guys who spoke out, had a really severe reaction to the Johnson and Johnson vaccine and it caused transverse myelitis, which was basically the demyelination of the spinal cord, and so what happened to him was his spinal cord ruptured and now he was paralyzed and he spent 30 days in the hospital and the first 30 days in the hospital cost him 1.2 million dollars."" The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from paralyzed, and the outcome of transverse myelitis, spinal cord ruptured and demyelination of the spinal cord was not reported. This report was serious (Hospitalization Caused / Prolonged). This case, from the same reporter is linked to 20220112025.; Sender's Comments: V0: This spontaneous report received from a consumer via social media via a company representative concerned a man of unspecified age, race and ethnic origin who experienced transverse myelitis and demyelination on an unspecified day after vaccination. The patient's medical history, concomitant medications, treatment, lab work and diagnostics were not reported. On an unspecified date, the patient experienced spinal cord rupture, paralysis, transverse myelitis, demyelination of the spinal cord, and spent 30 days in the hospital. However, the patient had not recovered from paralysis and the outcome of transverse myelitis, spinal cord rupture and demyelination of the spinal cord was not reported. Information regarding other potential etiologies was insufficient, and the occurrence of such events could represent background incidence in the general population. Considering the temporal relationship, the event is assessed to have an indeterminate relationship with vaccination."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2038492-1	On 10/1/2021 (patient) began dropping things due to numbness in fingers and lateral hands. Symptoms greater on right. On 10/8/2021 forearms began numbness and tingling bi-laterally. These symptoms continued until 11/23/2021 at which time patient was blanketed with numbness, tingling, burning, and pain from chest line down and through toes. Symptoms greater on right. By 11/29/2021, the numbness continued upward to include bi-lateral groins, perineum, buttock which intermittently caused patient to not feel the urge to urinate causing incontinence of urine. Upper extremity symptoms continued as well. Patient continued dropping things and symptoms worsened to include severe risk of falling. This caused patient to have to walk with a walker. On 12/6/2021 patient went to PCP APRN whom noted that Patient in lower extremities severely with numbness and tingling to the point where she could not feel them. This led her to re-call her PCP, to which APRN advised patient to go to the hospital. On 12/10/2021, the ER admitted patient into the hospital X 2 weeks with diagnosis of transverse myelitis (TM). During the 2 weeks, patient received mass dose of Steroids i.e. 1,000 mg x 5 consecutive doses. She also received Plasmapheresis x 5 treatments over 10 days. Patient was discharged home with diagnosis of TM and is on several new meds, PT and OT 3x week and numerous doctors visits. Current Status: patient is unable to walk without a walker and/or drive, d/t bi-lateral leg burning, tingling, and pain. Patient also has difficulty picking items up and holding onto said items d/t upper extremity involvement d/t the CNS - sensory system being affected by the demyelinating lesions. Patient is at EXTREME RISK for skin injury. Patient is at times incontinent of urine, just as she was while admitted in hospital.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2047553-1	Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2062225-1	Pt has experienced transverse myelitis after receiving the J&J vaccine
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2066886-1	After completion of the second vaccination dose, patient developed back pain a few weeks later. Approximately 3 months after completion of second vaccination dose, patient developed idiopathic transverse myelitis which has resulted in permanent lower extremity paralysis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2074495-1	Diagnosis -Transverse Myelitis numberness of right leg from hip to foot. Numbness on left leg from knee to foot. Unstable and inability to balance and stand without support. Difficult walking. Pain in lower back and hip , legs and feet. MRI x 2 upper and lower regions - Spinal Tap x 2
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2079322-1	Thoracic transverse myelitis versus spinal cord infarct

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2080060-1	Moderna COVID vaccine - 1 dose in March 2021 and 1 dose in April 2021. In June 2021, pt diagnosed w/ Epstein-Barr virus. Then starting 11/1/2022, pt developed transverse infectious myelitis, L4-L5 vertebrae. Hospitalized 3 times. numbness in muscles on most of body making him unable to walk without assistance or perform activities of daily living, fecal and urinary incontinence, high fevers, shivering, and UTI with pseudomonas aeruginosa, kidney stones, ureter stent (now removed), multiple IV courses including Zosyn (3 courses). Pt has had 2 ablations for Atrifal Fibrillation since being vaccinated for COVID. Pt has home health care coming in for activities of daily living, physical therapy coming to home, psychology consult for depression coming up. Pt just got IV line PIC line put in for cefepime antibiotic infusion therapy to be given at home.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2080539-1	Numbness on left side of leg and left flank. Tingling throughout area. Within 3 weeks of my vaccine I was numb from my waist down on left side. Was able to see primary physician who ordered tests at the beginning of May. Admitted June 6, 2021 to the Hospital. Diagnosed Transverse Myelitis with underlying MS. 43 year old female with no history of ANY illness. I believe the vaccine caused the Transverse Myelitis and MS.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2091200-1	"near complete paraplegia; Transverse Myelitis; This is a spontaneous report received from contactable reporter(s) (Physician) from a sales representative. A 37 year-old male patient received bnt162b2 (COMIRNATY), administration date 19Jan2022 (Batch/Lot number: unknown) as dose number unknown (booster), single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. Vaccination history included: Covid-19 vaccine (unknown dose number; MANUFACTURER UNKNOWN), for COVID-19 immunization. The following information was reported: PARAPLEGIA (hospitalization, medically significant) with onset 20Jan2022, outcome ""unknown"", described as ""near complete paraplegia""; MYELITIS TRANSVERSE (hospitalization, medically significant) with onset 20Jan2022, outcome ""unknown"", described as ""Transverse Myelitis"". The patient was hospitalized for paraplegia, myelitis transverse (start date: 20Jan2022). The events ""near complete paraplegia"" and ""transverse myelitis"" were evaluated at the emergency room visit. The clinical course was reported as follows: the patient awoke with near complete paraplegia on morning of 20Jan2022. He ended up being seen at a local ER and was admitted to the hospital with diagnosis of Transverse Myelitis during the evening of 20Jan2022 by the reporting physician. Additional information: it was felt that the event may have been related to the Pfizer COMIRNATY booster shot given the previous day. The lot number for bnt162b2 was not provided and will be requested during follow up.; Sender's Comments: A contributory role of suspect drug in causing the reported events cannot be excluded. 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."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2109473-1	Loss of use of legs and issues with bowel and bladder. Loss of sensation below the waist with banding and pins and needles sensations. Diagnosed with Acute Transverse Myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2110398-1	Transverse Myelitis/ Guillan Barre Syndrome, Full paraplagia LEs. Fecal/urinary incontinence.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2112874-1	"Patient with acute bilateral leg weakness and chest tightness. Found to have 2/5 bilateral weakness. MRI showed ""Signal abnormality of the dorsal cord extending from T3 to T10 without expansion and without enhancement of the cord, in favor of a diagnosis of transverse myelitis.If there is a clinical suspicion of ADEM, further evaluation with an MRI of the brain is recommended. Differential diagnosis includes demyelinating disease like neuromyelitis optica and anti-MOG transverse myelitis."" Treated with IV 1g solumedrol for 5 days. Repeat imaging on day 4 showed resolution of signal abnormalities. Additional lab studies were negative for MOG, MS, or SLE"
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2122888-1	Beginning on 10/16, patient developed fever and fatigue. this resolved over several days, fever was gone by 10/19. On 10/20, develoed blurred vision, short term memory loss (could not remember driving to work, lightheadedness and tingling in hands and feet. was evaluated in the ER. Over the course of next few days, developed pain and parasthesias in both legs and arms, myalgias, neck pain, back pain. Was admitted to the hospital on 10/27 for suspected transverse myelitis. workup essentiall unremarkable, but symptoms persisted. continued with headache, weakness in arms and legs, balance difficulties. As of November 2021Requiring a cane to ambulate, extreme fatigue, persistent tachycardia. She has been evaluated by neurology and cardiology, work-up still ongoing. she subsequently developed herpes zoster in early February 2022. Patient's symptoms have persistent without improvement, continues to be disabled from employement
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2124185-1	Pt developed paresthesia in lower extremities and was admitted inpatient at local hospital and diagnosed with Transverse Myelitis bilateral Lower Extremities; April 15, 2022.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2138049-1	Left leg numbness left abdomen numbness. Hospitalization. Tests and MRI scans dx transverse myelitis. 5 days IV steroids. Numbness continues on left full leg.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2142008-1	"TRANSVERSE MYELITIS; NUMBNESS; UNABLE TO URINATE ON HIS OWN; TERRIBLE PAIN; FULL BODY SPASMS; LIMITED MOBILITY; This spontaneous report was received from a patient via a company representative and concerned a 42 year old male. Initial information was processed with additional information received on 22-FEB-2022. The patient's height, and weight were not reported. The patient's past medical history included: head injuries he suffered during a march 2021 incident and concurrent conditions included: overweight. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular) in DEC-2021 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 28-DEC-2021, 5 days after vaccination, the patient experienced transverse myelitis, numbness, unable to urinate on his own, terrible pain, full body spasms, limited mobility and was hospitalized (date unspecified). The patient can walk only short distances, gets really tired, really fast if he does anything, can walk only short distances, still struggles to control his legs, working to gain control of his leg muscles, still struggles to walk without the use of a cane or a walker, temporarily left him unable to walk and said walking up a flight of stairs is like climbing (all subsumed under limited mobility). The patient was admitted to hospital for 3 weeks. Medical staff had to insert a urinary catheter. The urologist stated that the ability to urinate may come in a couple of weeks, may come back in a couple of years or it may never come back. There may never be a full normal. The patient was not diagnosed with covid-19. The patient was optimistic, remains upbeat and has taken this ænear death experience as a second chance at life'. At the time of this report, the patient recently began working from home but because he still struggles to control his legs, he can walk only short distances and he can't drive. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of the numbness, transverse myelitis, unable to urinate on his own, limited mobility, severe pain and full body spasms was not reported. The patient originally thought that the disorder could have been caused by head injuries he suffered during a March 2021 incident, but doctors ruled that out. The patient did not know if the events were related to the vaccine and said ""who knows? It could have been. Certainly the timing is really suspect. I had the shot just days before I started coming down with the symptoms"". The patient stated that none of his doctors told him the vaccine led to the disorder and there's nothing in his medical records making that connection. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: This spontaneous report received from a patient via a company representative concerned a 42-year-old male who experienced transverse myelitis 5 days after vaccination. The patient's past medical history included head injuries sustained approximately 9 months prior to vaccine and concurrent conditions included overweight. No concomitant medications were reported. Five days after vaccination, the patient experienced transverse myelitis and was numb and unable to urinate. The patient was admitted to hospital for 3 weeks and needed a urinary catheter. The urologist is not certain if and when the ability to urinate without a catheter would come back. The patient was not diagnosed with covid-19. The patient's doctors did not tell him that his symptoms were due to the vaccine. No outcome was reported. No treatment details or laboratory information was provided. Information is limited in this case. However, a relationship with Janssen Covid-19 vaccine cannot be ruled out and thus the relationship is considered indeterminate."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2162059-1	12/20/21 - I received the Pfizer COVID booster shot at the pharmacy at approximately 11:40 AM. 12/22/21 - I felt a tightness in my stomach, as if there was a tight band around it. 12/23/21 - I had numbness and tingling from my stomach down to my ankles which made it very difficult to walk, stay balanced and get up from a seated position. 12/24 - 12/26/21 - I had trouble standing, walking, walking up/down steps and getting up from a seated position. 12/26/21 - 1/5/22: I went to Urgent Care at approximately 8:00AM and was told to go to emergency room immediately. I went to the Hospital and was admitted. According to multiple Neurologists they determined it was an atypical case of Guillain-BarrT Syndrome and Acute Transverse Myelitis; typically both diagnoses start from the feet and work their way up, but mine did not - so the doctors were not fully sure of the cause. I was given a couple of different treatments that typically help with GBS and ATM. Treatments I received were 3 doses of gamma globulin injections, as well as 5 doses of Dexamethasone steroids. I received both physical and occupational therapy to help build my strength but since I did not have feeling in my knees and legs, I had randomly fallen while standing with a walker or while exercising. 1/5/22 - 2/4/22: I was then transferred to Rehab on 1/5/22. I was seen by their neurologist and team of doctors while receiving physical and occupational therapy. Starting on 1/8/22 I received 5 doses of Prednisone Steroids for Acute Transverse Myelitis. The neurologist could not exactly pinpoint what diagnosis I have but they believe that it is Acute Inflammatory Demyelinating Polyneuropathy / Paresthesia of the Lower Extremities which is a type of Guillain-BarrT Syndrome. 2/4/22 - Present: I left Rehab on was working with Home Care PT / OT from 2/4/22 - 2/16/22. I am going to outpatient neuro-PT, two times a week at (Privacy) Rehabilitation (my parents will be driving me), as well as exercising at home to regain strength. I am still feeling the numbness/tingling in my legs and knees, along with having back pain, difficulty going up and down stairs, difficulty walking smoothly with the walker, not being able to get up from a seated position, (especially seats without armrests), difficulty balancing and being unable to drive. I have not returned to work due to these circumstances and do not know when I will be able to return.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2162639-1	My wife had booster vaccination on Feb 07, 2022. Next day she felt numbness in her toes and then next day the numbness was in her both feet, which next day travel towards her legs and the abdomen and then chest. Now power of her left leg is 0/5 and right 2/5. The diagnosis at first was transverse myelitis, which after MRI confirmed as Longitudinally extensive transverse myelitis (LETM). And after positiove AQ4 anti bodies test it is diagnosed as Neuromyelitis optica Spectrum Disorder(NMOSD). As per doctors It is very likely due to Pfizer Covid 19 booster. And I am sure it is due to Pfizer Covid 19 booster vaccination. Please help us to treat the disease which is occurred as result of Pfizer Covid Booster

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2165455-1	I had trigeminal neuralgia and transverse myelitis after the booster dose. I was put on Gabapentin 1600mg. I went numb from the neck down lost feeling in arms and legs. I had banding across my chest. I lost body motion. Went to the hospital. Stayed for 3 days and was put on high levels of steroids and prescribe Dexamethasone.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2177060-1	"I lost complete use of my legs; Transverse myelitis; diagnosed with transverse myelitis from a direct reaction; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) for a Pfizer sponsored program. The reporter is the patient. A 30 year-old female patient received bnt162b2 (BNT162B2), administered in arm left, administration date 21Feb2022 (Batch/Lot number: unknown) at the age of 30 years as dose number unknown (booster), single for covid-19 immunisation. The patient's relevant medical history was not reported. There were no concomitant medications. Vaccination history included: Covid-19 vaccine (Primary Immunization series complete but unknown manufacturer), for COVID-19 immunization. The following information was reported: MONOPLEGIA (hospitalization, medically significant) with onset Feb2022, outcome ""unknown"", described as ""I lost complete use of my legs""; MYELITIS TRANSVERSE (hospitalization, medically significant) with onset Feb2022, outcome ""unknown"", described as ""Transverse myelitis; diagnosed with transverse myelitis from a direct reaction"". The patient was hospitalized for monoplegia, myelitis transverse (start date: 27Feb2022, discharge date: 07Mar2022, hospitalization duration: 8 day(s)). No other medication. No Prior vaccination (within 2 weeks). Consumer stated, I just would like to report a side effect of the Pfizer booster (Clarified as Pfizer COVID-19 Vaccine BNT162b2). Consumer stated, I received my COVID booster, my Pfizer COVID booster last week Monday, no 2 weeks ago 2 Monday's ago, 21Feb and within a week I lost complete use of my legs, I was diagnosed with Transverse myelitis from my Pfizer COVID booster and I am learning how to walk again right now. I was diagnosed with transverse myelitis from a direct reaction from my COVID Pfizer booster. Date of Hospitalization: Consumer stated, Last week Sunday, 27Feb I was admitted to the hospital, I have been in the hospital till today, today is Monday till 07Mar. This case was Serious case with Seriousness criteria-Caused hospitalization.The events ""i lost complete use of my legs"" and ""transverse myelitis; diagnosed with transverse myelitis from a direct reaction"" were evaluated at the physician office visit. Therapeutic measures were taken as a result of monoplegia, myelitis transverse. The lot number for bnt162b2 was not provided and will be requested during follow up."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2189272-1	I had COVID in July of 2020. My workplace, the Medical Center, mandated the COVID vaccine. Approximately two weeks after having the second vaccine, I developed extreme fatigue. On April 1st, 2021, I developed right eye heaviness and pain to the back, right side of my head. Over the next couple of weeks, the pain turned in to sharp, stabbing pain and I started to lose my vision in my right eye. I was diagnosed with Optic Neuritis and had IV steroids and Plasmapheresis. In July of 2021, I was diagnosed at Clinic by doctor with Neuromyelitis Optica Spectrum Disorder and Transverse Myelitis. *This is an abbreviated version of my health journey that continues to negatively disable me to this date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2196655-1	Pt presented with chest pain and was getting cardiac workup. Pt developed who has paresthesia and left leg and right arm weakness on exam. He had sudden onset of weakness since 11/29/2021. Evaluated by Neurology and neurosurgery. Working diagnosis is transverse myelitis vs compressive myelopathy (symptoms inconsistent with NMO); unclear etiology (possibly related to COVID-19 vaccine booster). Most likely infectious or inflammatory in nature. Compressive myopathy ruled out by neurosurgery evaluation. Pt treated with IVIG 50 gram (0.5 g/kg/day) IV daily x 4 days, and methylprednisolone 1 gram IV daily x 5 days. Generalized weakness improved over next 10 days, with new onset upper and lower extremity weakness on 12/9/2021; evaluated by neurology and neurosurgery however no evidence for acute spinal cord compression. At discharge to skilled nursing facility, his generalized weakness was improving; pt progressing well with physical therapy and occupational therapy.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2238592-1	Diagnosis - Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2242877-1	Pulmonary embolism; Atrial fibrillation with rapid ventricular response; Cardiac arrest; Multi-organ dysfunction; Transverse myelitis; This literature-non-study case was reported in a literature article and describes the occurrence of MYELITIS TRANSVERSE (Transverse myelitis), PULMONARY EMBOLISM (Pulmonary embolism), ATRIAL FIBRILLATION (Atrial fibrillation with rapid ventricular response), CARDIAC ARREST (Cardiac arrest) and MULTI-ORGAN DISORDER (Multi-organ dysfunction) in a 58-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Chronic back pain (placement of a spinal stimulator in 1990), Chemotherapy (underwent four cycles of chemotherapy with Atezolizumab, Carboplatin and Etoposide which was completed on 25-March-2021. Thereafter, he was administered Atezolizumab as maintenance infusion on 12-May-2021.), Spinal nerve stimulator implantation (spinal stimulator) in 1990 and Radiotherapy to brain (whole brain radiation). Concurrent medical conditions included Small cell lung cancer metastatic (stage 4 with metastasis to the liver and bone,) since December 2020, Hypertension and Benign prostatic hyperplasia. Concomitant products included ATEZOLIZUMAB for Small cell lung cancer. On 11-May-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 07-Jun-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 08-Jun-2021, the patient experienced MYELITIS TRANSVERSE (Transverse myelitis) (seriousness criteria hospitalization and medically significant). On an unknown date, the patient experienced PULMONARY EMBOLISM (Pulmonary embolism) (seriousness criteria hospitalization and medically significant), ATRIAL FIBRILLATION (Atrial fibrillation with rapid ventricular response) (seriousness criteria hospitalization and medically significant), CARDIAC ARREST (Cardiac arrest)

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				(seriousness criteria hospitalization and medically significant) and MULTI-ORGAN DISORDER (Multi-organ dysfunction) (seriousness criterion hospitalization). The patient was treated with METHYLPREDNISOLONE for Myelitis transverse, at an unspecified dose and frequency. At the time of the report, MYELITIS TRANSVERSE (Transverse myelitis) was resolving and PULMONARY EMBOLISM (Pulmonary embolism), ATRIAL FIBRILLATION (Atrial fibrillation with rapid ventricular response), CARDIAC ARREST (Cardiac arrest) and MULTI-ORGAN DISORDER (Multi-organ dysfunction) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Anti-aquaporin-4 antibody: unremarkable anti-aquaporin receptor 4 (AQP4) antibodies, was unremarkable. On an unknown date, Antibody test: unremarkable serum anti-myelin oligodendrocyte glycoprotein (MOG) was unremarkable. On an unknown date, Bacterial test: negative (Negative) negative. On an unknown date, Blood creatinine: 2.01 laboratory data was significant for an acute kidney injury with creatinine 2.01. On an unknown date, Blood test: unremarkable complete blood count was unremarkable.. On an unknown date, CSF test: abnormal (abnormal) 25 white blood cells, 116/¦L red blood cells, 94mg/dL protein, normal glucose, negative oligoclonal bands and normal IgG index.. On an unknown date, Cardiac electrophysiologic study: absent right peroneal motor and sural responses Electrophysiological studies demonstrated absent right peroneal motor and sural responses which are likely secondary to technical limitations from swelling and the patient's inability to move both legs, but superimposed polyneuropathy could not be excluded.. On an unknown date, Magnetic resonance imaging head: abnormal (abnormal) MRI of the brain revealed small enhancing lesions in the left frontal lobe and both occipital lobes that were concerning for metastatic disease. On an unknown date, Magnetic resonance imaging spinal: abnormal (abnormal) MRI of the spinal cord, done after removal of his spinal cord stimulator, showed a large gadolinium-enhancing lesion in the cervicothoracic cord spanning from C7 to T7 concerning for LETM. On an unknown date, Neurological examination: deep tendon reflexes in the lower extremities were Deep tendon reflexes in the lower extremities were absent bilaterally and there were no pathological reflexes and abnormal (abnormal) bilateral lower extremity weakness (grade 0/5), and diminished sensation to all modalities belowthe left T4 and the right T5 sensory dermatome. On an unknown date, Urine analysis: unremarkable unremarkable. On an unknown date, Viral test: negatives (Negative) Human parechoviruses,enterovirus, CMV, HSV 1 and 2, VZV and HHV6 were all negatives. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYELITIS TRANSVERSE (Transverse myelitis), PULMONARY EMBOLISM (Pulmonary embolism), ATRIAL FIBRILLATION (Atrial fibrillation with rapid ventricular response), CARDIAC ARREST (Cardiac arrest) and MULTI-ORGAN DISORDER (Multi-organ dysfunction) to be related. Patient presented to the hospital with acute onset lower extremity weakness and loss of sensation from his chest down to his lower extremities. The patient noticed the symptoms 2 days prior, soon after he woke up from sleep. In addition, he also had urinary retention requiring foley catheter placement. He did not have a history of prior trauma or a preceding viral infection. Deep tendon reflexes in the lower extremities were absent bilaterally and there were no pathological reflexes. Patient had 5-day course of pulsed methylprednisolone was initiated, followed by therapeutic plasma exchange for 3 days total on alternating days. The patient experienced minimal improvement in the neurologic exam with increased strength in his lower extremities to grade 1/5 however the sensory level remained unchanged. His hospital course was complicated by development of pulmonary embolism and atrial fibrillation with rapid ventricular response. On day 24 of his hospitalization, he suffered a cardiac arrest in the setting of advanced malignancy and multi-organ dysfunction. Company Comment: This literature-non-study case concerns a 58-year-old male patient, with medical history of chemotherapy with Atezolizumab as maintenance infusion for small cell lung cancer, who experienced the serious (due to medically significant and hospitalization) unexpected events of MYELITIS TRANSVERSE, PULMONARY EMBOLISM, ATRIAL FIBRILLATION, CARDIAC ARREST and MULTI-ORGAN DISORDER, after the second dose of mRNA-1273 vaccine. He consulted for lower extremity weakness, loss of sensation, and urinary retention, on the following day of the vaccination. A neurological examination revealed bilateral lower extremity weakness, diminished sensation and absence of deep tendon reflexes. The analysis of cerebrospinal fluid showed elevated white blood cells, but was negative for bacteria and viruses, and a magnetic resonance imaging revealed a longitudinally extensive transverse myelitis lesion in the cord. He received methylprednisolone followed by therapeutic plasma exchange as treatment with minimal improvement, but his hospital course was complicated by development of pulmonary embolism and atrial fibrillation followed by cardiac arrest and multi-organ dysfunction. The recent chemotherapy with Atezolizumab remains a confounder for myelitis transverse. The benefit-risk relationship of the mRNA-1273 is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 14-Apr-2022: Follow up received by safety on 15-Apr-2022 has Email with full text article received from team and contains significant information, Author address added, Citation details updated (additional authors added, year of publication), Patient identifier provided, past medical history reported, past drug therapy reported, dose 1 and dose 2 start date provided, Lab data provided, event outcome provided, Hospitalization added as an additional seriousness criteria, additional events added.; Sender's Comments: This literature-non-study case concerns a 58-year-old male patient, with medical history of chemotherapy with Atezolizumab as maintenance infusion for small cell lung cancer, who experienced the serious (due to medically significant and hospitalization) unexpected events of MYELITIS TRANSVERSE, PULMONARY EMBOLISM, ATRIAL FIBRILLATION, CARDIAC ARREST and MULTI-ORGAN DISORDER, after the second dose of mRNA-1273 vaccine. He consulted for lower extremity weakness, loss of sensation, and urinary retention, on the following day of the vaccination. A neurological examination revealed bilateral lower extremity weakness, diminished sensation and absence of deep tendon reflexes. The analysis of cerebrospinal fluid showed elevated white blood cells, but was negative for bacteria and viruses, and a magnetic resonance imaging revealed a longitudinally extensive transverse myelitis lesion in the cord. He received methylprednisolone followed by therapeutic plasma exchange as treatment with minimal improvement, but his hospital course was

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				complicated by development of pulmonary embolism and atrial fibrillation followed by cardiac arrest and multi-organ dysfunction. The recent chemotherapy with Atezolizumab remains a confounder for myelitis transverse. The benefit-risk relationship of the mRNA-1273 is not affected by this report.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2260576-1	Swelling of ankles and ankle pain one week after 3rd dose(booster). Treated with 6 days of steroid by primary care doctor. Symptoms resumed after steroid with additional pain throughout the trunk and legs. Referred to Rheumatologist. 12 days steroid and pain resolved and resumed after steroids. Numbness pain and tingling began in late February. Additional steroid resolved pain. Numbness and tingling continued. Rheumatology referred to emergency room and neurology. MRI of spine and spinal tap showed spinal inflammation and lesions. Hospital admission for 10 days. Received ivig and high dose steroid. Diagnosis is transverse myelitis. Continued treatment with steroids, baclofen and pegabalin. Numbness and tingling continues. Physical therapy prescribed. Symptoms remain as of current date.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2262341-1	left upper thoracic transverse myelitis with left leg weakness with improvement after IV solumedrol (still with hemiparesis as of 5/3/22 but improving slowly)
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2267668-1	The patient developed L axillary lymphadenopathy on the day after vaccination. Ten days later, she was hospitalized for cervical transverse myelitis, from which she is slowly recovering.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2278369-1	transverse myelitis approximately 1 week after Pfizer dose in this patient without past medical history; treated with 5 days of methylprednisolone 1g daily with complete resolution of symptoms; symptoms recurred 2 months ago which also resolved with steroids, and again one week ago, currently resolving with steroids but with MRI results showing multiple sclerosis (demyelinating lesions that remit and relapse in different and multiple locations)
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2280448-1	"Worsened with second vaccine.; transverse myelitis; L-sided hemisensory numbness from torso at level of ~T4 to toes; developed over course of weeks after COVID vaccine. Worsened with second vaccine. MRI findings showing demyelinating process, concernin; This is a spontaneous report received from a contactable reporter (Physician). A 30-year-old female patient (not pregnant) received BNT162b2 (Pfizer-BioNTech COVID-19), on 04Mar2022 as dose 1, single (Batch/Lot number: unknown) at the age of 30 years, in left arm and on 25Mar2022 as dose 2, single (Batch/Lot number: unknown) at the age of 31 years, in left arm, all intramuscular for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Past drug history included: Penicillin, reaction(s): ""Allergy"", notes: known allergies: Penicillin. The following information was reported: HYPOAESTHESIA (hospitalization) with onset 11Mar2022, outcome ""recovering"", described as ""L-sided hemisensory numbness from torso at level of ~T4 to toes; developed over course of weeks after COVID vaccine. Worsened with second vaccine. MRI findings showing demyelinating process, concernin""; MYELITIS TRANSVERSE (hospitalization, medically significant) with onset 11Mar2022, outcome ""recovering"", described as ""transverse myelitis""; CONDITION AGGRAVATED (hospitalization, medically significant), outcome ""recovering"", described as ""Worsened with second vaccine.""". The events ""transverse myelitis"" and ""l-sided hemisensory numbness from torso at level of ~t4 to toes; developed over course of weeks after covid vaccine. worsened with second vaccine. mri findings showing demyelinating process, concernin"" required emergency room visit. L-sided hemisensory numbness from torso at level of ~T4 to toes; developed over course of weeks after COVID vaccine. Worsened with second vaccine. The patient underwent the following laboratory tests and procedures: Magnetic resonance imaging: transverse myelitis, notes: MRI findings showing demyelinating process, concerning for transverse myelitis. Therapeutic measures were taken as a result of myelitis transverse, hypoaesthesia, condition aggravated. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Sender's Comments: Based on the information provide and plausible temporal association, the causality between BNT162B2 and events cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate."
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2318770-1	Onset complete transverse myelitis 3/4/22. Treated with IV steroids, plasma exchange, IVIG with significant but incomplete recovery to date.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2323270-1	Chief Complaint: Left lower extremity numbness, jaw numbness Discharge Diagnosis: Peripheral neuropathy vs transverse myelitis vs related to T9 small lesion Discharge Condition: Fair Discharge Diet: Regular Discharge Activity Level: As tolerated except no driving Plan of Treatment: Discharge home with home health and physical therapy Prednisone for 3 days Follow-up with primary provider in 1 week Refer to neurologist EMG as outpatient in 4-6 weeks, also repeat MRI T spine in 6-8 months
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2327606-1	Diagnosed with Transverse Myelitis. Have been seeing neurologist and am on Prednisone. Have also had Prednisone infusions.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Hospitalized	2341797-1	"""This is a 71-year-old gentleman very healthy and not on any medical treatment who received some vaccination 2 weeks ago and 3 days after that started noticing weakness and numbness in his lower extremity. He was evaluated at the first facility and after imaging was discharged home. Since his symptoms progressed he went to another facility and underwent an MRI scan of the cervical spine that showed cord abnormality consistent with transverse myelitis. He was started on high-dose IV Solu-Medrol 1000 mg for 3 days. Also received 60 mg of prednisone. Hospitalist at that facility spoke with a specified university and they recommended transfer to our facility for possible plasmapheresis/neurology consult. After patient arrived here with urology back the patient recommended plasmapheresis. However there was no dialysis nurse available for plasmapheresis. Dr. had to go out of his way to find a nurse that would be willing to do it. Patient has received plasmapheresis on 6/26/2022. He will get another session on 6/27/2022. He will need IPR. Patient is uninsured and case manager to assist"""

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				positive for the myelin oligodendrocyte glycoprotein antibody; longitudinally extensive transverse myelitis; Left optic neuritis; This literature-non-study case was reported in a literature article and describes the occurrence of MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY-ASSOCIATED DISEASE (in a 38-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 prophylaxis. In April 2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. In April 2021, the patient experienced MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY-ASSOCIATED DISEASE (positive for the myelin oligodendrocyte glycoprotein antibody) (seriousness criteria hospitalization and medically significant), MYELITIS TRANSVERSE (longitudinally extensive transverse myelitis) (seriousness criteria hospitalization and medically significant) and OPTIC NEURITIS (Left optic neuritis) (seriousness criteria hospitalization and medically significant). The patient was treated with METHYLPREDNISOLONE (intravenous) at a dose of 1000 milligram. At the time of the report, MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY-ASSOCIATED DISEASE (positive for the myelin oligodendrocyte glycoprotein antibody), MYELITIS TRANSVERSE (longitudinally extensive transverse myelitis) and OPTIC NEURITIS (Left optic neuritis) had resolved with sequelae. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In 2021, Antibody test: (Negative) aquaporin-4 (AQP-4) was negative. In 2021, Basophil count: 3 %. In 2021, Blood glucose: 72 mg/dl. In 2021, CSF cell count: 52 mg/dl elevated protein. In 2021, Eosinophil count: 12 %. In 2021, Fundoscopy: Normal. In 2021, Lymphocyte count: 78 % no oligoclonal bands. In 2021, Magnetic resonance imaging: Revealed enhancement involving the intraorbital segment of the left optic nerve. MRI of the cervical and thoracic spine revealed multifocal longitudinal areas of T2 hyperintense signal associated with gadolinium enhancement. In 2021, Monocyte count: 7 %. In 2021, Neurological examination: revealed left color desaturation with relative afferent pupillary defect, mild bilateral LE weakness, and sensory deficit to light touch, vibration, and temperature with pin sensory level at T10. In 2021, Protein total: 52 mg/dl. In 2021, Red blood cell count: 3 cells per microlitre. In 2021, SARS-CoV-2 test: (Negative) Negative. In 2021, Visual acuity tests: 20/20 in the right eye and 20/30 in the left eye. In 2021, White blood cell count: 17.88 thousand per cubic millimetre and 215 cells per microlitre. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY-ASSOCIATED DISEASE (positive for the myelin oligodendrocyte glycoprotein antibody), MYELITIS TRANSVERSE (longitudinally extensive transverse myelitis) and OPTIC NEURITIS (Left optic neuritis) to be related. Patient had no family history of autoimmune disorders and concomitant medication list was not provided. Patient was started on plasmapheresis for five sessions with modest improvement of symptoms. Patient was discharged on an oral prednisone taper and reported left blurred vision, lower extremity (LE) weakness/paresthesia and bowel/bladder dysfunction. It was stated that serum myelin oligodendrocyte glycoprotein (MOG) antibody was positive with a titer of 1:1000 (performed through fluorescence activated cell sorting assay). Patient Oligoclonal bands was absent with IgG Index 0.49 Company comment: This is a literature-non-study case concerning a 38-year-old male patient with no medical history, who experienced the serious unexpected events myelitis transverse and optic neuritis reported as a myelin oligodendrocyte glycoprotein antibody - associated disease. Patient developed left blurry vision, lower extremity weakness/paresthesia, and bowel/bladder dysfunction three days after receiving the first dose of mRNA-1273. MRI of the orbits revealed enhancement involving the intraorbital segment of the left optic nerve, MRI of the cervical and thoracic spine revealed multifocal longitudinal areas of T2 hyperintense signal associated with gadolinium enhancement. CSF analysis revealed elevated protein (52 mg/dL) and WBC (215 cells/uL, 78% lymphocytes with no oligoclonal bands) and aquaporin-4 was negative. He was diagnosed with left optic neuritis and longitudinally extensive transverse myelitis; tested positive for the myelin oligodendrocyte glycoprotein antibody. He was treated with IV methylprednisolone 1000 mg for 5 days. Due to minimal response on the third day of steroids, he was started on plasmapheresis for five sessions. He was discharged on an oral prednisone taper. In follow up visit two months later, he reported residual LE weakness and bladder dysfunction. The benefit-risk relationship of mRNA-1273 is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 07-Jul-2022: Live Follow up received by safety on 07-JUL-2022 has email which contains significant information: lab data, events and clinical course details updated.; Sender's Comments: Company comment: This is a literature-non-study case concerning a 38-year-old male patient with no medical history, who experienced the serious unexpected events myelitis transverse and optic neuritis reported as a myelin oligodendrocyte glycoprotein antibody - associated disease. Patient developed left blurry vision, lower extremity weakness/paresthesia, and bowel/bladder dysfunction three days after receiving the first dose of mRNA-1273. MRI of the orbits revealed enhancement involving the intraorbital segment of the left optic nerve, MRI of the cervical and thoracic spine revealed multifocal longitudinal areas of T2 hyperintense signal associated with gadolinium enhancement. CSF analysis revealed elevated protein (52 mg/dL) and WBC (215 cells/uL, 78% lymphocytes with no oligoclonal bands) and aquaporin-4 was negative. He was diagnosed with left optic neuritis and longitudinally extensive transverse myelitis; tested positive for the myelin oligodendrocyte glycoprotein antibody. He was treated with IV methylprednisolone 1000 mg for 5 days. Due to minimal response on the third day of steroids, he was started on plasmapheresis for five sessions. He was discharged on an oral prednisone taper. In follow up visit two months later, he reported residual LE weakness and bladder dysfunction. The benefit-risk relationship of mRNA-1273 is not affected by this report.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Hospitalized**	2370051-1	

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Existing Hospitalization Prolonged	1224145-1	Acute transverse myelitis; This is a spontaneous report from a contactable physician (patient). A 42-year-old female patient not pregnant received first dose of bnt162b2 (BNT162B2), via an unspecified route of administration, administered in Deltoid Left on 18Mar2021 10:30 (Lot Number: Unknown) as single dose (at the age of 42-years-old) for covid-19 immunisation. Medical history included covid-19 (prior to vaccination, the patient was diagnosed with COVID-19). Patient had no allergies to medications, food, or other products. The patient did not receive any other medications within two weeks prior to the vaccination. Patient previously received influenza vaccine (INFLUENZA VACCINE) on unknown date for immunisation and experienced vertigo (Vertigo from flu vaccine). Patient did not receive other vaccine in four weeks prior to the COVID vaccine. The patient experienced acute transverse myelitis on 26Mar2021 19:45. Event resulted in Emergency room/department or urgent care, Prolongation of existing hospitalization (vaccine received during existing hospitalization) and Disability or permanent damage. Patient was treated with Prednisone. The patient underwent laboratory tests and procedures which included sars-cov-2 test (Nasal Swab) positive on 07Jan2021 and negative on 21Jan2021. It was reported that since the vaccination, the patient has been tested for COVID-19, date and results unknown. Therapeutic measures were taken as a result of acute transverse myelitis. Patient had not recovered from the event, at the time of the report. Information about batch/lot number has been requested.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on reported event 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	0943158-1	Numbness tingling in feet, toes progressed to waist. ER Sunday hosp, pt was admitted inpatient, diagnosis transverse myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	0990700-1	Progressive body numbness and tingling from chest down, unable to feel when urinating or have a bowel movement, tight girdle banding feeling on and around chest and back, hand malfunction with drawing, unable to walk without cane/walker, feeling of walking on a bounce house as walking
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1002428-1	1st dose of vaccine was 1/12/21, Lot number EK9231 2nd dose 2/2/21, Lot number EL8982 Patient was feeling well the day of vaccine and reports no recent illness, no adverse events to first injection in COVID vaccine series. 20 minutes later developed dizziness and nausea. Within hours noticed LUE weakness. Weakness has progressed over last two days to severe left upper extremity and left lower extremity weakness with inability to walk. No sensory deficits. Some urinary retention. Hyperreflexia on examination with upgoing toe on left. Presentation consistent with transverse myelitis. Patient remains hospitalized at this time, starting treatment with IV solumedrol for clinical transverse myelitis. Workup remains in process
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1033563-1	Initial pain in Shoulders and Neck (Bilateral) Descending Peripheral Bilateral Neuropathy in legs and Feet on Wednesday , Followed by Ataxia Tremors in 5 th digit of both hands , Itching on both wrists up to elbows bilaterally Numbness appears to have resolved. Numbness persists on left abdomen from waist to underarm. Thursday and then Friday then stronger in legs . Saturday weaker in legs , lack of balance with some word retrieval relative to previous days.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1065159-1	Transverse myelitis; bowel and urine issues; bowel and urine issues; she can't walk; numbness from her toes up to her breast on the left side and numbness from her toes to her groin on the right side; This is a spontaneous report from a contactable consumer (patient). A 75-year-old female consumer received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 23Jan2021 at 13:00 at single dose into right arm for COVID-19 immunisation at the age of 75-year-old. Lot number was EL8982. Medical history was unknown and concomitant medications included blood pressure pills and cholesterol pills and vitamins. On 24Jan2021, the patient experienced transverse myelitis; the patient was hospitalized due to the event (hospitalization dates from 24Jan2021 to 7Feb2021; emergency room since 24Jan20211 noon). Consumer stated that when she was in the hospital, she was on heavy doses of steroids intravenous (IV) for 5 days. Blood work at the hospital was normal. Consumer left the hospital to go to the rehab facility on 30Jan2021, and then consumer left the rehab facility on 07Feb2021. Consumer stated that she could not walk. Consumer had complete numbness from her toes up to her breast on the left side and numbness from her toes to her groin on the right side. Consumer stated that she was still having issues with dragging her left leg, and with rehab, she was finally getting back some feeling, the numbness was still there but she was having bowel and urine issues. Consumer stated that her issues have somewhat improved with the help of rehab. The patient was recovering from the events.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1092810-1	Seizures starting 1/25/21, transverse myelitis diagnosed 3/1/21 with symptoms of transverse myelitis starting 2/5/21. Now with diagnosis of multiple sclerosis but with atypical initial presentation
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1108122-1	"Patient awoke the morning of March 5th feeling weak, fatigued, and unsteady. He went to his primary care provider 5 days later on the 10th of March, as his symptoms were not improving. He told his PCP there that the past few days he was suffering from unsteady gait, walking around like hes ""drunk"", and bouncing off walls. It was thought his symptoms were caused by a low serum potassium value, so he was given a rx for potassium. 3 days later the patient presented to the emergency room where his problems persisted. He was still having trouble keeping balance when he walked around. One of the providers treating him reached out to neurology, who recommended that the patient be started on high dose steroids followed by a prednisone taper for tranverse myelitis, The patient was then admitted and treated at Hospital."

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1132383-1	Patient was admitted to Medical Center with transverse myelitis, potentially caused by second Moderna vaccine received on 3/16/21
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1135880-1	"Seen at the walk-In clinic on 3/9/2021 where he presented with complaints of right leg weakness, numbness, and tingling. He was transferred to ER for further evaluation and management. The symptoms (numbness in his hip and thigh) began around 1400 while he was working. He went about his day. The symptoms progressively worsened while he was ambulating around the hardware store. In the ER, his sensation of his right leg was dulled as compared to the left. The numbness extended from his hip to his toes. Felt a pressure-like sensation in his thigh and calf. Denies pain. Felt as though his right foot is floating 2 inches off the ground when standing with both feet on the ground. Reported his right leg is 1-2 inches shorter after a femur fracture many years ago. Nothing made his symptoms better or worse. Did have an episode of feeling generally hot and then cold the evening prior to admission. Denied any trauma. Denied any dizziness, lightheadedness, headaches, shortness of breath, cough, chest pain, palpitations, vomiting, diarrhea, constipation, blood in stools, urinary habit changes, hematuria, dysuria, pyuria, myalgias, arthralgias, recent illness, or fever. MRI showed T2 changes on the right side of the cord down of the thoracic spine concerning for her transverse myelitis. Patient did have Covid vaccine 7 days prior to onset of symptoms, one dose mRNA vaccine. He is on day 3 high-dose methylprednisolone thousand milligrams IV +3 days. He has noticed an improvement in the pressure sensation from the knee up the thigh on the right, no longer having tingling in the right lower leg or the left foot. He is still having numbness over the anterior right thigh. Yesterday when he went to bear weight on the right heel, he had a sharp pain with increase in weakness. That has since settled down. He did have a few involuntary myoclonic movements as described yesterday. This writer reached out on 3/22/2021 for information on his Vaccine lot number. He stated ""At this point I am attending physical therapy, I am walking with the aid of crutches or a walker. There is improvement in the foot and lower leg regarding the numbness, but the upper thigh is still pretty much completely numb yet.""
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1136997-1	Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1138845-1	Loss of sensory waist down. Numbness and tingling waist down. Weakness in legs, heaviness in the legs. Bladder and bowel problems - urinating frequently, urinary incontinence and constipation.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1147682-1	Transverse Myelitis; Could not go to bathroom in spite his bladder was full; Could not get out of bed; Could not walk; Chest pain; Pain in middle back; Pain in both of arm; The blood pressure went high; Pain was intense that cannot be describe; Pain across shoulders; A spontaneous report was received from a consumer concerning a 67-year-old male patient, who received Moderna's COVID-19 vaccine (mRNA -1273) and experienced events of chest pain, middle back pain, pain across shoulders/arthralgia, pain in both of arm/pain in extremity, pain was intense that cannot be described, the blood pressure went high/hypertension, could not get out of bed/asthenia, could not walk/gait inability, could not go to bathroom in spite his bladder was full/urinary retension and transverse myelitis. The patient's medical history as provided by the reporter included, quadruple bypass heart surgery, partial lung removal, back problem and neck problem. No relevant concomitant medications were reported. On 19 Jan 2021, approximately one day prior to the onset of the symptoms, the patient received their first of two planned doses of mRNA-1273 (Batch number: 028L20A) intramuscularly in the right arm for prophylaxis of COVID-19 infection. On 01 Mar 2021, the patient received their second of two planned doses of mRNA-1273 (Batch number: 002A21A) intramuscularly in the right arm for prophylaxis of COVID-19 infection. On 20 Jan 2021, the patient reported that after receiving the vaccine he was taken to the hospital for chest pain, pain in middle back, pain across shoulders, pain in both of arm, pain was intense that cannot be described and the blood pressure went high. On 21 Jan 2021, in the morning, he could not get out of bed, could not walk and could not go to bathroom in spite his bladder was full for which a catheter was installed to go to bathroom and he got hospitalized for three days. The physician diagnosed him having transverse myelitis which is a side effect from vaccine. The patient received both scheduled doses of mRNA-1273 prior to the events, therefore action taken with the drug in response to the events is not applicable. The outcome of the events, could not get out of bed, could not go to bathroom in spite his bladder was full were resolved on 24 Jan 2021. At the time of reporting, (16 Mar 2021), the outcome of the event, could not walk, was recovering/resolving as the patient reported he was able to walk a little and was on physiotherapy. At the time of this report, the outcome of the events, chest pain, pain in middle back, pain across shoulders, pain in both of arm, pain was intense that cannot be described, the blood pressure went high and transverse myelitis 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.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1162115-1	Transverse Myelitis; spastic twitching in thighs; severe back and leg pain; severe back and leg pain; This is a spontaneous report from a contactable physician (patient). A 60-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1284 and expiration date not provided) via an unspecified route of administration, administered in left arm on 07Jan2021 15:00 as a single dose for COVID-19 immunisation. Medical history includes Hypertension, Gastrooesophageal reflux disease (GERD), prostate cancer and broncholith left lung. The patient has no known allergy. The patient did not receive any other vaccine within 4 weeks prior to the COVID vaccine. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included amlodipine, losartan, pantoprazole, hctz, and acetylsalicylic acid (ASPIRIN). The patient previously took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK5730) on 17Dec2020 and experienced mild numbness and tingling in arms and legs following first dose of vaccine, followed by progressive weakness in legs. On 19Jan2021, the patient developed severe back and leg pain resulting in spinal fusion surgery on 25Jan2021. Postoperatively, the patient developed spastic twitching in thighs on 31Jan2021. On 07Feb2021, he woke up with weakness and clumsiness in left hand. At post-op check for spinal surgery on 10Feb2021, the neurosurgeon recommended another MRI and mentioned possibility of Transverse Myelitis. Following this MRI on 15Feb2021, he was again admitted to hospital for more extensive work up and was admitted for 6 days. Diagnosis made of Transverse Myelitis and was started on high dose steroid treatment and was discharged to home on 17Feb2021. Since then have had profound leg weakness, right side greater than left, which severely impairs mobility, especially stairs. He completed 5 day course of 1000 mg methylprednisolone per day as an outpatient on 20Feb2021. He is in PT and is unable to predict date of return to work. The events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Disability or permanent damage. Treatment for the events included high dose steroid therapy, PT and exercise. The patient underwent COVID test post vaccination via nasal swab on 24Jan2021 and was negative. The outcome of the events was recovering.; Sender's Comments: Based on available information the reported events are unlikely related to BNT162B2. These are intercurrent medical conditions. 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1183773-1	Began with severe back pain on 3/04/21. I went to the ER and they checked heart because pain radiated to front. I went home and pain continued briefly the next day. By 3/6, I began to have numbness in my left leg, so again, I went to ER and they prescribed oral steroids and recommended MRI to be scheduled in back. My Monday 3/8 I was unable to walk and had no sensation from mid chest down. I could feel Pressure, but had no sense of temperature or sharpness. From that point I was admitted to the hospital. I spent a week on the 6th floor and a week on the inpatient rehab floor. They ruled out demyelinating disease that could cause the lesion that was found on my cervical spine from c6-T-2. The records indicate demyelinating disease vs post vaccine reaction. All tests for demyelinating diseases came back negative, so it is believed by the doctors that this was definitely caused by the Moderna vaccine. It caused a transverse myelitis reaction, which I am still dealing with. My walking is extremely slow, and the sensation issues persist, along with incontinence. I have all of my medical records and diagnosis for record. The hope is this will eventually correct, but for now, I am still in PT/OT twice a week.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1212838-1	Attack of spinal cord inflammation/transverse myelitis following 1st Pfizer vaccine. Attack was on 03/12/21. He was in his usual state of health on March 11 2021. That day he went skiing and did not have any issues. He was feeling well at 10 PM when he went to bed.. When he woke up at 3 AM on 3/12/2021 to go to the restroom he noticed his right leg felt weak. He stumbled to the restroom. Then he went back to sleep. When he woke up again at 7 or 8 AM his right leg felt weaker. He noticed balance issues, gait issues and bladder urgency more than usual. He walked with difficulty using a cane and went to the ER. He realized in the hospital that he had difficulty with writing due to coordination issues in the right upper extremity with some weakness. He was having a lot of right leg spasms.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1224145-1	Acute transverse myelitis; This is a spontaneous report from a contactable physician (patient). A 42-year-old female patient not pregnant received first dose of bnt162b2 (BNT162B2), via an unspecified route of administration, administered in Deltoid Left on 18Mar2021 10:30 (Lot Number: Unknown) as single dose (at the age of 42-years-old) for covid-19 immunisation. Medical history included covid-19 (prior to vaccination, the patient was diagnosed with COVID-19). Patient had no allergies to medications, food, or other products. The patient did not receive any other medications within two weeks prior to the vaccination. Patient previously received influenza vaccine (INFLUENZA VACCINE) on unknown date for immunisation and experienced vertigo (Vertigo from flu vaccine). Patient did not receive other vaccine in four weeks prior to the COVID vaccine. The patient experienced acute transverse myelitis on 26Mar2021 19:45. Event resulted in Emergency room/department or urgent care, Prolongation of existing hospitalization (vaccine received during existing hospitalization) and Disability or permanent damage. Patient was treated with Prednisone. The patient underwent laboratory tests and procedures which included sars-cov-2 test (Nasal Swab) positive on 07Jan2021 and negative on 21Jan2021. It was reported that since the vaccination, the patient has been tested for COVID-19, date and results unknown. Therapeutic measures were taken as a result of acute transverse myelitis. Patient had not recovered from the event, at the time of the report. Information about batch/lot number has been requested.; Sender's Comments: A possible contributory effect of suspect BNT162B2 on reported event 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1230840-1	"Pt states she had weakness that began about 30 minutes after vaccination. This included muscle spasms and muscle pain ""all over."" She states she had flu-like symptoms for ~1.5 days after vaccination and then felt ok until approximately 3/22/2021, when muscle weakness began and has not stopped. She presented to another hospital on 3/29/2021 to the emergency room and ""had a full work-up including EKG, x-rays, and lab work"" and was told she had a viral illness. She was given a prescription for azithromycin and ibuprofen, as she was complaining of sore throat. She presented to the emergency room on 3/30/2021 with c/o generalized weakness, back pain, myalgias and chest pain. She also c/o fever and chills. Temp in the ER was 98.5F. Physical exam revealed ""diffusely tender abdomen, no rigidity or guarding"" and ""diffusely tender back all throughout."" 3/31/2021-saw family physician w/ c/o cough and myalgias, negative for back pain and chest pain/palpitations. Sore throat and cough were improved. Was diagnosed with an apparent viral illness and supportive care. She was advised this could be a viral illness and discharged to home in stable condition. 4/11/2021-Pt reports she went to urgent care b/c felt she had a bad ear infection and eyes were hurting (mostly right); was diagnosed with sinus infection and that ears looked ok. Was told to stop azithromycin and begin amoxicillin and ibuprofen. 4/16/2021-presented to emergency room. ""Patient with 3 weeks of progressive symptoms of headache, blurry vision, nausea, weakness, and poor control of her bowel and bladder. Symptoms are constant with gradual progression with a duration of 3 weeks. Timing is constant. Severity is now severe. Quality is sharp, tight headache."" Vision changes got worse when she was on the flight there. ""No exacerbating or alleviating factors. Not associated with fevers. Does have some nausea and muscle aches. Diffuse tremors and difficulty walking without assistance. PE revealed mild psychomotor retardation, tremulous and diffuse weakness, and Romberg present. Mild right sided papilledema. 4/17/2021- further HPI recorded-The patient is presenting for evaluation of headaches, paresthesias, numbness. The patient is a fairly good historian and tells me that symptoms began after she received the Johnson & Johnson COVID-19 vaccine. Patiet began to feel fatigued, malaise, numbness and weakness over the legs. Patient had some mild blurriness of vision in the right eye. Symptoms have been persistent and patient began to have some difficulty with walking and feeling off balance. Patient describes the headaches as primarily right-sided. According to nursing staff, the patient has also had some incontinence of urine today. Patient has had some numbness over proximal legs and ""private areas"". 4/19/2021 ? Assessment as per Infectious Diseases physician; Pt with continued intermittent headaches. Has continued difficulty bearing full weight due to unsteadiness. No loss of sensation at arms/legs. Has action tremor, wide gait, hyperreflexia of arms/legs bilaterally. ADEM Hyperreflexia CSF pleocytosis Fatigue Headache, new onset Patient has nonspecific findings of CSF pleocytosis as well as clinical findings concerning for ADEM. No infectious cause for this problem; temporally associated with receipt of Janssen COVID vaccine. 4/19 Assessment as per Neurologist; Question of transverse myelitis/ADEM: Perhaps induced by the Covid vaccine On steroids MRI scan of the thoracic spine shows demyelination but no contrast enhancement Continue to work with therapy services No signs of CNS infection and antibiotics discontinued. The patient continues on methylprednisolone 500 mg iv q 12 hr at this time (4/19/2021)."

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1261832-1	This is a spontaneous report from a contactable consumer. This consumer (patient) reported that a 39-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207) at the age of 39-years, via an unspecified route of administration in right arm on 19Mar2021 14:00 at single dose for COVID-19 immunization. Medical history was not reported. No COVID-19 prior vaccination, no other vaccine in four weeks. There were other medications in two weeks. The patient previously took zaleplon (SONOTA) and experienced allergy to it. On 23Mar2021 08:00 AM, the patient developed transverse myelitis following the first vaccination. The patient went to ER and was admitted and treated there for the following week for the condition transverse myelitis. The event result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization for 7 days, life threatening illness (immediate risk of death from the event). The patient received 5-day course of IV steroids as treatment. Outcome of the event was not recovered. The patient underwent lab tests and procedures, which included COVID-19 virus test (nasal swab) was negative on 10Apr2021.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1261928-1	in a lot of pain; Transversal Myelitis caused by the vaccine shot; couldn't walk; has Neuropathy really bad, pains and needles in the feet and the back/tingling/has no feeling; Nauseated; Headache; Doctor advised her not to received the second dose.; This spontaneous case was reported by a patient family member or friend (subsequently medically confirmed) and describes the occurrence of MYELITIS TRANSVERSE (Transversal Myelitis caused by the vaccine shot), GAIT DISTURBANCE (couldn't walk), PARAESTHESIA (has Neuropathy really bad, pains and needles in the feet and the back/tingling/has no feeling), PAIN (in a lot of pain), NAUSEA (Nauseated) and HEADACHE (Headache) in a 72-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 028L20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. 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 12-Feb-2021, the patient experienced GAIT DISTURBANCE (couldn't walk) (seriousness criterion hospitalization), PARAESTHESIA (has Neuropathy really bad, pains and needles in the feet and the back/tingling/has no feeling) (seriousness criterion hospitalization), NAUSEA (Nauseated) (seriousness criterion hospitalization) and HEADACHE (Headache) (seriousness criterion hospitalization). On 15-Feb-2021, the patient experienced MYELITIS TRANSVERSE (Transversal Myelitis caused by the vaccine shot) (seriousness criterion hospitalization). On an unknown date, the patient experienced PAIN (in a lot of pain) (seriousness criterion hospitalization) and OFF LABEL USE (Doctor advised her not to received the second dose.). The patient was treated with Rehabilitation therapy (walker) for Gait disturbance. At the time of the report, MYELITIS TRANSVERSE (Transversal Myelitis caused by the vaccine shot), GAIT DISTURBANCE (couldn't walk), PARAESTHESIA (has Neuropathy really bad, pains and needles in the feet and the back/tingling/has no feeling), PAIN (in a lot of pain), NAUSEA (Nauseated) and HEADACHE (Headache) outcome was unknown and OFF LABEL USE (Doctor advised her not to received the second dose.) had resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In February 2021, Computerised tomogram: normal (normal) CT didn't show anything. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) was unknown. For treatment, the patient received Galopentin and another drug the reporter couldn't remember. Patient is also receiving therapy. 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. Most recent FOLLOW-UP information incorporated above includes: On 21-Apr-2021: lot number for vaccine; 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1266068-1	Transverse Myelitis worsened; Transverse Myelitis worsened; I could not walk; trouble breathing; This is a spontaneous report from a contactable consumer (patient). A 39-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on an unspecified date at single dose for COVID-19 immunisation. Medical history was not provided. Patient was not pregnant, was not pregnant at time of vaccination. Concomitant medications included other medications in two weeks. No other vaccine in four weeks. Patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207) at the age of 39-years, via an unspecified route of administration in right arm on 19Mar2021 14:00 at single dose for COVID-19 immunisation and experienced transverse myelitis; received zaleplon (SONATA) and experienced allergies. Less than 24 hours after receiving the second vaccination, the transverse myelitis worsened and patient could not walk and was beginning to have trouble breathing. Patient went to emergency room and was admitted and treated there for the following week for the condition transverse myelitis. 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). Days hospitalisation: 7. Patient received treatment for the events included among other meds, 5 day course of IV steroids . No covid prior vaccination, patient underwent covid test (Nasal Swab) post vaccination on 10Apr2021, covid test result was Negative. Outcome of the events was not recovered. Information about lot/batch number has been requested.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1272277-1	Approximately 5-6 days after my second Pfizer vaccine dose, I began having paresthesias in patchy areas on the outside of my right ankle. Over the next 3-4 weeks, the paresthesias (burning, tingling, temperature sensation) progressed to the other leg and then ascended up the legs bilaterally to the upper thigh area. I consulted my neurologist and he ordered a MRI of the cervical and thoracic spine. The day after the MRI (4/15/21), I had two seizures in the morning after being seizure free for a year. I had significant fatigue and felt very poorly. A few hours later, I had a sudden onset of severe bilateral leg weakness. Because I could not walk, EMS was called. I went to Hospital where I was admitted for leg weakness. Additional imaging was performed. I was able to walk a few steps after receiving a dose of 1g solumedrol via IV that night. My symptoms improved over the next few days with IV steroid treatment. I was discharged on 4/19/21 and was advised to follow up with outpatient neurology. My neurologist initially diagnosed acute transverse myelitis and ordered physical therapy. I continued a steroid taper for 6 days after hospital discharge. Today (4/29/21), my symptoms have improved but continue to have adverse effects. I am able to walk but tire quickly and am very fatigued. I have been unable to work since hospital discharge.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1284033-1	transverse myelitis - potentially related to immunosuppression from Humira, the herpes simplex virus or the vaccine (or combination of all 3). Sx included areflexia, bilateral paresthesia (legs and feet), double vision, cord damage from cervical region to conus of the cord. Also developed urinary retention.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1300611-1	transverse myelitis secondary to vaccine administration of the Moderna coronavirus vaccine at the on 4/15/2021
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1314995-1	"36 Y male patient from another country with a past medical history significant for mild HTN (on 2.5 mg amlodipine) who was in his usual state of health until approximately 4/17/21 when he developed acute onset left volar forearm tingling sensation. He had received the Johnson & Johnson vaccine on 4/2/21 in his left arm and states that he did not experience any noticeable reactions after vaccination. He also recalls having had sustained a minor superficial scrape on his left volar forearm by a trash can lid when he had taken out garbage, which occurred very shortly before the onset of this tingling sensation. The tingling sensation then progressively worsened and became more diffuse across most of his body. He then developed fevers up to 102 at home, chills, neck pain, headache, and pain in all extremities (primarily arms but also in his legs). He initially went to the Health Care ED on 4/28/21. He was afebrile at the time and his vital signs at that time were unremarkable with the exception of elevated diastolic blood pressures (90-104 mm Hg). WBC 10.1 with normal differential, electrolytes and liver enzymes within normal limits. Influenza, RSV, and SARS-CoV-2 PCR were negative. Urinalysis showed few bacteria but no WBCs. Chest x-ray was clear. Blood cultures were drawn and patient was then discharged. Patient returned to the ED on 4/29/21 and reported fever to 102-103 d F, chills, nausea, weakness, body aches, and bilateral foot paraesthesias. He was afebrile (98.8) and his vital signs were within normal limits. His WBC was slightly elevated to 12.2 with a normal differential. His ESR was 11, CRP 1.5, CMP within normal limits. He was noted to have urinary retention and a foley was placed and he was given tamsulosin. Patient then returned to the ED again the following day, on 4/30/21, with worsening generalized pain and weakness and difficulty walking. ED course: temperature 101, heart rate 100s-110s, BP 140s-160s/70s-90s, RR low 20s, SaO2 high 90s. Labs remarkable for WBC 13.1 with 82.4% N, ESR 7, CRP 5.9, lactic acid 2.6, RF 10, urinalysis unremarkable, HIV antigen/antibody negative. Several imaging studies were performed. MRI T spine showed ""Extensive cord signal abnormality in the cervical and thoracic cord as detailed above, with associated expansion of the cord (most pronounced in the cervical cord). Differential includes acute transverse myelitis, demyelination, infection (HIV, syphilis, other viruses)/parainfectious phenomenon, subacute combined degeneration, and inflammatory etiologies. An underlying mass or masses are not excluded but less likely given extensive multifocal patchy involvement. Recommend postcontrast imaging at this time for further workup. Consider brain MR as well to assess for systemic white matter disease."" A lumbar puncture was attempted in the ED but was unable to be performed. Patient was given empiric IV ceftriaxone 1 g q24h and admitted to the hospitalist service. He was evaluated by neurology and was started on Solumedrol 1000 mg for acute transverse myelitis. 5/1/21 MRI brain showed ""Multifocal patchy white matter signal changes, predominantly in the subcortical white matter, also present in the bilateral thalami and bilateral middle cerebellar peduncle, and redemonstration of extensive cervical cord signal abnormality and expansion. No associated restricted diffusion or enhancement. Broad differential, but given pattern of involvement findings are most concerning for ADEM (acute disseminated encephalomyelitis), other considerations include other demyelinating processes, toxic-metabolic pathology, or potentially atypical viral infection."" Patient was given methylprednisolone for ADEM with transverse myelitis and clinically improved. He was hospitalized from 4/30/21 until being discharged to home in a wheelchair on 5/6/21."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1341845-1	I was diagnosed with Transverse Spinal Myelitis at ER in town on April 27th. I had been suffering from sever back and neck pain for over a week. I reported to the ER due to the inability to void my bladder. I had full back, neck, and Brain MRI?s after being admitted to the hospital and neurologist Dr. made the diagnosis of Transverse Spinal Myelitis. I spent 3 days in the hospital and received 5 IV steroid treatments to treat my condition.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1347467-1	The patient states that symptom onset started at 8 AM. She awoke at 5 AM and felt fine. She complains of bilateral weakness in the distal upper extremities and in her bilateral grip. She states that she has never had this weakness, which is worse on the left than on the right. MRI C-spine showed an Abnormal cord signal from C3/C4 to C6/C7 involves both halves of the spinal cord with a predilection for the central gray matter. No pathologic enhancement. Findings may represent cord infarct although longitudinally extensive demyelinating disease (NMO or ADEM) or transverse myelitis are not excluded. CSF done - CSF studies reviewed clear less fluid white count 3 RBC 28 glucose 92 with protein 31.4 CSF bio fire negative oligoclonal bands in the CSF are pending serum RPR negative B12 647 folate 6.6 HIV negative The patient was treated with IV methyl-prednisone then oral prednisone. She had improvement in her weakness
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1354556-1	Developed transverse myelitis. She began to develop numbness in her feet starting 4/30 which worsened over several days. She presented to the emergency department and had a normal CBC, CMP, TSH. Normal vital signs. However on her exam she had decreased but not absent sensations in bilateral lower extremities to the mid calf, lack of positional sense of her bilateral toes. She had a lumbar puncture which showed 160 white blood cells with an 83% lymphocyte predominance but without elevated protein or glucose alteration the numbness found a ascending to just below her breasts at that time she was having no sensory or motor symptoms in her arms, no visual disturbance speech or swallowing difficulty. She was aware of bowel and bladder sensation but unable to sense her self urinating or defecating. She was listing to the left while walking. Her B12 was noted to be low at 232 and she was started on a B12 supplement. She is negative for Covid, RSV, influenza A and B. She also had her cerebrospinal fluid evaluated for IgG and oligoclonal bands. She was after having MRIs of her brain, C-spine, T-spine with and without contrast she was started on Solu-Medrol for 5 days. Imaging had no specific findings suggesting the diagnosis, Dr felt that she likely had some mild myelitis. She did improve with the Solu-Medrol. Since returning home patient has been feeling better but still has some limitations. Still has some limited sensation from her abdomen downward, gait is a little unsteady. The balls of her feet still feel numb, and she is to be very cautious about her footwear and how she walks.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1363855-1	TRANSVERSE MYELITIS; This spontaneous report received from a physician concerned a 52-year-old female patient of unspecified race and ethnic origin. The patient's height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration was not reported, batch number and expiry date were unknown) dose was not reported, 1 total, administered on 09-APR-2021 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 22-APR-2021, the patient experienced headache, numbness in feet, could not void/have a bowel movements, could not ambulate, had paralysis from the chest to the feet, and burning/numbness in ribcage and in chest to the feet. On the same day, she presented to the hospital with these symptoms and was admitted. She was diagnosed with transverse myelitis following which she was treated with intravenous (IV) steroids (unspecified) and was also started on gabapentin and carbamazepine. Since then, the patient was transferred to a rehabilitation facility and has reportedly partially improved. Recently, she could stand and step a few steps. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering from transverse myelitis. This report was serious (Hospitalization Caused / Prolonged). This case, from the Others is linked to 20201203588.; Sender's Comments: V0: 20210554951-Covid-19 vaccine ad26.cov2.s-Transverse myelitis. 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).
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1371617-1	Patient developed numbness and weakness in left arm, left leg and left side of abdomen. Cervical MRI with and without contrast showed enhancement . Lumbar puncture had high protein levels. Neurology consulted and think process is either cervical myelomalacia or cervical transverse myelitis/vaccine associated inflammation. Patient had never had a problem like this before. He was given high dose Solumedrol X 2 days and sent home on a prednisone taper. His numbness and weakness had improved at time of discharge from the Hospital on May 18, 2021. However, I see he has been readmitted to the Hospital on May 27, 2021 with similar symptoms.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1374459-1	Transverse Mylitus
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1375019-1	The patient developed a progressive facial diplegia and quadriparesis, mostly involving the lower extremities 3 weeks after receiving Moderna Vaccination. Initially work-up was concerning for Guillain-BarrT however LP showed significant pleocytosis with high protein, more consistent with transverse myelitis. MRI demonstrated long region of increased signal lower cervical to upper thoracic without enhancement. She showed significant improvement on high-dose steroids. She is able to ambulate without assistance at this time. She was discharged after complete her fifth day of steroids. Her speech and swallowing is improving, plans to follow-up with outpatient speech therapy.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1392514-1	Presents to our facility today with complaints of progressive weakness, inability to ambulate, abdominal pain, left thoracic wall paresthesias, inability to move bowels, and urinary difficulties. Reports he was also bitten by a spider on his left side recently and did not seek treatment, but decided to seek treatment when he developed same symptoms in his right side. Reports he has been experiencing symptoms for 1 week or more.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1394968-1	Almost immediate (next day) started having numbness in left fingers 3-5, heavy, glove like feeling in left hand, pain down left arm gradually intensifying in frequency and severity over 6-7 weeks. Cervical MRI ordered due to intense, sharp, stabbing left arm pain and numbness down ulnar side of left arm. Admitted to Medical Center on June 11, 2021 due to findings on MRI and worsening of symptoms. Drs. have narrowed down the DX to likely Acute Transverse Myelitis- pending results from a spinal tap done June 12, 2021. Currently still admitted for pain control and IV steroids to control swelling on spinal cord.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1417310-1	Patient received second dose on 3/13/21. In mid-april, patient started experiencing numbness, tingling, parasthesias, and weakness in the lower extremity. This progressed upwards over a period of 2 months with worsening weakness. Due to the symptoms the patient fell and broke his ankle. The patient eventually could no longer walk as the weakness progressed. On MRI the patient was found to have an extensive transverse myelitis and was admitted to the hospital 06/18 for steroid treatment.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1430351-1	Muscle weakness, nerve damage, burning in legs, numbness/tingling in legs, numbness/tingling feet and hands and arms, severe cramping - cannot walk for more than a few minutes. Treatment will involve Solumedrol steroid injections, Tizanidine muscle relaxers, and Meloxicam inflammatory medication.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1432879-1	Transverse Myelitis; This is a spontaneous report from a contactable physician. A 74-year-old male patient received bnt162b2 (PFIZER BIONTECH COVID-19 VACCINE, solution for inhection), via an unspecified route of administration on 25Mar2021 (at the age of 74 years old) (Lot number was not reported) as dose number unknown, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Prior to vaccination, was the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 20Apr2021, the patient experienced transverse myelitis. The patient was given IV methylprednisolone sodium succinate (SOLU-MEDROL) as treatment. The patient was hospitalized for transverse myelitis for 3 days. The event resulted in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. Since the vaccination, the patient been tested for COVID-19. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 01May2021. The outcome of the event was recovering at the time of report. 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 transverse myelitis and the use of BNT162B2 cannot be fully excluded. There is limited information in this case 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1443938-1	After 1st dose, 2 weeks after, Pain in right arm with tingling in right hand After 2nd dose, 1 week after, experiences full paralysis of right side (arm and leg) and trunk, 80% paralysis on left side (arm and leg) Diagnosed with Tranverse Myelitis, Inflammation of my Cervical spine, C2-C7
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1454224-1	The next day after the shot I started getting a severe pain in my back and the pain started migrating up my back and over my shoulders and down to my fingers. the pain comes and goes and is very severe, it is a crippling pain. The pain keeps coming and going, I did go to the ER and my BP was very high, and the pain radiates across my chest. I was in the hospital for two days.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1478597-1	March 26 first vax, no prob except tired and no energy. a week and 2 days later she went to hospital could not even change clothes , went to Dr. , then ER. they did MRI, and found out she had a stroke on right side of brain. but right side was showing weakness. Week and half later weakness in right hand. 2nd MRI left side stroke on brain, inflammation on spinal cord, short term rehab. They found UTI after going back to ER. Son got call from The 2nd ER doctor and said she was diagnosed with neuromyelitis optica very rare disease. They said she had transverse myelitis (May, 14 2021) Returned to rehab then found out she had high white blood cell count , On May 16, 2021 readmitted to hospital and did not return to Rehab until June 18 2021 . Then returned and is still in on July 2, 2021. (Inflammation of gallbladder, 4th diagnose of Shower strokes, diabetes, On July 12, 2021 in hospital was diagnosed with Covid 19 and is still in hospital
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1485401-1	Patient started to develop numbness around the upper body 2 weeks after the vaccine (mid-April). Later the numbness and tingling progressed to lower extremities (by July). Patient later found to have transverse myelitis involving T4 spinal cord on MRI. Strong suspicion that the transverse myelitis was triggered by immune reaction from Pfizer vaccine.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1493606-1	6/7/2021 DAY 12 POST VACCINE, BOTH ARMS FELT TINGLY AND NUMB ON AND OFF. 6/12/2021 WENT TO URGENT CARE IN THE MORNING WITH VERY SORE BACK. SENT TO ER. TREATED WITH MUSCLE RELAXER FOR PINCH NERVE IN NECK. A FEW HOURS LATER, HE SUDDENLY COLLAPSED AT HOME UNABLE TO MOVE. TRANSFERED TO ER VIA AMBULANCE. IN ER ALL NIGHT. TRANSFERED 6/13 WHEN AMBULANCE WAS AVAILABLE. NOW HE IS COMPLETELY PARALYZED FROM HIS NECK TO HIS TOES. AFTER MANY TESTS AND EXAMS, HE WAS DIAGNOSED WITH TRANSVERSE MYELITIS. HE REMAINED AT MEDICAL CENTER FOR 3 WEEKS. THEN TRANSFERED TO WHERE IS REMAINS.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1497549-1	Transverse Myelitis; This is a spontaneous report from a contactable pharmacist. A 40-years-old adult male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Batch/lot number: El3249) via an intramuscular route of administration in Arm Right on 20Jan2021 03:15 (age at vaccination 40years old) as Dose 2,Single for COVID-19 immunization. Medical history included diabetes mellitus from an unknown date and unknown if ongoing, hypertension from an unknown date and unknown if ongoing, HTN, hyperlipidaemia from an unknown date and unknown if ongoing. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Facility the most recent COVID-19 vaccine was administered in Workplace clinic. Concomitant medication(s) included semaglutide (OZEMPIC); metformin (METFORMIN); hydrochlorothiazide, losartan potassium (HYZAAR); rosuvastatin calcium (CRESTOR). All taken for an unspecified indication, start and stop date were not reported. The patient was allergic to the drug Amoxil.Since the vaccination, the patient had not been tested positive for COVID-19. The patient had historical vaccine of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Batch/lot number: El0142) via an intramuscular route of administration in Arm Right on 30Dec2020 03:15 as Dose 1,Single for COVID-19 immunization. The patient experienced transverse myelitis in Jun2021. The patient was hospitalized for transverse myelitis for 3 days. The patient received any treatment for the adverse events. Therapeutic measures were taken as a result of transverse myelitis. The clinical outcome of the event recovering. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on the reported information ,a causal relationship between the events and suspected drug cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				"Around the 5th of May, 2021, Pt felt a numbness sensation in her right hand that radiate it up her arm. 1 week later, the numbness presented in her left hand as well following by a tingling. The numbness and tingling wrapped around her chest making it difficult to breath. Pt was taken to the hospital and went into the ER. They misdiagnosed her with a Pulmonary Embolism. Pt started to feel excruciating neck pain which cause an inability to sleep during this time. The doctors decided to do an MRI scan of her cervical spine. The doctors saw that she had lesions on her spine. The treatment in the hospital was blood thinners for the misdiagnosed Pulmonary Embolism and a low dose steroid as well for the inflammation of her spine. 10 days after Pt was admitted into the hospital. Once at hospital, Pt was admitted into the ICU. The staff did an MRI of her brain, cervical and thoracic spine, and a lumbar puncture. That's when the doctors diagnosed her with Transverse Myelitis. Here are some notes from the Doctors, ""22 year old female without significant past medical history who was transferred to center for further evaluation of right upper extremity numbness and weakness. Here, the patient underwent completion MR imaging which confirmed a large, vertically extensive cervical cord lesion, and a lumbar puncture. The patient was started on pulse methylprednisone with marked improvement of her right upper extremity symptoms. The patient has a very large lesion involving the majority of the cervical cord. The main differentials are a significant demyelinating event and malignancy. Covid19 vaccination. Of note, patient received the Johnson & Johnson...If this ends up being a demyelinating event, this probably should be reported."" Medications given at center are Tylenol 325mg PO 2 pills every 6 hours for headache. CARBAMAZEPINE XR 100mg PO 1 tab twice a day for spasms due to working diagnosis. Enoxaparin 40mg/ 0.4ml x 0.4ml syrn injected underneath skin daily for misdiagnosis of PE by the doctors (discontinued due to Doctors reasonable conclusion that there was no CLOT whatsoever.) SOLU-Medrol 1g IV daily. Pt was then MEDEVAC to different enter on the 27th of May, 2021. Pt was hospitalized at center for 4 days with follow up appointments for Occupational therapy, physical therapy, Immunology, Hepatology. Pt felt the same symptoms such as Numbness and weakness in right hand, tingling sensation in left hand digits, spasms and tremors. The Doctors note reads, "" Patient with evidence of primarily central T2 hyperintensity spanning greater than 3 vertebral segments in both cervical and thoracic cord with corresponding right upper extremity mono-paresis and sensory changes to multiple modalities... The highest suspicion was for an autoimmune etiology such as NMOSD."" Previous medications that were given at previous center were discontinued and the new medications are as follows: predniSONE 20mg PO with tapering of steroids included for Transverse Myelitis. Gabapentin 300mg PO 1 pill twice a day for nerve pain. PROTONIX 20mg PO 1 tab everyday for GI protection due to steroids being harsh on the stomach Tylenol 325mg PO take 2 tabs every 6 hours PRN for pain. Rituximab 1g IV. Pt flew back to her home on the 9th of July, 2021. During this time till now she has been feeling the same symptoms as described before. Numbness and weakness still in her right upper extremity, painful spasms, inability to sleep, left upper extremity beginning to show weakness as well. Through all these events it is without a doubt that this has taken a toll on her body, both physically and mentally. Pt while here at home station saw a civilian Doctor named Dr. who is rheumatologist. He was taking up the decision whether to allow the second dose of Rituximab for Pt. He did his own exams and wrote his own notes apart from the military providers. He questions whether Pt has NMOSD or MOGAD. In his notes he questions whether there is a relationship between this acute illness and the J&J vaccine. I, a (spouse), write this from Center as Pt and I sit here because of another ER visit due to worsening symptoms. She is currently waiting to be discharged from the hospital. She received another treatment of steroids IV to combat the inflammation of her spinal cord with another MRI being taken on Friday the 30th of July 2021. The MRI showed a new lesion on her cervical spine which was behind the reason of her intial visit to the ER, neck pain. I believe the J&J vaccine triggered something in Pt body to cause this disorder to arise prematurely. Of course the question is when was it supposed to happen? I wrote this because she told me she did not feel right two hours after the J&J vaccination was administered to her. With the recent news articles of J&J vaccine and the side effects of GBS or Guillain-Barre syndrome appearing, I knew this report had to be made. I thank you for your time for reading this report and please feel free to contact me."
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1522831-1	Transverse Myelitis- temporary paralysis, intense pain, muscle spasms, bladder retention, 4 UTIs in 3 months, physical therapy to regain mobility which is still limited. Doctors indicated recovery will take 6-12 months.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1549286-1	Patient developed progressive weakness and numbness of both legs, unsteady gait, bowel/bladder dysfunction two weeks following vaccination; patient developed altered sensation below spinal level T2. MRI spine showed abnormal signal consistent with probable transverse myelitis involving C3 to T10 levels; CSF with elevated WBC and protein also consistent with transverse myelitis. CSF negative for infection or other abnormalities. Patient is responding well to IV methylprednisolone with steady improvement.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1582373-1	Acute transverse myelitis
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1605722-1	Transverse Myelitis requiring IV solumedrol 1000 mg daily x 5 days then 32 mg oral BID weaning by 4 mg daily until off (last dose 4/20/21) Hospitalized x 12 days including rehab being discharged with a walker and previously fully ambulatory 8 weeks physical therapy Off work x 7 weeks Continue to require muscle relaxer at HS Effect to right leg with tightness, numbness to right axilla and side, pain at T1 area to right anterior and posterior, gait effected , but improving with no support Confirmed was not MS Treated for Guillain Barre post flu vaccine in 2013
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1628183-1	Lose of urine and bowel. Pins/needle and numbness down legs and feet. Lots of pressure on feet. Difficulty walking.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1632364-1	Transverse Myelitis developed 4 months s/p second shot
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1632926-1	Complete numbness from waist down. Motor function still normal, but all sensory function gone. Has been diagnosed as transverse myelitis. Have gone through one round of high-dose IV methylprednisolone for 5 days. Currently only have partial recovery.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1642023-1	One day after receiving the vaccine, the patient developed bilateral leg weakness, palpitations, and also numbness in the lower back region. She was found to have neck flexion as well as bilateral proximal leg weakness. Her gait is unsteady.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1645746-1	Diagnosed with transverse myelitis; This is a spontaneous report from a contactable consumer (patient). A 33-year-old female patient (not pregnant) received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: Ewo182 and expiration date not provided), via an unspecified route of administration, in left arm, on 03May2021 (at the age of 33-year-old, not pregnant), at single dose, for COVID-19 immunization. Medical history and concomitant medications were not reported. Patient had no COVID prior vaccination, no COVID tested post vaccination. Patient had no known allergies, no other medical history. No other vaccine in four weeks. No other medications in two weeks. The patient previously took first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: Ewo158 and expiration date not provided), via an unspecified route of administration, in left arm, on 12Apr2021 (at the age of 33-year-old), at single dose, for COVID-19 immunization. Patient was diagnosed with transverse myelitis on 08Jul2021. Event resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, and hospitalization. Patient was hospitalized for 4 days. Therapeutic measures were taken as a result of event and included treatment with 3 days of IV steroids. The outcome of the events was recovering. No follow-up attempts are needed. No further information is expected.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1651353-1	Patient now admitted to Hospital. At direction of the Provider currently taking care of patient I am entering this report. Per providers note and conversation - patient is experiencing facial droop, numbness and migrating neurologic symptoms severe enough to present to emergency room and then be admitted to Hospital floor for further monitor and testing. Demyelinating disease with possible transverse myelitis is suspected.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1659022-1	On July 3 I woke up with my right leg feeling numb. When taking shower I felt weird sensation. In a few hours right leg, rom waist down, felt stiff, as if tightly wrapped in cloth. I was unable to walk or stand. I was taken to ER. After multiple MRI, after a week, it was diagnosed as Transvers Myelitis. Doctor gave me a 5 day course of Solumedrol. I now take Baclofen - three times a day. I was given D3 and B12 supplements. I was advised physical therapy. As of now (August 31) I have good strength and motor skills. I can walk. However weird sensation (tightness in thigh and toes, tingling on touch) sensation continues.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1665737-1	Transverse Myelitis, paralyzed from waist down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1670389-1	acute transverse myelitis impacting cervical and thoracic spine

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				TRANSVERSE MYELITIS; BELL'S PALSY; CHILLS; NAUSEA; This spontaneous report was received from literature: SARS-CoV-2 Vaccination-Induced Transverse Myelitis. 2021 Jul 25; 13(7): E16624. This report concerned a 44 year old female. The patient's height, and weight were not reported. The patient had no past history. The patient's pre-existing medical conditions included: Her family history was unremarkable for muscular disorders, multiple sclerosis, stroke and any rheumatological disorders. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of administration, batch number: Unknown and expiry date: Unknown) dose, start therapy date were not reported, 1 total for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. The patient was presented to the emergency department with a three-days history of worsening back pain associated with nausea and urinary retention. She also reported numbness and weakness in the lower extremities for the last two days along with low-grade fever, chills, and body aches for two to three days. On physical examination, blood pressure was 135/83 mmHg, heart rate of 78 beats per minute, temperature of 99.1 Fahrenheit, respiratory rate of 11 breaths per minute and oxygen saturation of 99% on room air. She was awake, alert, attentive, and oriented to time and person and did not have any nuchal rigidity, meningismus, or Lhermitte's sign. Her cranial nerves II-XII examination was grossly intact. She had normal muscle tone and strength in both upper and lower extremities with normal coordination and gait. Exaggerated (3+) deep tendon reflexes were noted in bilateral upper and lower extremities and positive Babinski signs were present bilaterally. Sensory examination was abnormal with decreased vibration in bilateral toes, and mild paresthesia in the neck and abdomen. The rest of the physical examination was unremarkable. Initial laboratory analysis showed an unremarkable complete metabolic profile, complete blood count, and a negative SARS-CoV-2 nucleic acid amplification test. The patient underwent magnetic resonance imaging (MRI) of the cervical, thoracic spine, and lumbar spine with and without contrast, showing increased signal throughout the spinal cord extending from the C2-3 segment into the upper thoracic spine (Transverse myelitis). She underwent MRI brain with and without contrast, which was unremarkable for any inflammatory process. Neurology services evaluated her and recommended starting high-dose methylprednisolone therapy for the next three days. She required multiple straight catheterizations due to urinary retention. The next day she had significant improvement in her symptoms. Lumbar puncture was performed with cerebrospinal fluid (CSF) analysis showing a white blood cell count of 227 ¦/L, red blood cells of 25 ¦/L, total cell count of 100 with 96% of lymphocytes, 3% of monocytes, and 1% of eosinophils. CSF chemistry analysis showed glucose of 71 mg/dL, protein of 43 mg/dL, albumin of 0.6 g/dL, and lactate dehydrogenase of 8 units/L. The rest of the workup, including the venereal disease research laboratory test, Toxoplasma gondii antibody, neuromyelitis optica IgG antibody, antinuclear antibody screen and cryptococcal antigen, were negative. CSF bacterial, viral, and fungal cultures were sent and were later reported as negative. The myelin basic protein was noted to be 2.8 mcg/L, and the (Immunoglobulin G) IgG index was 0.67. No oligoclonal bands were present. The CSF pathology showed small lymphocytes and rare monocytes. To prevent recurrence or exacerbation of myelopathy, neurology services decided to start her on plasma exchange for five treatments over 10 days after the completion of three days of pulse dose of methylprednisolone. While undergoing plasma exchange, she developed Bell's palsy, suggesting the persistence of the underlying inflammatory process despite three days of methylprednisolone and four sessions of plasma exchange. Repeat MRI cervical and thoracic spine with and without contrast was performed after five sessions of plasma exchange and showed a decrease in signal intensities in the cervical and thoracic spine depicting improvement in her condition. Treatment medications (dates unspecified) included: methylprednisolone. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient recovered from bell's palsy, chills, and nausea, and was recovering from transverse myelitis. This report was serious (Hospitalization Caused / Prolonged).; Sender's Comments: V0: 20210901278-covid-19 vaccine ad26.cov2.s -Transverse Myelitis; Bells Palsy 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). 20210901278-covid-19 vaccine ad26.cov2.s -Chills; Nausea. This event(s) is labeled per RSI and is therefore considered potentially related.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1681441-1	
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1689034-1	Seizure, transverse myelitis
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1693388-1	Pt had her first Shot of Moderna on 1/21/2021 and her second shot on 2/18/2021- Lot # 024M20A. She also had a Td on 4/12/2021 Lot # A132A1. She is unsure exactly when her first symptoms started but around July she had a tight circumferential feeling around chest. Symptoms progressed through August and she developed numbness in toes that worked it's way up to her chest. She went in for an Emergency MRI and was diagnosed with Transverse Myelitis and also Multiple Sclerosis. She had 3 lesions total and was told this was caught early. This may or not be related to a vaccine but since transverse myelitis can develop after a vaccine I am reporting it.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Emergency Room ***	1696569-1	Diagnosed with transverse myelitis on March 29, 2021. Hospitalized for 2 weeks with loss of mobility in both legs, numbness, tingling, stiffness. Followed by 2 weeks of residential rehab with PT and OT. Regained mobility with continued spasticity and neuropathy. Continued out-patient PT.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1711506-1	Myelitis transverse; Paralyzed; her knees down to her feet into her toes stayed on fire now; This is a spontaneous report from contactable nurse (patient). A 75-year-old female patient received the 2nd dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech), intramuscular administered in arm right on 06Feb2021 10:10 (Lot Number: EL9264) as DOSE 2, SINGLE for COVID-19 immunisation. Medical history included spinal operation from in Jan2020 (not ongoing). The patient's concomitant medications were not reported. Previously the patient received the 1st dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech) (Lot# 2L3302) on 05Jan2021 at 75 years for COVID-19 immunisation with no adverse effect. In Mar2021 or Apr2021 the patient became paralyzed. The event caused patient's hospitalization for 2 days and they did MRI and CT scan. Both tests came out normal. She was told her spinal cord was wide open and hardware looked good. The event also required emergency room visit and physician office visit (neurologist). On 27Jul2021 she saw the neurologist which diagnosed her with transverse myelitis with outcome of unknown. She could walk now, she was diagnosed transverse myelitis from the vaccine. Treatment included physical therapy. She reported that below her knees down to her feet into her toes stayed on fire in Aug2021 with outcome of not recovered, and she had testing done another MRI. She also had a test in Aug2021 on her muscles and nerves, she does not know the name of the test.; Sender's Comments: Based on the information in the case report and a plausible temporal relationship, a possible causal relationship between the events Transverse myelitis, Paralysis and suspect drug BNT162B2 cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1736043-1	Weakness in arms that moved to legs. Hospitalized and diagnosed with transverse myelitis after 2 weeks. Not leg function.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1750008-1	"6 weeks post-vaccination experienced consistent tingling in feet. 8 weeks post vaccination, pins and needles and tingling in both arms from hands to elbows and in both legs from feet to knees. Tinnitus that I have had for years also became louder. Muscle tightness in calves and backs of arms and lower back muscles on either side of spine very tight at all times. These symptoms are still present today. Was diagnosed with a variant of Guillain Barre or Transverse Myelitis. Neurologist would not confirm that this is due to COVID shot - he stated, ""we just don't know.""""
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1791170-1	transverse myelitis; neuropathy from his waist down; This is a spontaneous report from a contactable consumer (patient). This consumer reported similar event for two patients. This is the first of two reports. A 41-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), (at the age of 41 years old) via an unspecified route of administration, administered in Arm Right on 24May2021 (Batch/Lot Number: EW0186) as dose 2, single for covid-19 immunisation. The patient has no medical history and concomitant medications. The patient had the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot: EW0176) via an unspecified route of administration in the left arm on 03May2021 10:00 (at the age of 41 years old) for COVID-19 immunization and experienced brain fog, a lot of digestive issues and still has a huge knot on his left arm and it has remained the same and is as hard as a rock (the patient had the 2nd dose administered in his right arm and it has no knot on that arm). No additional vaccines administered on same date of the Pfizer suspect and no prior vaccinations within 4 weeks. The patient was diagnosed with transverse myelitis on 09Sep2021 per his 'MyChart'. The patient that stated they have been doings tests and treatment running over the last few months. The patient had four MRIs, a spinal tap and blood tests. The results of the MRI showed white matter on his spine at T2 and the neurologist diagnosed him with transverse myelitis. For the first symptoms of transverse myelitis, he lost all feeling in his legs and had numbness and tingling and now neuropathy from his waist down and that happened on 16Aug2021 and the hospital emergency room visit was on 19Aug2021 in the hospital outpatient and saw his doctor on 16Aug2021. On 17Aug2021, they did the MRI and thought this was Guillian Barre syndrome as it has the same side effects but ruled out Guillian Barre syndrome. He went on 19Aug2021 for admission to the emergency room and had tingling up to his chest and down to his feet including all his extremities and spent two nights in the hospital admitted on 19Aug2021 and discharged on 21Aug2021. The only other thing was that until he took the vaccine, he had not been to the HCP in two years for anything and since he took the vaccine not counting all the follow up visits to the doctor five times for different ongoing symptoms and since then he has been doing research. The patient stated that in hospitals and with doctors, his neurologist said they had a spike in cases of transverse myelitis since people have been taking the vaccine; his chiropractor said there has been a spike in his patients coming to him for relief as well in the last 8-10 months. The outcome of the event transverse myelitis was not recovered while the other event was unknown.; Sender's Comments: Linked Report(s) : US-PFIZER INC-202101312448 same reporter/drug, similar event, different patients
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1801414-1	neck pain, numbness [diffuse], inability to walk, urinary retention, diagnosed with transverse myelitis, underwent imaging in hospital. hospitalized for several days. received iv steroids and clinically improving now
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1857657-1	1. Stroke in the Cerebellum 2. Transverse Myelitis at the top of my spine
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1867996-1	Transverse myelitis, with numbness and tingling in the feet and legs, then pain, numbness, and tingling in his back, followed by similar symptoms in his upper extremities.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1894441-1	10-16-21 Admitted to Hospital via ER, complaining of numbness from the waist down, difficulty walking and balancing. given muscle relaxer and oral steroids' 10-20-21 Admitted to Hospital per Dr. Given blood thinner, IV Steroids' treated for Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1894879-1	Immediately after the second vaccine within a few hours my right arm was numb and tingly. It has continued to progress all over the right side of my body including my face, neck, leg and foot. I have seen my Primary care physician, urgent care, and ER. I was recently referred to a neurologist and had a brain MRI. I have been put on prednisone so we will see if that helps. My neurologist believes I have transverse Myelitis from the vaccine. It has been consistent for 6 months.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1903896-1	Transverse myelitis numbness in lower extremities paralysis in lower body from hips to feet from July to present
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1958761-1	The day after the vaccine, I could not walk because my knees kept collapsing. I had very very sharp pains in my legs, arms, shoulders, hips, and feet. Burning sensations in my legs. I also started with shortness of breath. I had muscles spasms in my legs causing involuntary movements. This last until the beginning of May and the pain subsided somewhat. To this day, I still get sharp pains in my legs and cannnot stand more than 10 minutes without a lot of pain.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1963338-1	acute transverse myelitis, plasma treatment, steroids, paralized from neck down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1966295-1	Thursday: day of vaccine began to feel a knot/ball in the middle of my stomach underneath my belly button. Took a Tylenol to relieve the pain and took a nap, the stomach cramp pain woke me up and I once again took a Tylenol and went to bed because I felt sick, tired and week. On Friday and Saturday, I still had the stomach cramp, difficulty time breathing, I had a hard time getting out of bed because my waist was hurting, my legs felt heavy and I had a hard time walking. The stomach cramping, leg heaviness, tingling, inflammation, numbing, and back pain got more intense and I had a difficult time moving and breathing. I would get winded walking from one room to another. I spent most of my afternoon sitting down or laying down to rest because I felt sick, tired and very weak, I took Tylenols during the day to see if the pain would go away. By the end of the day, I was having more cramping, difficulty breathing, my legs felt very heavy, numbed, tingling, inflammation and my feet felt as if I was walking on jelly. I had to get help to stand up and walking. On Sunday, the stomach cramp went away, I still would loose my breath when I would walk from one room to another, the tingling, numbness, inflammation, leg and feet heaviness was worse. On Monday, I called clinic and talked to an advice nurse and told her my symptoms and she urged my to go to the nearest ER. I went to the closest ER, where the nurses had to come out to help me walk inside the hospital, because they had no available wheelchairs and I was not able to walk in. I was admitted and they did blood tests (all came out normal, an CT Scan of my head and the ER doctor tried to do a Spinal tap. I was in the ER for a day and then transferred by ambulance to another hospital. Once at hospital they did a MRI of my spine, Ultra Sound to check for any blood clots, blood tests (all came out normal), was in the hospital for a week
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	1975058-1	Got my Booster 10/21/2021. On December 7th 2021, I experience sharp excruciating pain in my left hip. Within an hour it radiated down my lower back and down both legs. Within 2 hours both legs were numb, couldn't pass urine or # 2. Was taken to Hospital. Couldn't walk.Hospital did a CAT scan and said I needed to be transferred where they had a Neurosurgeon and Neurologist. Was transferred. 3 MRI, not structural damage to my spine. Blood test ruled out most know neurological diseases - Lyme disease, MS, Lupus, Untreated STD's Aids etc. MRI of my spine with contrast noted inflammation one the Lumbar area of my spine. Spent 6 days in the hospital- IV steroids was main treatment. Still experience numbness in both legs soles of my feet and buttocks and groin area. walking with difficulty. Upper area of my body in unaffected from the waist up. Follow up care with Neurologist, PT, Urologist, and Opthalmology. Diagnosis - Acute Transverse Myelitis without underlying disease. I am still unable to walk and return to my normal life as of the time of typing.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2019828-1	diagnosed with transverse myletis on 09/20/2021 - symptoms - could not get out of arm chair by himself - trouble walking - legs turned to jelly and caused him to collapse onto the floowr- twice - extremely dizzy - awful hacking cough and sounds like regurgating - started on may 16, 2021 - took him to pc doctor - gave him cipro (suspected uti or bladder infection - legs gave out again - went to emergency room o5-19-2021 - also suspected bladder / cipro caused low pottassium - kept in hospital for 3 days - physical terapy - did not help - went to numerous doctors - no help for problems - now no control of bladder - showers with sitting in a chair with help from me / cannot put socks or shoes on by himself - problems walking - bought walker had to buy chair lift - wears many depends daily - seeing nurosurgeon now - had ct scans/mris/ xrays to try to help him recover to some normalcy of everyday life

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2027084-1	"TRANSVERSE MYELITIS; This spontaneous report received from a patient who was a healthcare professional concerned a 65 year old female. Additional information was also received via Company physician on 07-JAN-2022 via telephone communication log, and processed in this case version. The patient's height and weight were not reported. No past medical or family history of neurological disease. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802072) dose was not reported, administered in the left arm on 17-MAR-2021 for prophylactic vaccination. The patient was on no concomitant medications. On 21-MAR-2021 (also reported as 22-MAR-2021), symptoms started with severe pain and severe tightness (muscles wouldn't move) in exactly both sides of outer thighs, upper arms, shoulders and neck. Stated lower arms and lower legs were not affected at first. As per consumer, she thought she had just overdone it (working in the emergency room). On an unspecified date she couldn't get out of the bed and ""couldn't move anything"". Symptoms were bilateral. The patient had no bowel or bladder problems. The patient had no neurological problems related to the spinal cord, and no neurological problems coming from one specific part of the spinal cord. In MAY-2021 she went to the doctor and was diagnosed with transverse myelitis. No MRI or CT scans were done, and ""any studies or imaging with evidence for tumors if performed"" was indicated as no. She was given prednisone and Neurontin, which eased up symptoms and she was able to deal with it. The patient stated at first she was getting ""shots"" which worked for 3 weeks and then it would come back and needed to get another ""shot"". One day, after 3 weeks from last shot, she wasn't able to get out of bed and ended up in the emergency room where she got intravenous steroids. Since then, she was prescribed daily oral steroids 5-20 mg. The patient stated when symptoms flare up it is in her wrist and hands. As of 07-JAN-2022, the symptoms have improved, but she still has occasional pain bilaterally in her hands. She was currently taking prednisone 5 mg daily, as well as Neurontin 400 mg daily. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering (""symptoms have improved"") from transverse myelitis. This report was serious (Other Medically Important Condition).; Sender's Comments: This spontaneous report received from a patient who was a healthcare professional concerned a 65-year-old female who experienced transverse myelitis 4 days after vaccine. The patient has no past medical conditions including neurological disease and is not using any concomitant medications. Four days after vaccine the patient started experiencing severe muscle tightness leading to not being able to get out of bed on an unspecified day. There were no bowel or bladder symptoms and neurological problems. Approximately two months after the vaccine the patient was diagnosed with transverse myelitis. No imaging was done and no diagnostic information was provided. She was treated with Neurontin and prednisone and her symptoms decreased. She was started on steroids after not being able to get out of bed after 3 weeks of treatment and was prescribed oral prednisone. She experienced symptoms in hands and wrists during flares. Ten months after the vaccine the patient was improving but she experiences occasional pain in hands and wrists. The outcome was reported as recovering. Information is limited in this case. However, a relationship with Janssen Covid-19 vaccine cannot be ruled out and thus the relationship is considered indeterminate."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2038492-1	On 10/1/2021 (patient) began dropping things due to numbness in fingers and lateral hands. Symptoms greater on right. On 10/8/2021 forearms began numbness and tingling bi-laterally. These symptoms continued until 11/23/2021 at which time patient was blanketed with numbness, tingling, burning, and pain from chest line down and through toes. Symptoms greater on right. By 11/29/2021, the numbness continued upward to include bi-lateral groins, perineum, buttock which intermittently caused patient to not feel the urge to urinate causing incontinence of urine. Upper extremity symptoms continued as well. Patient continued dropping things and symptoms worsened to include severe risk of falling. This caused patient to have to walk with a walker. On 12/6/2021 patient went to PCP APRN whom noted that Patient in lower extremities severely with numbness and tingling to the point where she could not feel them. This led her to re-call her PCP, to which APRN advised patient to go to the hospital. On 12/10/2021, the ER admitted patient into the hospital X 2 weeks with diagnosis of transverse myelitis (TM). During the 2 weeks, patient received mass dose of Steroids i.e. 1,000 mg x 5 consecutive doses. She also received Plasmapheresis x 5 treatments over 10 days. Patient was discharged home with diagnosis of TM and is on several new meds, PT and OT 3x week and numerous doctors visits. Current Status: patient is unable to walk without a walker and/or drive, d/t bi-lateral leg burning, tingling, and pain. Patient also has difficulty picking items up and holding onto said items d/t upper extremity involvement d/t the CNS - sensory system being affected by the demyelinating lesions. Patient is at EXTREME RISK for skin injury. Patient is at times incontinent of urine, just as she was while admitted in hospital.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2057289-1	"Booster; He stated the female patient died; Transverse myelitis; Unable to move her arms and legs; This is a spontaneous report received from contactable reporter (Physician) from a sales representative. A female patient received bnt162b2 (Pfizer-BioNTech COVID-19) (Batch/Lot number: unknown) as dose number unknown (booster), single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Covid-19 vaccine (Manufacturer Unknown, Dose number unknown), for COVID-19 Immunization. The following information was reported: IMMUNISATION (death), outcome ""fatal"", described as ""Booster""; DEATH (death), outcome ""fatal"", described as ""He stated the female patient died""; MYELITIS TRANSVERSE (medically significant) after vaccination three days, outcome ""unknown"", described as ""Transverse myelitis""; MOVEMENT DISORDER (non-serious), outcome ""unknown"", described as ""Unable to move her arms and legs"". The event ""unable to move her arms and legs"" was evaluated at the emergency room visit. The patient date of death was unknown. The reported cause of death was ""He stated the female patient died"". It was not reported if an autopsy was performed. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: The information currently provided is too limited to make a meaningful medical assessment hence, the events are conservatively assessed as related to the suspect drug BNT162B2 until further 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.; Reported Cause(s) of Death: He stated the female patient died"
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2066886-1	After completion of the second vaccination dose, patient developed back pain a few weeks later. Approximately 3 months after completion of second vaccination dose, patient developed idiopathic transverse myelitis which has resulted in permanent lower extremity paralysis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2074495-1	Diagnosis -Transverse Myelitis numberness of right leg from hip to foot. Numbness on left leg from knee to foot. Unstable and inability to balance and stand without support. Difficult walking. Pain in lower back and hip , legs and feet. MRI x 2 upper and lower regions - Spinal Tap x 2
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2076937-1	June 7, 2021 - ER hospital, - Two weeks after cleared to get off of Bactrim, I was attacked by something. Had Tingling/burning all over body both sides - arms, legs back, stomach, vagina, etc. Pain was centralized in lower back (never had lower back problems). I had swollen and painful lymph nodes in left arm. Headaches. Exhaustion. Kept telling them it was like I had internal shingles all over my body. Covid test was negative. Chest Xray and bloodwork all negative. Sent me home with more antibiotics and medicine for a urinary tract infection which I didn't have. Extensive bloodwork was taken to rule out any Staph infection. June 16, 2021 - ER hospital - Returned to ER more lethargic and exhausted. Now running elevated temp in evenings 99.3-100.0. Burning pain all over continued. Told me to go to a Neurologist and basically you're not dying.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2080060-1	Moderna COVID vaccine - 1 dose in March 2021 and 1 dose in April 2021. In June 2021, pt diagnosed w/ Epstein-Barr virus. Then starting 11/1/2022, pt developed transverse infectious myelitis, L4-L5 vertebrae. Hospitalized 3 times. numbness in muscles on most of body making him unable to walk without assistance or perform activities of daily living, fecal and urinary incontinence, high fevers, shivering, and UTI with pseudomonas aeruginosa, kidney stones, ureter stent (now removed), multiple IV courses including Zosyn (3 courses). Pt has had 2 ablations for Atrifal Fibrillation since being vaccinated for COVID. Pt has home health care coming in for activities of daily living, physical therapy coming to home, psychology consult for depression coming up. Pt just got IV line PIC line put in for cefepime antibiotic infusion therapy to be given at home.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2080539-1	Numbness on left side of leg and left flank. Tingling throughout area. Within 3 weeks of my vaccine I was numb from my waist down on left side. Was able to see primary physician who ordered tests at the beginning of May. Admitted June 6, 2021 to the Hospital. Diagnosed Transverse Myelitis with underlying MS. 43 year old female with no history of ANY illness. I believe the vaccine caused the Transverse Myelitis and MS.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2091200-1	"near complete paraplegia; Transverse Myelitis; This is a spontaneous report received from contactable reporter(s) (Physician) from a sales representative. A 37 year-old male patient received bnt162b2 (COMIRNATY), administration date 19Jan2022 (Batch/Lot number: unknown) as dose number unknown (booster), single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. Vaccination history included: Covid-19 vaccine (unknown dose number; MANUFACTURER UNKNOWN), for COVID-19 immunization. The following information was reported: PARAPLEGIA (hospitalization, medically significant) with onset 20Jan2022, outcome ""unknown"", described as ""near complete paraplegia""; MYELITIS TRANSVERSE (hospitalization, medically significant) with onset 20Jan2022, outcome ""unknown"", described as ""Transverse Myelitis"". The patient was hospitalized for paraplegia, myelitis transverse (start date: 20Jan2022). The events ""near complete paraplegia"" and ""transverse myelitis"" were evaluated at the emergency room visit. The clinical course was reported as follows: the patient awoke with near complete paraplegia on morning of 20Jan2022. He ended up being seen at a local ER and was admitted to the hospital with diagnosis of Transverse Myelitis during the evening of 20Jan2022 by the reporting physician. Additional information: it was felt that the event may have been related to the Pfizer COMIRNATY booster shot given the previous day. The lot number for bnt162b2 was not provided and will be requested during follow up.; Sender's Comments: A contributory role of suspect drug in causing the reported events cannot be excluded. 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."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2091816-1	New Onset Multiple Sclerosis with transverse myelitis with initial presentation. Onset 1 week after shot. Progressed 2 months later.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2109473-1	Loss of use of legs and issues with bowel and bladder. Loss of sensation below the waist with banding and pins and needles sensations. Diagnosed with Acute Transverse Myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2122888-1	Beginning on 10/16, patient developed fever and fatigue. this resolved over several days, fever was gone by 10/19. On 10/20, develoed blurred vision, short term memory loss (could not remember driving to work, lightheadedness and tingling in hands and feet. was evaluated in the ER. Over the course of next few days, developed pain and parasthesias in both legs and arms, myalgias, neck pain, back pain. Was admitted to the hospital on 10/27 for suspected transverse myelitis. workup essentiall unremarkable, but symptoms persisted. continued with headache, weakness in arms and legs, balance difficulties. As of November 2021Requiring a cane to ambulate, extreme fatigue, persistent tachycardia. She has been evaluated by neurology and cardiology, work-up still ongoing. she subsequently developed herpes zoster in early February 2022. Patient's symptoms have persistent without improvement, continues to be disabled from employement
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2138049-1	Left leg numbness left abdomen numbness. Hospitalization. Tests and MRI scans dx transverse myelitis. 5 days IV steroids. Numbness continues on left full leg.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2145980-1	transverse myelitis; This literature-non-study case was reported in a literature article and describes the occurrence of MYELITIS TRANSVERSE (transverse myelitis) 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 an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYELITIS TRANSVERSE (transverse myelitis) (seriousness criterion medically significant). At the time of the report, MYELITIS TRANSVERSE (transverse myelitis) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered MYELITIS TRANSVERSE (transverse myelitis) to be related. No concomitant and treatment information were provided. Company comment: This Literature-non-study case concerns a 67-year-old, female patient with no relevant medical history, who experienced the unexpected serious AESI event of Myelitis Transverse. The event occurred approximately 5 days after an unknown dose of mRNA-1273 (Moderna covid-19 vaccine). Limited information provided precludes a complete medical and causal assessment of this case. The benefit-risk relationship of mRNA-1273 (Moderna covid-19 vaccine) is not affected by this report.; Sender's Comments: This Literature-non-study case concerns a 67-year-old, female patient with no relevant medical history, who experienced the unexpected serious AESI event of Myelitis Transverse. The event occurred approximately 5 days after an unknown dose of mRNA-1273 (Moderna covid-19 vaccine). Limited information provided precludes a complete medical and causal assessment of this case. The benefit-risk relationship of mRNA-1273 (Moderna covid-19 vaccine) is not affected by this report.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2162059-1	12/20/21 - I received the Pfizer COVID booster shot at the pharmacy at approximately 11:40 AM. 12/22/21 - I felt a tightness in my stomach, as if there was a tight band around it. 12/23/21 - I had numbness and tingling from my stomach down to my ankles which made it very difficult to walk, stay balanced and get up from a seated position. 12/24 - 12/26/21 - I had trouble standing, walking, walking up/down steps and getting up from a seated position. 12/26/21 - 1/5/22: I went to Urgent Care at approximately 8:00AM and was told to go to emergency room immediately. I went to the Hospital and was admitted. According to multiple Neurologists they determined it was an atypical case of Guillain-BarrT Syndrome and Acute Transverse Myelitis; typically both diagnoses start from the feet and work their way up, but mine did not - so the doctors were not fully sure of the cause. I was given a couple of different treatments that typically help with GBS and ATM. Treatments I received were 3 doses of gamma globulin injections, as well as 5 doses of Dexamethasone steroids. I received both physical and occupational therapy to help build my strength but since I did not have feeling in my knees and legs, I had randomly fallen while standing with a walker or while exercising. 1/5/22 - 2/4/22: I was then transferred to Rehab on 1/5/22. I was seen by their neurologist and team of doctors while receiving physical and occupational therapy. Starting on 1/8/22 I received 5 doses of Prednisone Steroids for Acute Transverse Myelitis. The neurologist could not exactly pinpoint what diagnosis I have but they believe that it is Acute Inflammatory Demyelinating Polyneuropathy / Paresthesia of the Lower Extremities which is a type of Guillain-BarrT Syndrome. 2/4/22 - Present: I left Rehab on was working with Home Care PT / OT from 2/4/22 - 2/16/22. I am going to outpatient neuro-PT, two times a week at (Privacy) Rehabilitation (my parents will be driving me), as well as exercising at home to regain strength. I am still feeling the numbness/tingling in my legs and knees, along with having back pain, difficulty going up and down stairs, difficulty walking smoothly with the walker, not being able to get up from a seated position, (especially seats without armrests), difficulty balancing and being unable to drive. I have not returned to work due to these circumstances and do not know when I will be able to return.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2162639-1	My wife had booster vaccination on Feb 07, 2022. Next day she felt numbness in her toes and then next day the numbness was in her both feet, which next day travel towards her legs and the abdomen and then chest. Now power of her left leg is 0/5 and right 2/5. The diagnosis at first was transverse myelitis, which after MRI confirmed as Longitudinally extensive transverse myelitis (LETM). And after positiove AQ4 anti bodies test it is diagnosed as Neuromyelitis optica Spectrum Disorder(NMOSD). As per doctors It is very likely due to Pfizer Covid 19 booster. And I am sure it is due to Pfizer Covid 19 booster vaccination. Please help us to treat the disease which is occurred as result of Pfizer Covid Booster.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2165455-1	I had trigeminal neuralgia and transverse myelitis after the booster dose. I was put on Gabapentin 1600mg. I went numb from the neck down lost feeling in arms and legs. I had banding across my chest. I lost body motion. Went to the hospital. Stayed for 3 days and was put on high levels of steroids and prescribe Dexamethasone.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2189272-1	I had COVID in July of 2020. My workplace, the Medical Center, mandated the COVID vaccine. Approximately two weeks after having the second vaccine, I developed extreme fatigue. On April 1st, 2021, I developed right eye heaviness and pain to the back, right side of my head. Over the next couple of weeks, the pain turned in to sharp, stabbing pain and I started to lose my vision in my right eye. I was diagnosed with Optic Neuritis and had IV steroids and Plasmapheresis. In July of 2021, I was diagnosed at Clinic by doctor with Neuromyelitis Optica Spectrum Disorder and Transverse Myelitis. *This is an abbreviated version of my health journey that continues to negatively disable me to this date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2196655-1	Pt presented with chest pain and was getting cardiac workup. Pt developed who has paresthesia and left leg and right arm weakness on exam. He had sudden onset of weakness since 11/29/2021. Evaluated by Neurology and neurosurgery. Working diagnosis is transverse myelitis vs compressive myelopathy (symptoms inconsistent with NMO); unclear etiology (possibly related to COVID-19 vaccine booster). Most likely infectious or inflammatory in nature. Compressive myopathy ruled out by neurosurgery evaluation. Pt treated with IVIG 50 gram (0.5 g/kg/day) IV daily x 4 days, and methylprednisolone 1 gram IV daily x 5 days. Generalized weakness improved over next 10 days, with new onset upper and lower extremity weakness on 12/9/2021; evaluated by neurology and neurosurgery however no evidence for acute spinal cord compression. At discharge to skilled nursing facility, his generalized weakness was improving; pt progressing well with physical therapy and occupational therapy.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2238592-1	Diagnosis - Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2248318-1	Transverse myelits
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2260576-1	Swelling of ankles and ankle pain one week after 3rd dose(booster). Treated with 6 days of steroid by primary care doctor. Symptoms resumed after steroid with additional pain throughout the trunk and legs. Referred to Rheumatologist. 12 days steroid and pain resolved and resumed after steroids. Numbness pain and tingling began in late February. Additional steroid resolved pain. Numbness and tingling continued. Rheumatology referred to emergency room and neurology. MRI of spine and spinal tap showed spinal inflammation and lesions. Hospital admission for 10 days. Received ivig and high dose steroid. Diagnosis is transverse myelitis. Continued treatment with steroids, baclofen and pegabalin. Numbness and tingling continues. Physical therapy prescribed. Symptoms remain as of current date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2262341-1	left upper thoracic transverse myelitis with left leg weakness with improvement after IV solumedrol (still with hemiparesis as of 5/3/22 but improving slowly)

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MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2267668-1	The patient developed L axillary lymphadenopathy on the day after vaccination. Ten days later, she was hospitalized for cervical transverse myelitis, from which she is slowly recovering.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2280448-1	"Worsened with second vaccine.; transverse myelitis; L-sided hemisensory numbness from torso at level of ~T4 to toes; developed over course of weeks after COVID vaccine. Worsened with second vaccine. MRI findings showing demyelinating process, concernin; This is a spontaneous report received from a contactable reporter (Physician). A 30-year-old female patient (not pregnant) received BNT162b2 (Pfizer-BioNTech COVID-19), on 04Mar2022 as dose 1, single (Batch/Lot number: unknown) at the age of 30 years, in left arm and on 25Mar2022 as dose 2, single (Batch/Lot number: unknown) at the age of 31 years, in left arm, all intramuscular for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Past drug history included: Penicillin, reaction(s): ""Allergy"", notes: known allergies: Penicillin. The following information was reported: HYPOAESTHESIA (hospitalization) with onset 11Mar2022, outcome ""recovering"", described as ""L-sided hemisensory numbness from torso at level of ~T4 to toes; developed over course of weeks after COVID vaccine. Worsened with second vaccine. MRI findings showing demyelinating process, concernin""; MYELITIS TRANSVERSE (hospitalization, medically significant) with onset 11Mar2022, outcome ""recovering"", described as ""transverse myelitis""; CONDITION AGGRAVATED (hospitalization, medically significant), outcome ""recovering"", described as ""Worsened with second vaccine."". The events ""transverse myelitis"" and ""l-sided hemisensory numbness from torso at level of ~t4 to toes; developed over course of weeks after covid vaccine. worsened with second vaccine. mri findings showing demyelinating process, concernin"" required emergency room visit. L-sided hemisensory numbness from torso at level of ~T4 to toes; developed over course of weeks after COVID vaccine. Worsened with second vaccine. The patient underwent the following laboratory tests and procedures: Magnetic resonance imaging: transverse myelitis, notes: MRI findings showing demyelinating process, concerning for transverse myelitis. Therapeutic measures were taken as a result of myelitis transverse, hypoaesthesia, condition aggravated. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Sender's Comments: Based on the information provide and plausible temporal association, the causality between BNT162B2 and events cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2318770-1	Onset complete transverse myelitis 3/4/22. Treated with IV steroids, plasma exchange, IVIG with significant but incomplete recovery to date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2327606-1	Diagnosed with Transverse Myelitis. Have been seeing neurologist and am on Prednisone. Have also had Prednisone infusions.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Emergency Room *	2341797-1	"""This is a 71-year-old gentleman very healthy and not on any medical treatment who received some vaccination 2 weeks ago and 3 days after that started noticing weakness and numbness in his lower extremity. He was evaluated at the first facility and after imaging was discharged home. Since his symptoms progressed he went to another facility and underwent an MRI scan of the cervical spine that showed cord abnormality consistent with transverse myelitis. He was started on high-dose IV Solu-Medrol 1000 mg for 3 days. Also received 60 mg of prednisone. Hospitalist at that facility spoke with a specified university and they recommended transfer to our facility for possible plasmapheresis/neurology consult. After patient arrived here with urology back the patient recommended plasmapheresis. However there was no dialysis nurse available for plasmapheresis. Dr. had to go out of his way to find a nurse that would be willing to do it. Patient has received plasmapheresis on 6/26/2022. He will get another session on 6/27/2022. He will need IPR. Patient is uninsured and case manager to assist"""
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	0990700-1	Progressive body numbness and tingling from chest down, unable to feel when urinating or have a bowel movement, tight girdle banding feeling on and around chest and back, hand malfunction with drawing, unable to walk without cane/walker, feeling of walking on a bounce house as walking
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1033563-1	Initial pain in Shoulders and Neck (Bilateral) Descending Peripheral Bilateral Neuropathy in legs and Feet on Wednesday , Followed by Ataxia Tremors in 5 th digit of both hands , Itching on both wrists up to elbows bilaterally Numbness appears to have resolved. Numbness persists on left abdomen from waist to underarm. Thursday and then Friday then stronger in legs . Saturday weaker in legs , lack of balance with some word retrieval relative to previous days.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1045524-1	"Tansverse myelitis; A spontaneous report was received from a physician, who was also a 50-year-old male patient, who received Moderna's COVID-19 vaccine (mRNA-1273) and experienced transverse myelitis. The patient's medical history included cervical disc disease and low testosterone. Concomitant medications included testosterone cypionate and anastrozole. The patient reported that he had no acute illnesses at the time of vaccination and up to one month before. He had no allergies to medications, food, or other products. On 30 Dec 2020 at 12:00 pm, the patient received their first of two planned doses of mRNA-1273 (Lot number: 011J20A) intramuscularly in the left deltoid for prophylaxis of COVID-19 infection. On or about 07 Jan 2021, the patient began experiencing numbness in both feet. Thinking it could be related to his prior cervical disc disease causing myelopathic symptoms, hence, the patient saw a spine surgeon, who ordered a cervical magnetic resonance image (MRI) which revealed of no acute changes. On or about 18 Jan 2021, the patient began having problems with leg weakness and difficulty in standing and walking. That same day, he underwent urgent MRIs of his thoracic and lumbar spines which showed a lesion on the anterior thoracic cord. The patient was referred to a neurologist who diagnosed the patient with transverse myelitis. Subsequently, follow-up MRIs with contrast, MRI of the brain, and lumbar puncture for CSF analysis were completed but no other causes of his symptoms were identified. At the time of this report, the patient's legs were always numb (numbness propagated proximally with activity), his legs were weak, gait was unstable, he noted sexual dysfunction, and he had frequent ""electrical"" sensations. A follow-up thoracic MRI was completed on 05 Feb 2021 (results pending at time of this report). Treatment for the event included intravenous immunoglobulin (IVIG) infusions for five days (to start on 06 Jan 2021). The action taken with mRNA-1273 in response to the event was withdrawn (regarding dose two, the patient reported: ""N/A not given""). The event, transverse myelitis, was considered not resolved at the time of this report. The physician assessed the event of transverse myelitis as related to mRNA-1273.; 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. However, it is noted that follow-up MRIs with contrast, MRI of the brain, and lumbar puncture for CSF analysis were completed and no other causes of his symptoms were identified but confirmation of the event was not reported. Also, the patient's comorbidities (cervical disc disease and low testosterone) may contribute to the patient's symptoms and confounds causality assessment. Further information has been requested."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1092810-1	Seizures starting 1/25/21, transverse myelitis diagnosed 3/1/21 with symptoms of transverse myelitis starting 2/5/21. Now with diagnosis of multiple sclerosis but with atypical initial presentation
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1108122-1	"Patient awoke the morning of March 5th feeling weak, fatigued, and unsteady. He went to his primary care provider 5 days later on the 10th of March, as his symptoms were not improving. He told his PCP there that the past few days he was suffering from unsteady gait, walking around like hes ""drunk"", and bouncing off walls. It was thought his symptoms were caused by a low serum potassium value, so he was given a rx for potassium. 3 days later the patient presented to the emergency room where his problems persisted. He was still having trouble keeping balance when he walked around. One of the providers treating him reached out to neurology, who recommended that the patient be started on high dose steroids followed by a prednisone taper for tranverse myelitis, The patient was then admitted and treated at Hospital."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1135880-1	"Seen at the walk-In clinic on 3/9/2021 where he presented with complaints of right leg weakness, numbness, and tingling. He was transferred to ER for further evaluation and management. The symptoms (numbness in his hip and thigh) began around 1400 while he was working. He went about his day. The symptoms progressively worsened while he was ambulating around the hardware store. In the ER, his sensation of his right leg was dulled as compared to the left. The numbness extended from his hip to his toes. Felt a pressure-like sensation in his thigh and calf. Denies pain. Felt as though his right foot is floating 2 inches off the ground when standing with both feet on the ground. Reported his right leg is 1-2 inches shorter after a femur fracture many years ago. Nothing made his symptoms better or worse. Did have an episode of feeling generally hot and then cold the evening prior to admission. Denied any trauma. Denied any dizziness, lightheadedness, headaches, shortness of breath, cough, chest pain, palpitations, vomiting, diarrhea, constipation, blood in stools, urinary habit changes, hematuria, dysuria, pyuria, myalgias, arthralgias, recent illness, or fever. MRI showed T2 changes on the right side of the cord down of the thoracic spine concerning for her transverse myelitis. Patient did have Covid vaccine 7 days prior to onset of symptoms, one dose mRNA vaccine. He is on day 3 high-dose methylprednisolone thousand milligrams IV +3 days. He has noticed an improvement in the pressure sensation from the knee up the thigh on the right, no longer having tingling in the right lower leg or the left foot. He is still having numbness over the anterior right thigh. Yesterday when he went to bear weight on the right heel, he had a sharp pain with increase in weakness. That has since settled down. He did have a few involuntary myoclonic movements as described yesterday. This writer reached out on 3/22/2021 for information on his Vaccine lot number. He stated ""At this point I am attending physical therapy, I am walking with the aid of crutches or a walker. There is improvement in the foot and lower leg regarding the numbness, but the upper thigh is still pretty much completely numb yet.""""
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1138845-1	Loss of sensory waist down. Numbness and tingling waist down. Weakness in legs, heaviness in the legs. Bladder and bowel problems - urinating frequently, urinary incontinence and constipation.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1162115-1	Transverse Myelitis; spastic twitching in thighs; severe back and leg pain; severe back and leg pain; This is a spontaneous report from a contactable physician (patient). A 60-year-old male patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EL1284 and expiration date not provided) via an unspecified route of administration, administered in left arm on 07Jan2021 15:00 as a single dose for COVID-19 immunisation. Medical history includes Hypertension, Gastrooesophageal reflux disease (GERD), prostate cancer and broncholith left lung. The patient has no known allergy. The patient did not receive any other vaccine within 4 weeks prior to the COVID vaccine. Prior to the vaccination, the patient was not diagnosed with COVID-19. Concomitant medications included amlodipine, losartan, pantoprazole, hctz, and acetylsalicylic acid (ASPIRIN). The patient previously took the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EK5730) on 17Dec2020 and experienced mild numbness and tingling in arms and legs following first dose of vaccine, followed by progressive weakness in legs. On 19Jan2021, the patient developed severe back and leg pain resulting in spinal fusion surgery on 25Jan2021. Postoperatively, the patient developed spastic twitching in thighs on 31Jan2021. On 07Feb2021, he woke up with weakness and clumsiness in left hand. At post-op check for spinal surgery on 10Feb2021, the neurosurgeon recommended another MRI and mentioned possibility of Transverse Myelitis. Following this MRI on 15Feb2021, he was again admitted to hospital for more extensive work up and was admitted for 6 days. Diagnosis made of Transverse Myelitis and was started on high dose steroid treatment and was discharged to home on 17Feb2021. Since then have had profound leg weakness, right side greater than left, which severely impairs mobility, especially stairs. He completed 5 day course of 1000 mg methylprednisolone per day as an outpatient on 20Feb2021. He is in PT and is unable to predict date of return to work. The events resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Disability or permanent damage. Treatment for the events included high dose steroid therapy, PT and exercise. The patient underwent COVID test post vaccination via nasal swab on 24Jan2021 and was negative. The outcome of the events was recovering.; Sender's Comments: Based on available information the reported events are unlikely related to BNT162B2. These are intercurrent medical conditions. 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1182573-1	Onset of symptoms of incomplete transverse myelitis two hours after vaccine administration; MRI of the brain showed lesions consistent with Multiple Sclerosis and follow up spine showed similar lesions at multiple levels; This is a spontaneous report from a contactable physician. A 32-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 intramuscular, administered in left arm on 16Jan2021 12:00 (at the age of 32 years) (Batch/Lot number was not reported) as a single dose for covid-19 immunisation. Medical history included S/P gastric sleeve surgery for obesity and hypertension. The patient is not pregnant. Concomitant medications included phentermine and lisinopril. It was reported that the patient experienced onset of symptoms of incomplete transverse myelitis two hours after vaccine administration. MRI of the brain showed lesions consistent with multiple sclerosis and follow up spine showed similar lesions at multiple levels. The events were assessed as serious (medically significant). The patient was treated with intravenous steroids. The outcome of the events was not recovered. Information on the lot/batch number has been requested.; Sender's Comments: Based on a reportedly close temporal association, the company cannot completely exclude a reasonable possibility that BNT162B2 caused the incomplete transverse myelitis and multiple sclerosis. 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1183773-1	Began with severe back pain on 3/04/21. I went to the ER and they checked heart because pain radiated to front. I went home and pain continued briefly the next day. By 3/6, I began to have numbness in my left leg, so again, I went to ER and they prescribed oral steroids and recommended MRI to be scheduled in back. My Monday 3/8 I was unable to walk and had no sensation from mid chest down. I could feel Pressure, but had no sense of temperature or sharpness. From that point I was admitted to the hospital. I spent a week on the 6th floor and a week on the inpatient rehab floor. They ruled out demyelinating disease that could cause the lesion that was found on my cervical spine from c6-T-2. The records indicate demyelinating disease vs post vaccine reaction. All tests for demyelinating diseases came back negative, so it is believed by the doctors that this was definitely caused by the Moderna vaccine. It caused a transverse myelitis reaction, which I am still dealing with. My walking is extremely slow, and the sensation issues persist, along with incontinence. I have all of my medical records and diagnosis for record. The hope is this will eventually correct, but for now, I am still in PT/OT twice a week.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1193647-1	Beginning January 15, 2021, I began experiencing symptoms of transverse myelitis: Pain in the lower back, sharp shooting pain down the legs, numbness, tingling, burning sensation in legs and feet, increased sensitivity to touch, cold and heat; weakness in the lower limbs, bladder and bowel problems. The symptoms were crippling and nothing helped control them. Finally on March 23, 2021, the symptoms began to subside.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1212838-1	Attack of spinal cord inflammation/transverse myelitis following 1st Pfizer vaccine. Attack was on 03/12/21. He was in his usual state of health on March 11 2021. That day he went skiing and did not have any issues. He was feeling well at 10 PM when he went to bed.. When he woke up at 3 AM on 3/12/2021 to go to the restroom he noticed his right leg felt weak. He stumbled to the restroom. Then he went back to sleep. When he woke up again at 7 or 8 AM his right leg felt weaker. He noticed balance issues, gait issues and bladder urgency more than usual. He walked with difficulty using a cane and went to the ER. He realized in the hospital that he had difficulty with writing due to coordination issues in the right upper extremity with some weakness. He was having a lot of right leg spasms.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1215544-1	Exact date of onset of symptoms not known. Shortly after 1st vaccine patient developed neck pain and numbness neck and right arm. MRI cervical spine done several months after symptom onset showed abnormal lesion consistent with demyelination/transverse myelitis. MRI brain showed very small nonspecific change of uncertain diagnosis. Symptoms were relatively mild and patient is improving. Concern for transverse myelitis related to vaccine.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1230840-1	"Pt states she had weakness that began about 30 minutes after vaccination. This included muscle spasms and muscle pain ""all over."" She states she had flu-like symptoms for ~1.5 days after vaccination and then felt ok until approximately 3/22/2021, when muscle weakness began and has not stopped. She presented to another hospital on 3/29/2021 to the emergency room and ""had a full work-up including EKG, x-rays, and lab work"" and was told she had a viral illness. She was given a prescription for azithromycin and ibuprofen, as she was complaining of sore throat. She presented to the emergency room on 3/30/2021 with c/o generalized weakness, back pain, myalgias and chest pain. She also c/o fever and chills. Temp in the ER was 98.5F. Physical exam revealed ""diffusely tender abdomen, no rigidity or guarding"" and ""diffusely tender back all throughout."" 3/31/2021-saw family physician w/ c/o cough and myalgias, negative for back pain and chest pain/palpitations. Sore throat and cough were improved. Was diagnosed with an apparent viral illness and supportive care. She was advised this could be a viral illness and discharged to home in stable condition. 4/11/2021-Pt reports she went to urgent care b/c felt she had a bad ear infection and eyes were hurting (mostly right); was diagnosed with sinus infection and that ears looked ok. Was told to stop azithromycin and begin amoxicillin and ibuprofen. 4/16/2021-presented to emergency room. ""Patient with 3 weeks of progressive symptoms of headache, blurry vision, nausea, weakness, and poor control of her bowel and bladder. Symptoms are constant with gradual progression with a duration of 3 weeks. Timing is constant. Severity is now severe. Quality is sharp, tight headache."" Vision changes got worse when she was on the flight there. ""No exacerbating or alleviating factors. Not associated with fevers. Does have some nausea and muscle aches. Diffuse tremors and difficulty walking without assistance. PE revealed mild psychomotor retardation, tremulous and diffuse weakness, and Romberg present. Mild right sided papilledema. 4/17/2021- further HPI recorded-The patient is presenting for evaluation of headaches, paresthesias, numbness. The patient is a fairly good historian and tells me that symptoms began after she received the Johnson & Johnson COVID-19 vaccine. Patiet began to feel fatigued, malaise, numbness and weakness over the legs. Patient had some mild blurriness of vision in the right eye. Symptoms have been persistent and patient began to have some difficulty with walking and feeling off balance. Patient describes the headaches as primarily right-sided. According to nursing staff, the patient has also had some incontinence of urine today. Patient has had some numbness over proximal legs and ""private areas"". 4/19/2021 ? Assessment as per Infectious Diseases physician; Pt with continued intermittent headaches. Has continued difficulty bearing full weight due to unsteadiness. No loss of sensation at arms/legs. Has action tremor, wide gait, hyperreflexia of arms/legs bilaterally. ADEM Hyperreflexia CSF pleocytosis Fatigue Headache, new onset Patient has nonspecific findings of CSF pleocytosis as well as clinical findings concerning for ADEM. No infectious cause for this problem; temporally associated with receipt of Janssen COVID vaccine. 4/19 Assessment as per Neurologist; Question of transverse myelitis/ADEM: Perhaps induced by the Covid vaccine On steroids MRI scan of the thoracic spine shows demyelination but no contrast enhancement Continue to work with therapy services No signs of CNS infection and antibiotics discontinued. The patient continues on methylprednisolone 500 mg iv q 12 hr at this time (4/19/2021)."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1246595-1	Functional neuromuscular disability left upper extremity, neuralgia left scalp and neck
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1261832-1	This is a spontaneous report from a contactable consumer. This consumer (patient) reported that a 39-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207) at the age of 39-years, via an unspecified route of administration in right arm on 19Mar2021 14:00 at single dose for COVID-19 immunization. Medical history was not reported. No COVID-19 prior vaccination, no other vaccine in four weeks. There were other medications in two weeks. The patient previously took zaleplon (SONOTA) and experienced allergy to it. On 23Mar2021 08:00 AM, the patient developed transverse myelitis following the first vaccination. The patient went to ER and was admitted and treated there for the following week for the condition transverse myelitis. The event result in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization for 7 days, life threatening illness (immediate risk of death from the event). The patient received 5-day course of IV steroids as treatment. Outcome of the event was not recovered. The patient underwent lab tests and procedures, which included COVID-19 virus test (nasal swab) was negative on 10Apr2021.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1266068-1	Transverse Myelitis worsened; Transverse Myelitis worsened; I could not walk; trouble breathing; This is a spontaneous report from a contactable consumer (patient). A 39-year-old female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on an unspecified date at single dose for COVID-19 immunisation. Medical history was not provided. Patient was not pregnant, was not pregnant at time of vaccination. Concomitant medications included other medications in two weeks. No other vaccine in four weeks. Patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN6207) at the age of 39-years, via an unspecified route of administration in right arm on 19Mar2021 14:00 at single dose for COVID-19 immunisation and experienced transverse myelitis; received zaleplon (SONATA) and experienced allergies. Less than 24 hours after receiving the second vaccination, the transverse myelitis worsened and patient could not walk and was beginning to have trouble breathing. Patient went to emergency room and was admitted and treated there for the following week for the condition transverse myelitis. 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). Days hospitalisation: 7. Patient received treatment for the events included among other meds, 5 day course of IV steroids . No covid prior vaccination, patient underwent covid test (Nasal Swab) post vaccination on 10Apr2021, covid test result was Negative. Outcome of the events was not recovered. Information about lot/batch number has been requested.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1272277-1	Approximately 5-6 days after my second Pfizer vaccine dose, I began having paresthesias in patchy areas on the outside of my right ankle. Over the next 3-4 weeks, the paresthesias (burning, tingling, temperature sensation) progressed to the other leg and then ascended up the legs bilaterally to the upper thigh area. I consulted my neurologist and he ordered a MRI of the cervical and thoracic spine. The day after the MRI (4/15/21), I had two seizures in the morning after being seizure free for a year. I had significant fatigue and felt very poorly. A few hours later, I had a sudden onset of severe bilateral leg weakness. Because I could not walk, EMS was called. I went to Hospital where I was admitted for leg weakness. Additional imaging was performed. I was able to walk a few steps after receiving a dose of 1g solumedrol via IV that night. My symptoms improved over the next few days with IV steroid treatment. I was discharged on 4/19/21 and was advised to follow up with outpatient neurology. My neurologist initially diagnosed acute transverse myelitis and ordered physical therapy. I continued a steroid taper for 6 days after hospital discharge. Today (4/29/21), my symptoms have improved but continue to have adverse effects. I am able to walk but tire quickly and am very fatigued. I have been unable to work since hospital discharge.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1280313-1	Longitudinally extensive transverse myelitis, progressive worsening sensory changes in legs ascending to abdomen
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1290378-1	Bilateral lower extremity weakness and numbness presenting 1 week after his second dose of the vaccination. He was found to have a longitudinally extensive transverse myelitis and intramedullary hemorrhage. He unfortunately has not had any recovery of his lower extremities
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1300611-1	transverse myelitis secondary to vaccine administration of the Moderna coronavirus vaccine at the on 4/15/2021

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1314995-1	"36 Y male patient from another country with a past medical history significant for mild HTN (on 2.5 mg amlodipine) who was in his usual state of health until approximately 4/17/21 when he developed acute onset left volar forearm tingling sensation. He had received the Johnson & Johnson vaccine on 4/2/21 in his left arm and states that he did not experience any noticeable reactions after vaccination. He also recalls having had sustained a minor superficial scrape on his left volar forearm by a trash can lid when he had taken out garbage, which occurred very shortly before the onset of this tingling sensation. The tingling sensation then progressively worsened and became more diffuse across most of his body. He then developed fevers up to 102 at home, chills, neck pain, headache, and pain in all extremities (primarily arms but also in his legs). He initially went to the Health Care ED on 4/28/21. He was afebrile at the time and his vital signs at that time were unremarkable with the exception of elevated diastolic blood pressures (90-104 mm Hg). WBC 10.1 with normal differential, electrolytes and liver enzymes within normal limits. Influenza, RSV, and SARS-CoV-2 PCR were negative. Urinalysis showed few bacteria but no WBCs. Chest x-ray was clear. Blood cultures were drawn and patient was then discharged. Patient returned to the ED on 4/29/21 and reported fever to 102-103 d F, chills, nausea, weakness, body aches, and bilateral foot paraesthesias. He was afebrile (98.8) and his vital signs were within normal limits. His WBC was slightly elevated to 12.2 with a normal differential. His ESR was 11, CRP 1.5, CMP within normal limits. He was noted to have urinary retention and a foley was placed and he was given tamsulosin. Patient then returned to the ED again the following day, on 4/30/21, with worsening generalized pain and weakness and difficulty walking. ED course: temperature 101, heart rate 100s-110s, BP 140s-160s/70s-90s, RR low 20s, SaO2 high 90s. Labs remarkable for WBC 13.1 with 82.4% N, ESR 7, CRP 5.9, lactic acid 2.6, RF 10, urinalysis unremarkable, HIV antigen/antibody negative. Several imaging studies were performed. MRI T spine showed ""Extensive cord signal abnormality in the cervical and thoracic cord as detailed above, with associated expansion of the cord (most pronounced in the cervical cord). Differential includes acute transverse myelitis, demyelination, infection (HIV, syphilis, other viruses)/parainfectious phenomenon, subacute combined degeneration, and inflammatory etiologies. An underlying mass or masses are not excluded but less likely given extensive multifocal patchy involvement. Recommend postcontrast imaging at this time for further workup. Consider brain MR as well to assess for systemic white matter disease."" A lumbar puncture was attempted in the ED but was unable to be performed. Patient was given empiric IV ceftriaxone 1 g q24h and admitted to the hospitalist service. He was evaluated by neurology and was started on Solumedrol 1000 mg for acute transverse myelitis. 5/1/21 MRI brain showed ""Multifocal patchy white matter signal changes, predominantly in the subcortical white matter, also present in the bilateral thalami and bilateral middle cerebellar peduncle, and redemonstration of extensive cervical cord signal abnormality and expansion. No associated restricted diffusion or enhancement. Broad differential, but given pattern of involvement findings are most concerning for ADEM (acute disseminated encephalomyelitis), other considerations include other demyelinating processes, toxic-metabolic pathology, or potentially atypical viral infection."" Patient was given methylprednisolone for ADEM with transverse myelitis and clinically improved. He was hospitalized from 4/30/21 until being discharged to home in a wheelchair on 5/6/21."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1326622-1	Myelitis transverse. Paralyzed for at least 2 days
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1354556-1	Developed transverse myelitis. She began to develop numbness in her feet starting 4/30 which worsened over several days. She presented to the emergency department and had a normal CBC, CMP, TSH. Normal vital signs. However on her exam she had decreased but not absent sensations in bilateral lower extremities to the mid calf, lack of positional sense of her bilateral toes. She had a lumbar puncture which showed 160 white blood cells with an 83% lymphocyte predominance but without elevated protein or glucose alteration the numbness found a ascending to just below her breasts at that time she was having no sensory or motor symptoms in her arms, no visual disturbance speech or swallowing difficulty. She was aware of bowel and bladder sensation but unable to sense her self urinating or defecating. She was listing to the left while walking. Her B12 was noted to be low at 232 and she was started on a B12 supplement. She is negative for Covid, RSV, influenza A and B. She also had her cerebrospinal fluid evaluated for IgG and oligoclonal bands. She was after having MRIs of her brain, C-spine, T-spine with and without contrast she was started on Solu-Medrol for 5 days. Imaging had no specific findings suggesting the diagnosis, Dr felt that she likely had some mild myelitis. She did improve with the Solu-Medrol. Since returning home patient has been feeling better but still has some limitations. Still has some limited sensation from her abdomen downward, gait is a little unsteady. The balls of her feet still feel numb, and she is to be very cautious about her footwear and how she walks.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1367152-1	sharp shooting pain; she can barely walk; felt like she was hit with a cannonball; bedridden; to be isolated in part of her lower back and her glutes/back is destroyed/it dissipated to her lower back and glutes and is extremely painful; She can barely move/can barely move, barely get in and out of cars, barely stand up from sitting position; Arm is not sore anymore at all; transverse myelitis; barely stand up from sitting position; panic; inflammation of my lower spine; kind of distracted; difficulty with normal everyday functions; She had muscle aches/All caller's muscle are sore/she had muscle pain in all of her body; fever; Eyes weren't burning anymore/burning eyes; to be isolated in part of her lower back and her glutes/it dissipated to her lower back and glutes and is extremely painful; This is a spontaneous report from a contactable consumer (patient). A 43-year-old female patient received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration in the arm left on 11May2021 at 15:00 as single dose for COVID-19 immunisation. Medical history included stomach issues, ongoing lyme disease (this condition started and diagnosed about

Symptoms	Vaccine Type	Event Category	VAERS ID	10 years ago), hay fever, dust allergy, pollen allergy, animal dander allergy, motion **Adverse Event Description**
				sickness (this condition started probably before Lyme), patient said she got sick when she goes on boat; every time she was on a boat she lost her lunch. Family medical history included diabetes, but the patient has never had diabetes. Concomitant medications included ongoing promethazine for stomach issues (it is antihistamines, nothing radical and taking it since got Lyme disease about 10 years ago), ongoing Belsvia. The patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration in the left arm on 21Apr2021 at 14:30 (at the age of 43 years old) as single dose for COVID-19 immunization. The patient previously also received the flu shot several months before. No additional vaccines administered on same date of the Pfizer suspect. No prior vaccinations (within 4 weeks). No AE(s) following prior vaccinations. The patient got her second Pfizer covid vaccine on May 11 and felt like she was hit with a cannonball and was bedridden for a day. She had muscle aches on 12May2021 which she expected but now they seem to be isolated in part of her lower back and her glutes and it seems to be getting worse. Patient can barely move, sit down or stand up and it was a sharp shooting pain. All her other muscle pains have resolved. On 12May2021, patient had muscle aches which though was normal for the first couple of days and so most of the muscle aches went away except the patient back was destroyed that reported as worsened. Stated it was that side of the body in pain. The patient was trying to sit up right now and was having really sharp shooting pain on back. The patient figured this would have resolved itself by now. Stated she was kind of scared this might not go away. On 12May2021, patient arm was not sore anymore at all and eyes weren't burning anymore. The arm was sore day the day after receiving the second dose Pfizer Covid Vaccine, 12May2021. On 12May2021, patient had a fever and about 24 hours the fever lasted; could barely move; burning eyes that back to normal and also lasted for 24 hours. The patient can barely move after receiving second dose Pfizer Covid Vaccine, sharp shooting pains, really, really bad. The patient can barely move, barely get in and out of cars, barely stand up from sitting position. The patient assumes this was a side effect of the second dose Pfizer Covid Vaccine and was it would dissipate by now, but it was getting worse and worse. The patient stated the pain was now isolated to the lower part of her back on the gluts. All muscles were sore, started to get worse, all muscles in whole body were sore but it was now isolated to that area. That was a really big deal, patient can barely function. Thought it would get better, thought it would resolve but it is getting worse. The patient can barely stand up or sit down, that's how bad the pain was. Patient stated it was a pure, really sharp pain and the patient got stuck. The patient got stuck taking a piddle on the toilet for like 15 minutes after the patient first received the second dose Pfizer Covid Vaccine. Patient thought it would go away. All patient's muscle were sore. Noticing it was isolated in that specific area. Pretty much the patient's whole body function was like lower back, whole gluts almost, mainly on injection side. Stated all soreness in whole body, like hit by a cannon ball. The pain in rest of muscles dissipated, they felt normal but the muscles above the gluts, patient's whole function, whole body function was obliterated right now. Whenever the patient tries to move, had a sharp piercing pain. The patient tried to make sure she slept good and in good positions and everything. The patient states she was kind of distracted. Patient can barely walk, she's experiencing sharp shooting pain and difficulty with normal everyday functions (she's been bedridden because even going to the toilet was a big deal, she got stuck and was unable to get up and sit down), she's concerned because the other side-effects resolved but she got the vaccine a week ago and it's getting worse, she had muscle pain in all of her body and it dissipated to her lower back and glutes and was extremely painful. Patient also had burning eyes but this symptom went away and fever. She would like to know if anyone else has experienced anything like this and if it's normal to experience these side-effects, particularly the severe debilitating muscle pain 7 days after the second dose of the vaccine because she still has this symptom and it's getting worse. Patient said she was stuck lying in bed. She said if she switches sides she got the sharpest pain and it was like she gets it in her organs, like her lung was being punctured. Her primary care didn't know her well enough to give her anything for the pain for a couple of days. The pain was sharp, shocking. She felt like its in her hips; she can't even use toilet on her own, it takes forever. She was un-functionable and obliterated. The walking issue started a couple days after the vaccine. It was with all the muscles in her body, she was bedridden. She expected it to resolve. She said it isolated to that area, ironically her arm wasn't sore anymore, nothing else, but she was extremely sore in that area in her glutes. It was getting worse and it made her panic, she was not walking, she was handicapped, she was completely crippled. Also said the muscle pain started the day after her vaccine and went for 7 days after. The difficulty walking start day was hard to say; it was a gradual manifestation and it was not like all of the sudden she got the shot and can't walk. It was several days getting worse and now was is sort of in demise. Clarified these events occurred after her second vaccine, she had no problems with the first. Patient also stated she thought she had developed transverse myelitis, inflammation of her lower spine from the vaccine, from second Pfizer vaccine, side effect, she can barely move. AE(s) did not require a visit to emergency room, for events not being able to barely walk and being in extreme pain that resulted in physician office visit and she went to the doctor's on 17May2021. No surgeries to report. Lab data included body height was 160 cm or 5 feet, 3 inches; patient weight was like 145 pounds. The outcome of events fever, burning eyes was recovered on 13May2021. The outcome of events transverse myelitis, feeling abnormal, bedridden, Movements reduced, Pain in arm, Panic disorder, Spondylitis, Distractibility was unknown; while of the other events was not recovered.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1375019-1	The patient developed a progressive facial diplegia and quadriparesis, mostly involving the lower extremities 3 weeks after receiving Moderna Vaccination. Initially work-up was concerning for Guillain-BarrT however LP showed significant pleocytosis with high protein, more consistent with transverse myelitis. MRI demonstrated long region of increased signal lower cervical to upper thoracic without enhancement. She showed significant improvement on high-dose steroids. She is able to ambulate without assistance at this time. She was discharged after complete her fifth day of steroids. Her speech and swallowing is improving, plans to follow-up with outpatient speech therapy.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1384643-1	Cervical transverse myelitis, asymptomatic thoracic cord lesion as well; both enhancing on post-gado MRI; Cervical transverse myelitis, asymptomatic thoracic cord lesion as well; both enhancing on post-gado MRI; This is a spontaneous report received from a contactable physician (HCP). A 36 year old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: unknown), via an unspecified route of administration (age at vaccination 33 year) on 30Apr2021 as unknown single dose for Covid-19 immunisation. The patient medical history and concomitant medications were not reported. On an unspecified date of May2021, patient experienced Cervical transverse myelitis, asymptomatic thoracic cord lesion as well; both enhancing on post-gado magnetic resonance imaging (MRI). Patient visited to physician office for the event. The outcome of the event was reported as not recovered. information on the lot/batch number has been requested.; Sender's Comments: Based on temporal association of the product bnt162b2, the causal association between the event Cervical transverse myelitis and Thoracic cord lesion the suspect drug cannot be excluded. As there is limited information provided about the patient medical history and concomitant drugs ,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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1389533-1	TRANSVERSE MYELITIS AT T10 THROUGH L1 SPINAL CORD. R SIDED LOW BACK PAIN-SHARP. TINGLING PAIN R HIP,THIGH LOWER LEG, AND FOOT. LATER NUMBNESS OF R LEG AND THROBBING PAIN IN RIGHT LEG
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1394968-1	Almost immediate (next day) started having numbness in left fingers 3-5, heavy, glove like feeling in left hand, pain down left arm gradually intensifying in frequency and severity over 6-7 weeks. Cervical MRI ordered due to intense, sharp, stabbing left arm pain and numbness down ulnar side of left arm. Admitted to Medical Center on June 11, 2021 due to findings on MRI and worsening of symptoms. Drs. have narrowed down the DX to likely Acute Transverse Myelitis-pending results from a spinal tap done June 12, 2021. Currently still admitted for pain control and IV steroids to control swelling on spinal cord.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1396500-1	TM developed left sided facial numbness that progressed to 1st left arm, then right. Symptoms have progressed to include both legs and feet.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1417310-1	Patient received second dose on 3/13/21. In mid-april, patient started experiencing numbness, tingling, parasthesias, and weakness in the lower extremity. This progressed upwards over a period of 2 months with worsening weakness. Due to the symptoms the patient fell and broke his ankle. The patient eventually could no longer walk as the weakness progressed. On MRI the patient was found to have an extensive transverse myelitis and was admitted to the hospital 06/18 for steroid treatment.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1418336-1	"Signs and symptoms consistent with transverse myelitis/first episode of demyelinating disease. Symptoms began on 6/6/21 with circumferential numbness and tingling of lower abdomen/vulva/perineum/perianal area and over the next couple of days progressed distally down both lower extremities. By 6/10/21 she also had numbness and tingling of her right upper extremity and over the next 2-3 days she developed numbness and tingling of her left upper extremity and some ""clumsiness"" (banging into things, dropping things.) After MRIs were done (see below) she was treated with 5 days of IV steroids and had significant improvement in her symptoms."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1427981-1	Pt reported progressive neuro deficits, was seen by a neurologist and reports a diagnosis of Transverse Myelitis that he reports was attributed to the covid vaccine by his provider.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1430351-1	Muscle weakness, nerve damage, burning in legs, numbness/tingling in legs, numbness/tingling feet and hands and arms, severe cramping - cannot walk for more than a few minutes. Treatment will involve Solumedrol steroid injections, Tizanidine muscle relaxers, and Meloxicam inflammatory medication.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1432348-1	Pregnant at time of vaccination. Last menstrual period 3/26/21. Two weeks pregnant at first dose on 4/10/21 and 5 weeks pregnant at second dose on 5/1/21. Estimated delivery date is 12/31/21. 5/2/21 experienced light-headedness, extreme fatigue and sluggishness over a 4 hour period and then it dissipated. Experienced pain in tail bone around 5/15/21 not related to any fall or injury and is still ongoing at time of report. Also week of 5/16-5/21 experienced extreme fatigue, nausea and diarrhea. The week of 5/23 my right leg started randomly falling asleep after being seated normally for only 5 minutes. Around 5/30/21, I began experiencing extreme nerve pain in right side of right calf with burning, throbbing pain and itching. These symptoms would flare up at the slightest touch of clothing, sheets and even air. Expanded over a week into the right side of right foot, toes on right foot went numb and ball of foot. This last for two weeks until around 6/14. The week of 6/14 the left side of my body began to go numb starting with my leg and expanding up my left side to below my shoulder blade around the L8 vertebrae over a period of a few days. Currently, my left side is numb from below my left shoulder blade, side, under my left breast, buttocks, genitals, entire leg down through my foot. I saw primary care physician twice, obgyn, and finally a neurologist during this time frame. I had a sonogram of my right leg on 6/7 that ruled out DVT/ blood clots. Blood work on 6/7 and 6/18 that came back normal. The Neurologist diagnosed transverse myelitis at the L8 Vertebrae on 6/24/21.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1432879-1	Transverse Myelitis; This is a spontaneous report from a contactable physician. A 74-year-old male patient received bnt162b2 (PFIZER BIONTECH COVID-19 VACCINE, solution for inhection), via an unspecified route of administration on 25Mar2021 (at the age of 74 years old) (Lot number was not reported) as dose number unknown, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Prior to vaccination, was the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. On 20Apr2021, the patient experienced transverse myelitis. The patient was given IV methylprednisolone sodium succinate (SOLU-MEDROL) as treatment. The patient was hospitalized for transverse myelitis for 3 days. The event resulted in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. Since the vaccination, the patient been tested for COVID-19. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 01May2021. The outcome of the event was recovering at the time of report. 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 transverse myelitis and the use of BNT162B2 cannot be fully excluded. There is limited information in this case 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.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1433882-1	Patient obtained 1st pfizer vaccine on 4/24/21 and then started having symptoms of cervical transverse myelitis on 5/1/21. A 2nd pfizer vaccine was received on 5/15/21. A 1.5T MRI of her cervical spine on 5/18/21 diagnosed cervical transverse myelitis which was confirmed with a 3T MRI cervical spine on 5/18/21. Patient hospitalized on 6/26/21 for IV solumedrol 1 gram daily x 5 days for treatment of cervical transverse myelitis. CSF and additional MRIs obtained.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1443938-1	After 1st dose, 2 weeks after, Pain in right arm with tingling in right hand After 2nd dose, 1 week after, experiences full paralysis of right side (arm and leg) and trunk, 80% paralysis on left side (arm and leg) Diagnosed with Tranverse Myelitis, Inflammation of my Cervical spine, C2-C7
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1454224-1	The next day after the shot I started getting a severe pain in my back and the pain started migrating up my back and over my shoulders and down to my fingers. the pain comes and goes and is very severe, it is a crippling pain. The pain keeps coming and going, I did go to the ER and my BP was very high, and the pain radiates across my chest. I was in the hospital for two days.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1478597-1	March 26 first vax, no prob except tired and no energy. a week and 2 days later she went to hospital could not even change clothes , went to Dr. , then ER. they did MRI, and found out she had a stroke on right side of brain. but right side was showing weakness. Week and half later weakness in right hand. 2nd MRI left side stroke on brain, inflammation on spinal cord, short term rehab. They found UTI after going back to ER. Son got call from The 2nd ER doctor and said she was diagnosed with neuromyelitis optica very rare disease. They said she had transverse myelitis (May, 14 2021) Returned to rehab then found out she had high white blood cell count , On May 16, 2021 readmitted to hospital and did not return to Rehab until June 18 2021 . Then returned and is still in on July 2, 2021. (Inflammation of gallbladder, 4th diagnose of Shower strokes, diabetes, On July 12, 2021 in hospital was diagnosed with Covid 19 and is still in hospital
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1485401-1	Patient started to develop numbness around the upper body 2 weeks after the vaccine (mid-April). Later the numbness and tingling progressed to lower extremities (by July). Patient later found to have transverse myelitis involving T4 spinal cord on MRI. Strong suspicion that the transverse myelitis was triggered by immune reaction from Pfizer vaccine.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1493606-1	6/7/2021 DAY 12 POST VACCINE, BOTH ARMS FELT TINGLY AND NUMB ON AND OFF. 6/12/2021 WENT TO URGENT CARE IN THE MORNING WITH VERY SORE BACK. SENT TO ER. TREATED WITH MUSCLE RELAXER FOR PINCH NERVE IN NECK. A FEW HOURS LATER, HE SUDDENLY COLLAPSED AT HOME UNABLE TO MOVE. TRANSFERED TO ER VIA AMBULANCE. IN ER ALL NIGHT. TRANSFERED 6/13 WHEN AMBULANCE WAS AVAILABLE. NOW HE IS COMPLETELY PARALYZED FROM HIS NECK TO HIS TOES. AFTER MANY TESTS AND EXAMS, HE WAS DIAGNOSED WITH TRANSVERSE MYELITIS. HE REMAINED AT MEDICAL CENTER FOR 3 WEEKS. THEN

Symptoms	Vaccine Type	Event Category	VAERS ID	TRANSFERED TO WHERE IS REMAINS. Adverse Event Description
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Office Visit ***	1497549-1	Transverse Myelitis; This is a spontaneous report from a contactable pharmacist. A 40-years-old adult male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Batch/lot number: El3249) via an intramuscular route of administration in Arm Right on 20Jan2021 03:15 (age at vaccination 40years old) as Dose 2,Single for COVID-19 immunization. Medical history included diabetes mellitus from an unknown date and unknown if ongoing, hypertension from an unknown date and unknown if ongoing, HTN, hyperlipidaemia from an unknown date and unknown if ongoing. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Facility the most recent COVID-19 vaccine was administered in Workplace clinic. Concomitant medication(s) included semaglutide (OZEMPIC); metformin (METFORMIN); hydrochlorothiazide, losartan potassium (HYZAAR); rosuvastatin calcium (CRESTOR). All taken for an unspecified indication, start and stop date were not reported. The patient was allergic to the drug Amoxil.Since the vaccination, the patient had not been tested positive for COVID-19. The patient had historical vaccine of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution for injection, Batch/lot number: El0142) via an intramuscular route of administration in Arm Right on 30Dec2020 03:15 as Dose 1,Single for COVID-19 immunization. The patient experienced transverse myelitis in Jun2021. The patient was hospitalized for transverse myelitis for 3 days. The patient received any treatment for the adverse events. Therapeutic measures were taken as a result of transverse myelitis. The clinical outcome of the event recovering. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on the reported information ,a causal relationship between the events and suspected drug cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Office Visit ***	1513102-1	-~2011: RIGHT leg nonpainful spasms (knee and hip, rarely ankle) occurring mostly during sleep, sometimes while sleeping; NOT a cramp or charlie horse Have occurred intermittently since this time, helped by ?chiropractic treatment years ago -~2017: mild LEFT leg numbness/tingling/cold sensation X 1 week - may have been in a patchy distribution and less severe than 2021 episode -~2019: mild LEFT leg numbness/tingling/cold sensation X 1 week - may have been in a patchy distribution and less severe than 2021 episode Feb 23 2021 COVID vaccine #1 (Moderna); has also now had 2nd vaccine April 1 -February 25 2021: numbness (novocaine feeling)/tingling/cold sensation in torso and leg - happened all at once/ MS hug around groin; knees felt swollen; sensation fo pants falling down; felt like he had tight underwear on when undressed -- > MRI T spine March 14 2021 with foci of abnormal central cord signal at T2-3 and T8-9 associated with avid enhancement -- > IV steroids X 5 days from March 16-20 2021 with improvement of sx, still some residual tingling in toes and bottom of feet Developed a superficial venous thrombosis 4th to 5th day of IV steroids, then found to have factor V Leiden -- > MRI brain March 28 2021 with nonenhancing PV lesions -- > MRI C/L spine March 28 2021 with RIGHT C2 nonenhancing lesion and T2-3 and T8-9 enhancing lesions IMPRESSION: This is a 59 Y man with RRMS, probably with some disease activity for at least the last several years based on reported history, now with 2 enhancing thoracic spine lesions and accompanying sensory dysfunction that started a few days after a COVID19 vaccine.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
				"Around the 5th of May, 2021, Pt felt a numbness sensation in her right hand that radiate it up her arm. 1 week later, the numbness presented in her left hand as well following by a tingling. The numbness and tingling wrapped around her chest making it difficult to breath. Pt was taken to the hospital and went into the ER. They misdiagnosed her with a Pulmonary Embolism. Pt started to feel excruciating neck pain which cause an inability to sleep during this time. The doctors decided to do an MRI scan of her cervical spine. The doctors saw that she had lesions on her spine. The treatment in the hospital was blood thinners for the misdiagnosed Pulmonary Embolism and a low dose steroid as well for the inflammation of her spine. 10 days after Pt was admitted into the hospital. Once at hospital, Pt was admitted into the ICU. The staff did an MRI of her brain, cervical and thoracic spine, and a lumbar puncture. That's when the doctors diagnosed her with Transverse Myelitis. Here are some notes from the Doctors, ""22 year old female without significant past medical history who was transferred to center for further evaluation of right upper extremity numbness and weakness. Here, the patient underwent completion MR imaging which confirmed a large, vertically extensive cervical cord lesion, and a lumbar puncture. The patient was started on pulse methylprednisone with marked improvement of her right upper extremity symptoms. The patient has a very large lesion involving the majority of the cervical cord. The main differentials are a significant demyelinating event and malignancy. Covid19 vaccination. Of note, patient received the Johnson & Johnson...If this ends up being a demyelinating event, this probably should be reported."" Medications given at center are Tylenol 325mg PO 2 pills every 6 hours for headache. CARBAMAZEPINE XR 100mg PO 1 tab twice a day for spasms due to working diagnosis. Enoxaparin 40mg/ 0.4ml x 0.4ml syrn injected underneath skin daily for misdiagnosis of PE by the doctors (discontinued due to Doctors reasonable conclusion that there was no CLOT whatsoever.) SOLU-Medrol 1g IV daily. Pt was then MEDEVAC to different enter on the 27th of May, 2021. Pt was hospitalized at center for 4 days with follow up appointments for Occupational therapy, physical therapy, Immunology, Hepatology. Pt felt the same symptoms such as Numbness and weakness in right hand, tingling sensation in left hand digits, spasms and tremors. The Doctors note reads, "" Patient with evidence of primarily central T2 hyperintensity spanning greater than 3 vertebral segments in both cervical and thoracic cord with corresponding right upper extremity mono-paresis and sensory changes to multiple modalities... The highest suspicion was for an autoimmune etiology such as NMOSD."" Previous medications that were given at previous center were discontinued and the new medications are as follows: predniSONE 20mg PO with tapering of steroids included for Transverse Myelitis. Gabapentin 300mg PO 1 pill twice a day for nerve pain. PROTONIX 20mg PO 1 tab everyday for GI protection due to steroids being harsh on the stomach Tylenol 325mg PO take 2 tabs every 6 hours PRN for pain. Rituximab 1g IV. Pt flew back to her home on the 9th of July, 2021. During this time till now she has been feeling the same symptoms as described before. Numbness and weakness still in her right upper extremity, painful spasms, inability to sleep, left upper extremity beginning to show weakness as well. Through all these events it is without a doubt that this has taken a toll on her body, both physically and mentally. Pt while here at home station saw a civilian Doctor named Dr. who is rheumatologist. He was taking up the decision whether to allow the second dose of Rituximab for Pt. He did his own exams and wrote his own notes apart from the military providers. He questions whether Pt has NMOSD or MOGAD. In his notes he questions whether there is a relationship between this acute illness and the J&J vaccine. I, a (spouse), write this from Center as Pt and I sit here because of another ER visit due to worsening symptoms. She is currently waiting to be discharged from the hospital. She received another treatment of steroids IV to combat the inflammation of her spinal cord with another MRI being taken on Friday the 30th of July 2021. The MRI showed a new lesion on her cervical spine which was behind the reason of her intial visit to the ER, neck pain. I believe the J&J vaccine triggered something in Pt body to cause this disorder to arise prematurely. Of course the question is when was it supposed to happen? I wrote this because she told me she did not feel right two hours after the J&J vaccination was administered to her. With the recent news articles of J&J vaccine and the side effects of GBS or Guillain-Barre syndrome appearing, I knew this report had to be made. I thank you for your time for reading this report and please feel free to contact me."
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Office Visit ***	1522831-1	Transverse Myelitis- temporary paralysis, intense pain, muscle spasms, bladder retention, 4 UTIs in 3 months, physical therapy to regain mobility which is still limited. Doctors indicated recovery will take 6-12 months.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Office Visit ***	1536516-1	In mid April, I started to have numbness in my fingers on both hands and it started to spread into my arms, chest, and back. I saw a surgeon and a neurologist when I went to the hospital. I was diagnosed transmyelitis. I still have numbness and tingling in my hands and down my legs.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Office Visit ***	1549286-1	Patient developed progressive weakness and numbness of both legs, unsteady gait, bowel/bladder dysfunction two weeks following vaccination; patient developed altered sensation below spinal level T2. MRI spine showed abnormal signal consistent with probable transverse myelitis involving C3 to T10 levels; CSF with elevated WBC and protein also consistent with transverse myelitis. CSF negative for infection or other abnormalities. Patient is responding well to IV methylprednisolone with steady improvement.
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Office Visit ***	1605722-1	Transverse Myelitis requiring IV solumedrol 1000 mg daily x 5 days then 32 mg oral BID weaning by 4 mg daily until off (last dose 4/20/21) Hospitalized x 12 days including rehab being discharged with a walker and previously fully ambulatory 8 weeks physical therapy Off work x 7 weeks Continue to require muscle relaxer at HS Effect to right leg with tightness, numbness to right axilla and side, pain at T1 area to right anterior and posterior, gait effected , but improving with no support Confirmed was not MS Treated for Guillain Barre post flu vaccine in 2013
MYELITIS TRANSVERSE	**COVID19 VACCINE (COVID19)**	**Office Visit ***	1617706-1	Transverse myelitis - started after receiving unknown COVID 19 vaccine in 4/2021.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1628183-1	Lose of urine and bowel. Pins/needle and numbness down legs and feet. Lots of pressure on feet. Difficulty walking.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1632926-1	Complete numbness from waist down. Motor function still normal, but all sensory function gone. Has been diagnosed as transverse myelitis. Have gone through one round of high-dose IV methylprednisolone for 5 days. Currently only have partial recovery.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1645746-1	Diagnosed with transverse myelitis; This is a spontaneous report from a contactable consumer (patient). A 33-year-old female patient (not pregnant) received the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: Ewo182 and expiration date not provided), via an unspecified route of administration, in left arm, on 03May2021 (at the age of 33-year-old, not pregnant), at single dose, for COVID-19 immunization. Medical history and concomitant medications were not reported. Patient had no COVID prior vaccination, no COVID tested post vaccination. Patient had no known allergies, no other medical history. No other vaccine in four weeks. No other medications in two weeks. The patient previously took first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: Ewo158 and expiration date not provided), via an unspecified route of administration, in left arm, on 12Apr2021 (at the age of 33-year-old), at single dose, for COVID-19 immunization. Patient was diagnosed with transverse myelitis on 08Jul2021. Event resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, and hospitalization. Patient was hospitalized for 4 days. Therapeutic measures were taken as a result of event and included treatment with 3 days of IV steroids. The outcome of the events was recovering. No follow-up attempts are needed. No further information is expected.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1659022-1	On July 3 I woke up with my right leg feeling numb. When taking shower I felt weird sensation. In a few hours right leg, rom waist down, felt stiff, as if tightly wrapped in cloth. I was unable to walk or stand. I was taken to ER. After multiple MRI, after a week, it was diagnosed as Transvers Myelitis. Doctor gave me a 5 day course of Solumedrol. I now take Baclofen - three times a day. I was given D3 and B12 supplements. I was advised physical therapy. As of now (August 31) I have good strength and motor skills. I can walk. However weird sensation (tightness in thigh and toes, tingling on touch) sensation continues.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1660995-1	TRANSVERSE MYELITIS; RASH IN CHEST AREA AND BACK OF RIGHT ARM; HYPERSENSITIVITY; This spontaneous report received from a patient via a company representative concerned a 4 decade old white and non Hispanic or Latino female. The patient's height, and weight were not reported. Patient was not pregnant at the time of vaccination. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown and expiry: Unknown) dose was not reported, 1 total administered on 19-MAR-2021 to left arm for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 23-MAR-2021, the patient experienced hypersensitivity, rash in chest area and back of right arm, strange sensation of having clothes on covering her whole body even when not wearing clothes, stiff neck and arm and could not feel feet for about one month. Patient's current doctor mentioned that it might be transverse myelitis. On an unspecified date in AUG-2021, Laboratory data included: Blood test (NR: not provided) Negative, and X-ray (NR: not provided) Negative. The patient had multiple X-rays and blood tests that had a negative result and as per the health care professional (HCP) nothing was wrong. As of 28-AUG-2021 (currently), the patient was experiencing numbness in both hands. Patient had a physician office visit for adverse events. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient had not recovered from transverse myelitis, and the outcome of hypersensitivity and rash in chest area and back of right arm was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0:20210860147-COVID-19 VACCINE AD26.COV2.S-Transverse myelitis. 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).
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1665737-1	Transverse Myelitis, paralyzed from waist down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1670389-1	acute transverse myelitis impacting cervical and thoracic spine
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1676261-1	Vomiting started on 19 April 2021; included fever ranging up to 103F and burning sensation in both legs. Ability to defecate normally also impacted. Symptoms also include weakness in legs. Several doctors visited were unable to diagnosis specific illness causing symptoms. After patient visit on 23 Apr 2021 included Febrile Illness with Uncertain Cause (Adult).
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1682613-1	I started developing Transverse Myelitis on August 22nd 2021(30th day after my second covid shot). It started with weakness (numbness, tingling, lack of sensation, difficulty to walk) on toes, feet, legs, thighs and reached upto abdomen. MRI of spine showed 2cms inflammtion on Throacic part. I am still on treament for it having doctor appointments etc. Consutled my PCP and My Neuro.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1689034-1	Seizure, transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1696569-1	Diagnosed with transverse myelitis on March 29, 2021. Hospitalized for 2 weeks with loss of mobility in both legs, numbness, tingling, stiffness. Followed by 2 weeks of residential rehab with PT and OT. Regained mobility with continued spasticity and neuropathy. Continued out-patient PT.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1711506-1	Myelitis transverse; Paralyzed; her knees down to her feet into her toes stayed on fire now; This is a spontaneous report from contactable nurse (patient). A 75-year-old female patient received the 2nd dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech), intramuscular administered in arm right on 06Feb2021 10:10 (Lot Number: EL9264) as DOSE 2, SINGLE for COVID-19 immunisation. Medical history included spinal operation from in Jan2020 (not ongoing). The patient's concomitant medications were not reported. Previously the patient received the 1st dose of bnt162b2 (BNT162B2, Manufacturer Pfizer-BioNTech) (Lot# 2L3302) on 05Jan2021 at 75 years for COVID-19 immunisation with no adverse effect. In Mar2021 or Apr2021 the patient became paralyzed. The event caused patient's hospitalization for 2 days and they did MRI and CT scan. Both tests came out normal. She was told her spinal cord was wide open and hardware looked good. The event also required emergency room visit and physician office visit (neurologist). On 27Jul2021 she saw the neurologist which diagnosed her with transverse myelitis with outcome of unknown. She could walk now, she was diagnosed transverse myelitis from the vaccine. Treatment included physical therapy. She reported that below her knees down to her feet into her toes stayed on fire in Aug2021 with outcome of not recovered, and she had testing done another MRI. She also had a test in Aug2021 on her muscles and nerves, she does not know the name of the test.; Sender's Comments: Based on the information in the case report and a plausible temporal relationship, a possible causal relationship between the events Transverse myelitis, Paralysis and suspect drug BNT162B2 cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1750008-1	"6 weeks post-vaccination experienced consistent tingling in feet. 8 weeks post vaccination, pins and needles and tingling in both arms from hands to elbows and in both legs from feet to knees. Tinnitus that I have had for years also became louder. Muscle tightness in calves and backs of arms and lower back muscles on either side of spine very tight at all times. These symptoms are still present today. Was diagnosed with a variant of Guillain Barre or Transverse Myelitis. Neurologist would not confirm that this is due to COVID shot - he stated, ""we just don't know.""""

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1755727-1	ENTIRE SPINAL CORD HEMORRHAGED; TRANSVERSE MYELITIS; BLOOD CLOT IN CALF MUSCLE; COVID-19 TEST POSITIVE; This spontaneous report received from a patient concerned a 64 year old male. Initial information was processed along with the additional information received on 28-SEP-2021, 29-SEP-2021 and 30-SEP-2021. The patient's height and weight were not reported. The patient's concurrent conditions included no alcohol use, being a non-smoker and an unspecified bladder control disorder. The patient had no history of drug abuse or illicit drug use. It was reported that the patient was 'as healthy as an ox' having previously worked and that he was paraplegic at the time of reporting. The patient had previously experienced 'whole body hurt' when treated with levofloxacin, and 'felt like a train run over him' when treated with ciprofloxacin. The patient reported having no family history of any neurological disease. The patient received COVID-19 vaccine Ad26.COV2.S (suspension for injection, route of administration not reported, batch number 1805020, expiry date 23-AUG-2021), 0.5 mL, once in total, administered on 05-APR-2021 into the right arm for prophylactic vaccination. Concomitant medications included a medication for bladder control, the name of which the patient could not remember. On 11-APR-2021, the patient, went to an emergency room (ER) as he reported feeling terrible, whereupon he tested positive for COVID-19 (rapid/quick COVID-19 test). The patient reported that he had no COVID-19 symptoms, but he was sent home. On 15-APR-2021,the patient awoke at 14:00 and experienced total paralysis from the waist down (paraplegia). A blood clot was detected in his calf muscle and the reporter mentioned that the entire spinal cord had swelled and hemorrhaged. On an unspecified date, the patient was hospitalized and spent 105 days in the hospital and rehabilitation hospitals. The patient was at home for the last 2 months and was working at adjusting to his new normal life as a paraplegic. The patient reported that he aspirated on water 2 days into his hospital stay, resulting in him being transferred into the ICU (intensive care unit) ward on a ventilator for 2 weeks (14 days). He reported that the doctors had never treated anyone else with symptoms that he had, and that finally he was diagnosed with transverse myelitis. The patient reported that he was given the first dose of IVIG(Intravenous immune globulin) at either his ER visit of 11-APR-2021 or 15-APR-2021, but could not remember which. When the result for the clot was positive, IVIG was stopped. The patient reported that he had undergone various unspecified tests since APR-2021 and 'everything was fine', bar results of a spinal magnetic resonance imaging (MRI) scan which shoed his spinal cord 'looked like Swiss cheese'. On 30-SEP-2021, during a telephone call placed to the patient, he reported that total lower body paralysis was continuing. The paralysis remained at the same severity since 15-APR-2021. He reported his upper body was okay, but that his arms felt cold at times. The patient could not figure how to access his medical charts, but did verbally agree to give the company consent to obtain his records and to contact his treating physicians. The action taken with COVID-19 vaccine Ad26.COV2.S was not applicable. The outcome of the transverse myelitis, blood clot in calf muscle, COVID-19 test positive and entire spinal cord hemorrhaged was not reported. This report was serious (life-threatening, caused/prolonged hospitalization, other medically important condition). This report was associated with product complaint 90000194838.; Sender's Comments: V0: This spontaneous report received from a patient concerned a 64-year-old male who tested positive for COVID-19 6 days after vaccination and experienced transverse myelitis, entire spinal cord hemorrhage and a blood clot in the calf muscle 10 days after vaccine. Medical history includes unspecified bladder control disorder and drug reaction to ciprofloxacin and levofloxacin. The patient was healthy at the time of vaccination. Concomitant medications include an unspecified bladder control medication. The patient tested positive for COVID-19 on rapid test 6 days after vaccination and had no symptoms. The patient experienced paraplegia, and a blood clot in his calf muscle 10 days after vaccination. The patient was mechanically ventilated for 14 days in the ICU following an aspiration during his hospital stay. The patient spent 105 days in total in the hospital and rehabilitation centers. The patient was treated with intravenous immunoglobulin until the positive test result (unspecified test) for clot. Unspecified laboratory testing was normal but the MRI of the spinal cord showed a Swiss cheese appearance. The outcome of the events was not reported. The subject's COVID-19 infection may have increased the risk for the event(s) to occur. However, considering the temporal relationship with vaccination, a relationship with Janssen Covid-19 vaccine cannot be ruled out. Therefore, the relationship is considered indeterminate.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1791170-1	transverse myelitis; neuropathy from his waist down; This is a spontaneous report from a contactable consumer (patient). This consumer reported similar event for two patients. This is the first of two reports. A 41-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), (at the age of 41 years old) via an unspecified route of administration, administered in Arm Right on 24May2021 (Batch/Lot Number: EW0186) as dose 2, single for covid-19 immunisation. The patient has no medical history and concomitant medications. The patient had the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot: EW0176) via an unspecified route of administration in the left arm on 03May2021 10:00 (at the age of 41 years old) for COVID-19 immunization and experienced brain fog, a lot of digestive issues and still has a huge knot on his left arm and it has remained the same and is as hard as a rock (the patient had the 2nd dose administered in his right arm and it has no knot on that arm). No additional vaccines administered on same date of the Pfizer suspect and no prior vaccinations within 4 weeks. The patient was diagnosed with transverse myelitis on 09Sep2021 per his 'MyChart'. The patient that stated they have been doings tests and treatment running over the last few months. The patient had four MRIs, a spinal tap and blood tests. The results of the MRI showed white matter on his spine at T2 and the neurologist diagnosed him with transverse myelitis. For the first symptoms of transverse myelitis, he lost all feeling in his legs and had numbness and tingling and now neuropathy from his waist down and that happened on 16Aug2021 and the hospital emergency room visit was on 19Aug2021 in the hospital outpatient and saw his doctor on 16Aug2021. On 17Aug2021, they did the MRI and thought this was Guillian Barre syndrome as it has the same side effects but ruled out Guillian Barre syndrome. He went on 19Aug2021 for admission to the emergency room and had tingling up to his chest and down to his feet including all his extremities and spent two nights in the hospital admitted on 19Aug2021 and discharged on 21Aug2021. The only other thing was that until he took the vaccine, he had not been to the HCP in two years for anything and since he took the vaccine not counting all the follow up visits to the doctor five times for different ongoing symptoms and since then he has been doing research. The patient stated that in hospitals and with doctors, his neurologist said they had a spike in cases of transverse myelitis since people have been taking the vaccine; his chiropractor said there has been a spike in his patients coming to him for relief as well in the last 8-10 months. The outcome of the event transverse myelitis was not recovered while the other event was unknown.; Sender's Comments: Linked Report(s) : US-PFIZER INC-202101312448 same reporter/drug, similar event, different patients
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1801160-1	Transverse myelitis maximal at C3-C4 on the right side but extending down as far as T1. He has weakness in his right arm much more than his leg on the right side. Also drags the right leg somewhat when he walks. Minimal sensory symptoms in the right arm. Work-up negative for multiple sclerosis negative MRI of the brain or thoracic spinal cord. CSF negative for oligoclonal bands or IgG synthetic rate therefore negative for MS. Aquaporin-4 level in CSF was negative. Collagen-vascular work-up negative except for a positive ANA. Somewhat responsive to high-dose corticosteroids.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1801414-1	neck pain, numbness [diffuse], inability to walk, urinary retention, diagnosed with transverse myelitis, underwent imaging in hospital. hospitalized for several days. received iv steroids and clinically improving now
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1802749-1	Transverse Myelitis, steroids
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1813999-1	ON APRIL 20 PATIENT WOKE UP WITH TINGLING AND NUMBNESS ON FEET . IT WAS 4 WEEK AND 3 DAYS SFTER RECEIVING SECOND DOSE OF PFIZER VACCINE
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1857657-1	1. Stroke in the Cerebellum 2. Transverse Myelitis at the top of my spine
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1867996-1	Transverse myelitis, with numbness and tingling in the feet and legs, then pain, numbness, and tingling in his back, followed by similar symptoms in his upper extremities.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1887907-1	Lower rib cage to feet causing gait abnormality and imbalance diagnosed with transverse myelitis. given 3 days of IV Solu-Medrol at 1 gm daily x 3 days hospitalized for 4 days improving but not resolved
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1894441-1	10-16-21 Admitted to Hospital via ER, complaining of numbness from the waist down, difficulty walking and balancing. given muscle relaxer and oral steroids' 10-20-21 Admitted to Hospital per Dr. Given blood thinner, IV Steroids' treated for Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1894879-1	Immediately after the second vaccine within a few hours my right arm was numb and tingly. It has continued to progress all over the right side of my body including my face, neck, leg and foot. I have seen my Primary care physician, urgent care, and ER. I was recently referred to a neurologist and had a brain MRI. I have been put on prednisone so we will see if that helps. My neurologist believes I have transverse Myelitis from the vaccine. It has been consistent for 6 months.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1928016-1	"Transverse mylitis; angio edema; ataxia; vertigo; stiffness; mild confusion; This is a spontaneous report received from contactable reporter(s) (nurse). The reporter is the patient. A 46 year-old female patient (not pregnant) received bnt162b2 (BNT162B2), intramuscular, administered in arm left, administration date 01Oct2021 11:00 (Batch/Lot number: unknown) at the age of 46 years as dose 1, single for covid-19 immunisation. Relevant medical history included: ""Sarcoidosis"" (unspecified if ongoing); ""fibromyalgia"" (unspecified if ongoing); ""sojgrans"" (unspecified if ongoing); ""RA"" (unspecified if ongoing). Concomitant medication(s) included: NIFEDIPINE; BENADRYL; CROMOLYN [CROMOGLICIC ACID]; OXYCODONE; FAMOTIDINE; CELLCEPT [MYCOPHENOLATE MOFETIL]. The following information was reported: MYELITIS TRANSVERSE (medically significant) with onset 07Oct2021 00:30, outcome ""recovered with sequelae"", described as ""Transverse mylitis""; ANGIOEDEMA (medically significant) with onset 07Oct2021 00:30, outcome ""recovered with sequelae"", described as ""angio edema""; ATAXIA (non-serious) with onset 07Oct2021 00:30, outcome ""recovered with sequelae"", described as ""ataxia""; VERTIGO (non-serious) with onset 07Oct2021 00:30, outcome ""recovered with sequelae"", described as ""vertigo""; MUSCULOSKELETAL STIFFNESS (non-serious) with onset 07Oct2021 00:30, outcome ""recovered with sequelae"", described as ""stiffness""; CONFUSIONAL STATE (non-serious) with onset 07Oct2021 00:30, outcome ""recovered with sequelae"", described as ""mild confusion"". The events ""transverse mylitis"", ""angio edema"", ""ataxia"", ""vertigo"", ""stiffness"" and ""mild confusion"" were evaluated at the physician office visit. Therapeutic measures were taken as a result of myelitis transverse, angioedema, ataxia, vertigo, musculoskeletal stiffness, confusional state: Steroids benadryl asprin. The patient did not have COVID prior vaccination, and was not covid tested post vaccination. The lot number for bnt162b2 was not provided and will be requested during follow up."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1932128-1	Presented to ER 9/2021 with complaint of scrotal numbness and bilateral lower extremity numbness. MRI of the lumbar spine was negative at that time and he was diagnosed with possible GBS. He was referred to neurology clinic and seen 10/2021 at which time he had persistent numbness in bilateral lower extremities and hyperreflexia. MRI of the cervical and thoracic spine revealed lesion extending from T5-T6 consistent with likely transverse myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1958761-1	The day after the vaccine, I could not walk because my knees kept collapsing. I had very very sharp pains in my legs, arms, shoulders, hips, and feet. Burning sensations in my legs. I also started with shortness of breath. I had muscles spasms in my legs causing involuntary movements. This last until the beginning of May and the pain subsided somewhat. To this day, I still get sharp pains in my legs and cannnot stand more than 10 minutes without a lot of pain.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1963338-1	acute transverse myelitis, plasma treatment, steroids, paralized from neck down
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1966295-1	Thursday: day of vaccine began to feel a knot/ball in the middle of my stomach underneath my belly button. Took a Tylenol to relieve the pain and took a nap, the stomach cramp pain woke me up and I once again took a Tylenol and went to bed because I felt sick, tired and week. On Friday and Saturday, I still had the stomach cramp, difficulty time breathing, I had a hard time getting out of bed because my waist was hurting, my legs felt heavy and I had a hard time walking. The stomach cramping, leg heaviness, tingling, inflammation, numbing, and back pain got more intense and I had a difficult time moving and breathing. I would get winded walking from one room to another. I spent most of my afternoon sitting down or laying down to rest because I felt sick, tired and very weak, I took Tylenols during the day to see if the pain would go away. By the end of the day, I was having more cramping, difficulty breathing, my legs felt very heavy, numbed, tingling, inflammation and my feet felt as if I was walking on jelly. I had to get help to stand up and walking. On Sunday, the stomach cramp went away, I still would loose my breath when I would walk from one room to another, the tingling, numbness, inflammation, leg and feet heaviness was worse. On Monday, I called clinic and talked to an advice nurse and told her my symptoms and she urged my to go to the nearest ER. I went to the closest ER, where the nurses had to come out to help me walk inside the hospital, because they had no available wheelchairs and I was not able to walk in. I was admitted and they did blood tests (all came out normal, an CT Scan of my head and the ER doctor tried to do a Spinal tap. I was in the ER for a day and then transferred by ambulance to another hospital. Once at hospital they did a MRI of my spine, Ultra Sound to check for any blood clots, blood tests (all came out normal), was in the hospital for a week
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	1975058-1	Got my Booster 10/21/2021. On December 7th 2021, I experience sharp excruciating pain in my left hip. Within an hour it radiated down my lower back and down both legs. Within 2 hours both legs were numb, couldn't pass urine or # 2. Was taken to Hospital. Couldn't walk.Hospital did a CAT scan and said I needed to be transferred where they had a Neurosurgeon and Neurologist. Was transferred. 3 MRI, not structural damage to my spine. Blood test ruled out most know neurological diseases - Lyme disease, MS, Lupus, Untreated STD's Aids etc. MRI of my spine with contrast noted inflammation one the Lumbar area of my spine. Spent 6 days in the hospital- IV steroids was main treatment. Still experience numbness in both legs soles of my feet and buttocks and groin area. walking with difficulty. Upper area of my body in unaffected from the waist up. Follow up care with Neurologist, PT, Urologist, and Opthalmology. Diagnosis - Acute Transverse Myelitis without underlying disease. I am still unable to walk and return to my normal life as of the time of typing.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2019828-1	diagnosed with transverse myletis on 09/20/2021 - symptoms - could not get out of arm chair by himself - trouble walking - legs turned to jelly and caused him to collapse onto the floowr- twice - extremely dizzy - awful hacking cough and sounds like regurgating - started on may 16, 2021 - took him to pc doctor - gave him cipro (suspected uti or bladder infection - legs gave out again - went to emergency room o5-19-2021 - also suspected bladder / cipro caused low pottassium - kept in hospital for 3 days - physical terapy - did not help - went to numerous doctors - no help for problems - now no control of bladder - showers with sitting in a chair with help from me / cannot put socks or shoes on by himself - problems walking - bought walker had to buy chair lift - wears many depends daily - seeing nurosurgeon now - had ct scans/mris/ xrays to try to help him recover to some normalcy of everyday life
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2027084-1	"TRANSVERSE MYELITIS; This spontaneous report received from a patient who was a healthcare professional concerned a 65 year old female. Additional information was also received via Company physician on 07-JAN-2022 via telephone communication log, and processed in this case version. The patient's height and weight were not reported. No past medical or family history of neurological disease. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 1802072) dose was not reported, administered in the left arm on 17-MAR-2021 for prophylactic vaccination. The patient was on no concomitant medications. On 21-MAR-2021 (also reported as 22-MAR-2021), symptoms started with severe pain and severe tightness (muscles wouldn't move) in exactly both sides of outer thighs, upper arms, shoulders and neck. Stated lower arms and lower legs were not affected at first. As per consumer, she thought she had just overdone it (working in the emergency room). On an unspecified date she couldn't get out of the bed and ""couldn't move anything"". Symptoms were bilateral. The patient had no bowel or bladder problems. The patient had no neurological problems related to the spinal cord, and no neurological problems coming from one specific part of the spinal cord. In MAY-2021 she went to the doctor and was diagnosed with transverse myelitis. No MRI or CT scans were done, and ""any studies or imaging with evidence for tumors if performed"" was indicated as no. She was given prednisone and Neurontin, which eased up symptoms and she was able to deal with it. The patient stated at first she was getting ""shots"" which worked for 3 weeks and then it would come back and needed to get another ""shot"". One day, after 3 weeks from last shot, she wasn't able to get out of bed and ended up in the emergency room where she got intravenous steroids. Since then, she was prescribed daily oral steroids 5-20 mg. The patient stated when symptoms flare up it is in her wrist and hands. As of 07-JAN-2022, the symptoms have improved, but she still has occasional pain bilaterally in her hands. She was currently taking prednisone 5 mg daily, as well as Neurontin 400 mg daily. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient was recovering (""symptoms have improved"") from transverse myelitis. This report was serious (Other Medically Important Condition).; Sender's Comments: This spontaneous report received from a patient who was a healthcare professional concerned a 65-year-old female who experienced transverse myelitis 4 days after vaccine. The patient has no past medical conditions including neurological disease and is not using any concomitant medications. Four days after vaccine the patient started experiencing severe muscle tightness leading to not being able to get out of bed on an unspecified day. There were no bowel or bladder symptoms and neurological problems. Approximately two months after the vaccine the patient was diagnosed with transverse myelitis. No imaging was done and no diagnostic information was provided. She was treated with Neurontin and prednisone and her symptoms decreased. She was started on steroids after not being able to get out of bed after 3 weeks of treatment and was prescribed oral prednisone. She experienced symptoms in hands and wrists during flares. Ten months after the vaccine the patient was improving but she experiences occasional pain in hands and wrists. The outcome was reported as recovering. Information is limited in this case. However, a relationship with Janssen Covid-19 vaccine cannot be ruled out and thus the relationship is considered indeterminate."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2038398-1	After my second vaccine within a few days my transverse myelitis was coming back. My chest felt tight and numb, fingers, and my arms. It scared me and I communicated with my doctor and He advised me to use some steroids on hand. My doctor did say it was something he was seeing in patients and he encouraged me it was temporary. Within a week things were back to normal and it did not appear to have any permanent side effects.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2038492-1	On 10/1/2021 (patient) began dropping things due to numbness in fingers and lateral hands. Symptoms greater on right. On 10/8/2021 forearms began numbness and tingling bi-laterally. These symptoms continued until 11/23/2021 at which time patient was blanketed with numbness, tingling, burning, and pain from chest line down and through toes. Symptoms greater on right. By 11/29/2021, the numbness continued upward to include bi-lateral groins, perineum, buttock which intermittently caused patient to not feel the urge to urinate causing incontinence of urine. Upper extremity symptoms continued as well. Patient continued dropping things and symptoms worsened to include severe risk of falling. This caused patient to have to walk with a walker. On 12/6/2021 patient went to PCP APRN whom noted that Patient in lower extremities severely with numbness and tingling to the point where she could not feel them. This led her to re-call her PCP, to which APRN advised patient to go to the hospital. On 12/10/2021, the ER admitted patient into the hospital X 2 weeks with diagnosis of transverse myelitis (TM). During the 2 weeks, patient received mass dose of Steroids i.e. 1,000 mg x 5 consecutive doses. She also received Plasmapheresis x 5 treatments over 10 days. Patient was discharged home with diagnosis of TM and is on several new meds, PT and OT 3x week and numerous doctors visits. Current Status: patient is unable to walk without a walker and/or drive, d/t bi-lateral leg burning, tingling, and pain. Patient also has difficulty picking items up and holding onto said items d/t upper extremity involvement d/t the CNS - sensory system being affected by the demyelinating lesions. Patient is at EXTREME RISK for skin injury. Patient is at times incontinent of urine, just as she was while admitted in hospital.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2051210-1	4/28/21: numbness in left arm 4/29/21: fever, nausea, fatigue, heart palpitations, chest pressure, shortness of breath, numbness in limbs, panic attacks, black spot in vision 6/9/2021: stomach ulcers, burning/ nerve pain in pelvis and hands 7/24/2021: severe nerve pain (sharp, burning, prickling, shooting) in hands, feet, pelvis, spreading to chest, mouth, and eyes, bladder pain, urinary retention, weakness in left leg, limping
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2066886-1	After completion of the second vaccination dose, patient developed back pain a few weeks later. Approximately 3 months after completion of second vaccination dose, patient developed idiopathic transverse myelitis which has resulted in permanent lower extremity paralysis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2068045-1	"Transverse Myelitis or MS; Transverse Myelitis or MS; diagonosed with Lhermitte's sign; The initial case was missing the following minimum criteria: [unspecified suspect product]. Upon receipt of follow-up information on [12Jan2022], this case now contains all required information to be considered valid. This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP). The reporter is the patient. A 51-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), administered in arm left, administration date 02Apr2021 10:00 (Lot number: EP7533) at the age of 51 years as dose 2, single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Bnt162b2 (Dose: 1, Lot number: EN6955), administration date: 12Mar2021, when the patient was 51 years old, for Covid-19 immunization, reaction(s): ""mild back pain"", ""nerve pain"". The following information was reported: MYELITIS TRANSVERSE (medically significant), MULTIPLE SCLEROSIS (medically significant), outcome ""unknown"" and all described as ""Transverse Myelitis or MS""; LHERMITTE'S SIGN (non-serious) with onset 03Apr2021, outcome ""unknown"", described as ""diagonosed with Lhermitte's sign"". The events ""transverse myelitis or ms"", ""transverse myelitis or ms"" and ""diagonosed with lhermitte's sign"" were evaluated at the physician office visit. The patient underwent the following laboratory tests and procedures: MRI: (10Jan2022) showing either transverse myelitis or MS, notes: Further testing is needed. Therapeutic measures were taken as a result of back pain. Clinical course: After the 2nd shot on 02Apr2021 patient had severe back pain and was put on dexamethasone on 05Apr2021 and more on 19Apr2021. Since then he has been having issues with pain, tingling and numbness in his face, hands, fingers, legs and feet. He was diagnosed with Lhermitte's sign in Nov2021 and just had a MRI on 10Jan2022 showing either Transverse Myelitis or MS. Further testing is needed and his doctor wanted to know if he had any issue with his covid vaccines and he said yes."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2076937-1	June 7, 2021 - ER hospital, - Two weeks after cleared to get off of Bactrim, I was attacked by something. Had Tingling/burning all over body both sides - arms, legs back, stomach, vagina, etc. Pain was centralized in lower back (never had lower back problems). I had swollen and painful lymph nodes in left arm. Headaches. Exhaustion. Kept telling them it was like I had internal shingles all over my body. Covid test was negative. Chest Xray and bloodwork all negative. Sent me home with more antibiotics and medicine for a urinary tract infection which I didn't have. Extensive bloodwork was taken to rule out any Staph infection. June 16, 2021 - ER hospital - Returned to ER more lethargic and exhausted. Now running elevated temp in evenings 99.3-100.0. Burning pain all over continued. Told me to go to a Neurologist and basically you're not dying.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2095709-1	Alodynia began in back of thighs with severe dysuria. Alodynia progressed to constant burning and aching involving both lower extremities symmetrically then up to the umbilicus level. Then right inferior ribs. No rash or UTI. Autonomic symptoms included sphincter dysfuction, sexual dysfunction and heat intolerance. Low back pain. Anxiety as pain was extreme . MRI showed enhancement of conus and thoracolumbar nerve root ganglia. Spinal tap elevated WBC, protein. MS panel, Lyme, etc all neg. Metabolic profile negative. Neurology Dx Transverse Myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2109473-1	Loss of use of legs and issues with bowel and bladder. Loss of sensation below the waist with banding and pins and needles sensations. Diagnosed with Acute Transverse Myelitis.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2122888-1	Beginning on 10/16, patient developed fever and fatigue. this resolved over several days, fever was gone by 10/19. On 10/20, develoed blurred vision, short term memory loss (could not remember driving to work, lightheadedness and tingling in hands and feet. was evaluated in the ER. Over the course of next few days, developed pain and parasthesias in both legs and arms, myalgias, neck pain, back pain. Was admitted to the hospital on 10/27 for suspected transverse myelitis. workup essentiall unremarkable, but symptoms persisted. continued with headache, weakness in arms and legs, balance difficulties. As of November 2021Requiring a cane to ambulate, extreme fatigue, persistent tachycardia. She has been evaluated by neurology and cardiology, work-up still ongoing. she subsequently developed herpes zoster in early February 2022. Patient's symptoms have persistent without improvement, continues to be disabled from employement
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2138049-1	Left leg numbness left abdomen numbness. Hospitalization. Tests and MRI scans dx transverse myelitis. 5 days IV steroids. Numbness continues on left full leg.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2162059-1	12/20/21 - I received the Pfizer COVID booster shot at the pharmacy at approximately 11:40 AM. 12/22/21 - I felt a tightness in my stomach, as if there was a tight band around it. 12/23/21 - I had numbness and tingling from my stomach down to my ankles which made it very difficult to walk, stay balanced and get up from a seated position. 12/24 - 12/26/21 - I had trouble standing, walking, walking up/down steps and getting up from a seated position. 12/26/21 - 1/5/22: I went to Urgent Care at approximately 8:00AM and was told to go to emergency room immediately. I went to the Hospital and was admitted. According to multiple Neurologists they determined it was an atypical case of Guillain-BarrT Syndrome and Acute Transverse Myelitis; typically both diagnoses start from the feet and work their way up, but mine did not - so the doctors were not fully sure of the cause. I was given a couple of different treatments that typically help with GBS and ATM. Treatments I received were 3 doses of gamma globulin injections, as well as 5 doses of Dexamethasone steroids. I received both physical and occupational therapy to help build my strength but since I did not have feeling in my knees and legs, I had randomly fallen while standing with a walker or while exercising. 1/5/22 - 2/4/22: I was then transferred to Rehab on 1/5/22. I was seen by their neurologist and team of doctors while receiving physical and occupational therapy. Starting on 1/8/22 I received 5 doses of Prednisone Steroids for Acute Transverse Myelitis. The neurologist could not exactly pinpoint what diagnosis I have but they believe that it is Acute Inflammatory Demyelinating Polyneuropathy / Paresthesia of the Lower Extremities which is a type of Guillain-BarrT Syndrome. 2/4/22 - Present: I left Rehab on was working with Home Care PT / OT from 2/4/22 - 2/16/22. I am going to outpatient neuro-PT, two times a week at (Privacy) Rehabilitation (my parents will be driving me), as well as exercising at home to regain strength. I am still feeling the numbness/tingling in my legs and knees, along with having back pain, difficulty going up and down stairs, difficulty walking smoothly with the walker, not being able to get up from a seated position, (especially seats without armrests), difficulty balancing and being unable to drive. I have not returned to work due to these circumstances and do not know when I will be able to return.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2162639-1	My wife had booster vaccination on Feb 07, 2022. Next day she felt numbness in her toes and then next day the numbness was in her both feet, which next day travel towards her legs and the abdomen and then chest. Now power of her left leg is 0/5 and right 2/5. The diagnosis at first was transverse myelitis, which after MRI confirmed as Longitudinally extensive transverse myelitis (LETM). And after positiove AQ4 anti bodies test it is diagnosed as Neuromyelitis optica Spectrum Disorder(NMOSD). As per doctors It is very likely due to Pfizer Covid 19 booster. And I am sure it is due to Pfizer Covid 19 booster vaccination. Please help us to treat the disease which is occurred as result of Pfizer Covid Booster.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2165455-1	I had trigeminal neuralgia and transverse myelitis after the booster dose. I was put on Gabapentin 1600mg. I went numb from the neck down lost feeling in arms and legs. I had banding across my chest. I lost body motion. Went to the hospital. Stayed for 3 days and was put on high levels of steroids and prescribe Dexamethasone.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2177060-1	"I lost complete use of my legs; Transverse myelitis; diagnosed with transverse myelitis from a direct reaction; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) for a Pfizer sponsored program. The reporter is the patient. A 30 year-old female patient received bnt162b2 (BNT162B2), administered in arm left, administration date 21Feb2022 (Batch/Lot number: unknown) at the age of 30 years as dose number unknown (booster), single for covid-19 immunisation. The patient's relevant medical history was not reported. There were no concomitant medications. Vaccination history included: Covid-19 vaccine (Primary Immunization series complete but unknown manufacturer), for COVID-19 immunization. The following information was reported: MONOPLEGIA (hospitalization, medically significant) with onset Feb2022, outcome ""unknown"", described as ""I lost complete use of my legs""; MYELITIS TRANSVERSE (hospitalization, medically significant) with onset Feb2022, outcome ""unknown"", described as ""Transverse myelitis; diagnosed with transverse myelitis from a direct reaction"". The patient was hospitalized for monoplegia, myelitis transverse (start date: 27Feb2022, discharge date: 07Mar2022, hospitalization duration: 8 day(s)). No other medication. No Prior vaccination (within 2 weeks). Consumer stated, I just would like to report a side effect of the Pfizer booster (Clarified as Pfizer COVID-19 Vaccine BNT162b2). Consumer stated, I received my COVID booster, my Pfizer COVID booster last week Monday, no 2 weeks ago 2 Monday's ago, 21Feb and within a week I lost complete use of my legs, I was diagnosed with Transverse myelitis from my Pfizer COVID booster and I am learning how to walk again right now. I was diagnosed with transverse myelitis from a direct reaction from my COVID Pfizer booster. Date of Hospitalization: Consumer stated, Last week Sunday, 27Feb I was admitted to the hospital, I have been in the hospital till today, today is Monday till 07Mar. This case was Serious case with Seriousness criteria-Caused hospitalization.The events ""i lost complete use of my legs"" and ""transverse myelitis; diagnosed with transverse myelitis from a direct reaction"" were evaluated at the physician office visit. Therapeutic measures were taken as a result of monoplegia, myelitis transverse. The lot number for bnt162b2 was not provided and will be requested during follow up."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2189272-1	I had COVID in July of 2020. My workplace, the Medical Center, mandated the COVID vaccine. Approximately two weeks after having the second vaccine, I developed extreme fatigue. On April 1st, 2021, I developed right eye heaviness and pain to the back, right side of my head. Over the next couple of weeks, the pain turned in to sharp, stabbing pain and I started to lose my vision in my right eye. I was diagnosed with Optic Neuritis and had IV steroids and Plasmapheresis. In July of 2021, I was diagnosed at Clinic by doctor with Neuromyelitis Optica Spectrum Disorder and Transverse Myelitis. *This is an abbreviated version of my health journey that continues to negatively disable me to this date.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2196655-1	Pt presented with chest pain and was getting cardiac workup. Pt developed who has paresthesia and left leg and right arm weakness on exam. He had sudden onset of weakness since 11/29/2021. Evaluated by Neurology and neurosurgery. Working diagnosis is transverse myelitis vs compressive myelopathy (symptoms inconsistent with NMO); unclear etiology (possibly related to COVID-19 vaccine booster). Most likely infectious or inflammatory in nature. Compressive myopathy ruled out by neurosurgery evaluation. Pt treated with IVIG 50 gram (0.5 g/kg/day) IV daily x 4 days, and methylprednisolone 1 gram IV daily x 5 days. Generalized weakness improved over next 10 days, with new onset upper and lower extremity weakness on 12/9/2021; evaluated by neurology and neurosurgery however no evidence for acute spinal cord compression. At discharge to skilled nursing facility, his generalized weakness was improving; pt progressing well with physical therapy and occupational therapy.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2238592-1	Diagnosis - Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2248318-1	Transverse myelits
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2260576-1	Swelling of ankles and ankle pain one week after 3rd dose(booster). Treated with 6 days of steroid by primary care doctor. Symptoms resumed after steroid with additional pain throughout the trunk and legs. Referred to Rheumatologist. 12 days steroid and pain resolved and resumed after steroids. Numbness pain and tingling began in late February. Additional steroid resolved pain. Numbness and tingling continued. Rheumatology referred to emergency room and neurology. MRI of spine and spinal tap showed spinal inflammation and lesions. Hospital admission for 10 days. Received ivig and high dose steroid. Diagnosis is transverse myelitis. Continued treatment with steroids, baclofen and pegabalin. Numbness and tingling continues. Physical therapy prescribed. Symptoms remain as of current date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2263288-1	Pfizer FF2593 on 10/29/2021. No adverse effects/events reported by patient. Pfizer FF8030 11/20/2021 injection date, and had SEVERE symptoms begin that day Numbness tingling into arms and legs, that progressed to the point of being referred to me, orthopedic surgeon, for carpal tunnel syndrome. Patient presented more with cervical myelopathy type symptoms, stat MRI cervical spine performed, with radiologist reported read of transverse myelitis, versus possible neoplasm of spinal cord, recommendation for contrast MRI recommended and was ordered. That test date and results are pending.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2267668-1	The patient developed L axillary lymphadenopathy on the day after vaccination. Ten days later, she was hospitalized for cervical transverse myelitis, from which she is slowly recovering.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2318770-1	Onset complete transverse myelitis 3/4/22. Treated with IV steroids, plasma exchange, IVIG with significant but incomplete recovery to date.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2327606-1	Diagnosed with Transverse Myelitis. Have been seeing neurologist and am on Prednisone. Have also had Prednisone infusions.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	Office Visit *	2341797-1	"""This is a 71-year-old gentleman very healthy and not on any medical treatment who received some vaccination 2 weeks ago and 3 days after that started noticing weakness and numbness in his lower extremity. He was evaluated at the first facility and after imaging was discharged home. Since his symptoms progressed he went to another facility and underwent an MRI scan of the cervical spine that showed cord abnormality consistent with transverse myelitis. He was started on high-dose IV Solu-Medrol 1000 mg for 3 days. Also received 60 mg of prednisone. Hospitalist at that facility spoke with a specified university and they recommended transfer to our facility for possible plasmapheresis/neurology consult. After patient arrived here with urology back the patient recommended plasmapheresis. However there was no dialysis nurse available for plasmapheresis. Dr. had to go out of his way to find a nurse that would be willing to do it. Patient has received plasmapheresis on 6/26/2022. He will get another session on 6/27/2022. He will need IPR. Patient is uninsured and case manager to assist"""
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1109699-1	Subacute onset of bilateral cervical neck pain radiating to left shoulder with paraesthesia and sensory neuropathy including burning pain not associated with activity, not ameliorated with rest, NSAIDs or Tylenol, not worsened with movement. No associated trauma, No constitutional Symptoms. Symptoms are most consistent with transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1125073-1	"flare of transverse myelitis; flare of transverse myelitis; nauseous; sore throat; headache; A spontaneous report was received from a retired physical therapist who was also a 55 year-old female patient who was administered Moderna's COVID-19 vaccine (mRNA-1273) and developed headache, sore throat (oropharyngeal pain), nauseous (nausea), and flare of transverse myelitis (myelitis transverse and condition aggravated). The patient's medical history included transverse myelitis. Concomitant medications included mesalazine. On 04-MAR-2021, prior to the onset of the events, the patient received her first of two planned doses of mRNA-1273 (lot# 013A21A) intramuscularly in the left arm for the prophylaxis of COVID-19 infection. Initially, the patient reported she was fine. Then, at night on 04-MAR-2021, the patient developed headache, sore throat, then every 6 hours, she became nauseous. Early morning on 07-MAR-2021, the patient became really nauseous and went back to sleep. She reported that she had a mild flare of transverse myelitis ""which doesn't happen without big insult."" The flare included spasticity, weakness, and apraxia. Treatment information was not provided. Action taken with mRNA-1273 in response to the events was not reported. The outcomes of events, headache, oropharyngeal pain, nausea, and transverse myelitis flare, 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."

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1238294-1	Traverse myelitis. Extremely painful neck and back in joints which moved outwards to arms and legs. Started on about day 4. Could no walk to toilet. Pain moved out from joints to muscles in arms and legs. It is improving but after 30 days! Also my tinnitis got worse. I have never had a vaccine or a flu shot in my 76 yr life.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1266566-1	On April 12th I experienced severe pain in my right arm, which progressed to my right leg and eventually my left arm. I went to a local ER where they ruled out a stroke. The pain continued and on April 18th I went to the ER. They admitted me and ordered a catscan and MRI. They diagnosed me with Transverse Myelitis and recomme//nded that I see a neurologist to get a definitive answer to whether this is MS or just a one time occurrence. while there i was treated with steroids for 3 days which alleviated the pain. i was also taken off all statins, given B12 and blood thinners.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1274170-1	On 4/9/20 patient developed bilateral numbness and tingling to arms, hands, feet and legs. Went to ED on 4/16/20 Labs and CT head were normal. Had decreased strength and sensitivity in extremities and Babinski's were upward going. Discharged to home without medication and to F/U with PCP in 4-6 days. Saw PCP on 4/20/21. He had S&G hyeresthesia, + Rhomberg, failed tandem walk, and dysdiadochokinesia. Neuropatic pain in shoulders, arms, legs, hands, and feet with weakness in hands and arms and sensory loss in left leg. Was unable to get immediate MRI so patient was admitted directly to hospital. MRI showed concern for transverse myelitis felt to be secondary to Covid 19 vaccine. He will not get second dose. Improved to near baseline with treatment of high dose steroids. He also had an STEMI and was taken to the Cath lab where they found 50% blockage in a coronary artery. They felt STEMI was caused by spasm. Pt was discharged home on 4/26/21 and is having physical therapy to help regain his mobility.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1332758-1	"Caller mentioned that patient was 6 months pregnant, and had a ""transverse myelitis"" attack after the vaccine; Caller mentioned that Patient is 6 months pregnant, and had a ""transverse myelitis"" attack after the vaccine; This is a spontaneous report received from a contactable consumer (patient's caregiver). A 37-year-old female 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 on an unspecified date at single dose for COVID-19 immunization. Medical history and concomitant medications were not reported. Caller mentioned she was asking on behalf of a patient advocacy organization for a young pregnant woman (Patient). Caller mentioned that patient was 6 months pregnant, and had a ""transverse myelitis"" attack after the vaccine. Caller disconnected remotely before being able to offer Safety transfer, ask for other questions, offer survey, and closing. Outcome of the events was unknown. Information about lot/batch number has been requested."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1332777-1	"Transverse myelitis; Paralyzed; A young pregnant woman (Patient); 6 months pregnant; This is a spontaneous report from a contactable consumer. This is the second of 2 reports for the second dose. A 37-year-old female patient received the second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration on 01Apr2021 (Lot number was not reported) as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. Historical Vaccine included the first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) on an unspecified date as single dose for covid-19 immunisation and experienced myelitis transverse. The patient received the second dose of bnt162b2 on 01Apr2021 and by 03Apr2021 she was ""paralyzed"". The patient was 6 months pregnant and had a ""transverse myelitis"" attack after the vaccine. Events outcome was unknown. Information about lot/batch number has been requested."
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1358406-1	Anti-MOG Transverse Myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1376387-1	Transverse myelitis
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1440102-1	he developed Acute Disseminated Encephalomyelitis; He is also diagnosed with Transverse myelitis; This is a spontaneous report from a Pfizer sponsored program. A contactable Consumer reported for a male patient (reporter son). A male patient of an unspecified age received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, Batch/Lot number and Expiration date was not reported) via an unspecified route of administration on an unspecified date as single dose for COVID-19 immunization. Medical history included acute disseminated encephalomyelitis, myelitis transverse. Concomitant medications were not reported. The patient experienced he developed acute disseminated encephalomyelitis; he was also diagnosed with transverse myelitis. her doctor confirmed the vaccine can cause demyelination in adults post vaccination. she has also read some thin like this NORD rare diseases document online. There were no other notable patterns or numerical imbalances between treatment groups for specific categories of serious adverse events (including neurologic, neuro-inflammatory, and thrombotic events) that would suggest a causal relationship to Pfizer-BioNTech COVID-19 Vaccine. they may not have the list of all the possible potential side effect associated with the vaccine. she wants to know if you have any information on minors developing ADEM and transverse myelitis after receiving the vaccine. She was just looking for any data on youth that have had the vaccine with any medical history, but there wasn't any. The outcome of events was unknown. Information on the lot/batch number has been requested

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1445738-1	Diagnosed with Transverse myelitis; Numbness; Paresthesia; Progressed to a point that the patient can no longer walk and no is on wheel chair; Progressive weakness in lower extremities and worked its way up to mid torso/ Weakness; This spontaneous case was reported by a health care professional and describes the occurrence of MYELITIS TRANSVERSE (Diagnosed with Transverse myelitis) in a 78-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 044A21A and 030M20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included COVID-19 in January 2021. Concomitant products included ROSUVASTATIN, ASPIRIN [ACETYLSALICYLIC ACID], UBIDECARENONE (COQ10 [UBIDECARENONE]) and PANTOPRAZOLE 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 13-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In April 2021, the patient experienced MYELITIS TRANSVERSE (Diagnosed with Transverse myelitis) (seriousness criterion medically significant), HYPOAESTHESIA (Numbness), PARAESTHESIA (Paresthesia), GAIT INABILITY (Progressed to a point that the patient can no longer walk and no is on wheel chair) and ASTHENIA (Progressive weakness in lower extremities and worked its way up to mid torso/ Weakness). The patient was treated with METHYLPREDNISOLONE at an unspecified dose and frequency. At the time of the report, MYELITIS TRANSVERSE (Diagnosed with Transverse myelitis), HYPOAESTHESIA (Numbness), PARAESTHESIA (Paresthesia), GAIT INABILITY (Progressed to a point that the patient can no longer walk and no is on wheel chair) and ASTHENIA (Progressive weakness in lower extremities and worked its way up to mid torso/ Weakness) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In April 2021, Magnetic resonance imaging: abnormal (abnormal) Diagnosed with Transverse Myelitis. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was not applicable. Company comment: 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. Further details regarding medical history and treatment for assessment. Most recent FOLLOW-UP information incorporated above includes: On 22-Jun-2021: Follow up received on 22-JUN-2021 contains Non-Significant information.; 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. Further details regarding medical history and treatment for assessment.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1445779-1	Myelitis transverse; This spontaneous case was reported by a nurse and describes the occurrence of MYELITIS TRANSVERSE (Myelitis transverse) 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. In January 2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. In February 2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In January 2021, the patient experienced MYELITIS TRANSVERSE (Myelitis transverse) (seriousness criterion medically significant). At the time of the report, MYELITIS TRANSVERSE (Myelitis transverse) outcome was unknown. mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) dosing remained unchanged. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. The patient had 5 MRIs and numerous doctor's appointments since Jan-2021. The symptoms began within hours of receiving his first Moderna shot in Jan-2021. Treatment information was not provided. Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. More 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. More information has been requested.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1645177-1	Transverse Myelitis; This spontaneous case was reported by a consumer and describes the occurrence of MYELITIS TRANSVERSE (Transverse Myelitis) in a patient of an unknown age and gender 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 dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced MYELITIS TRANSVERSE (Transverse Myelitis) (seriousness criterion medically significant). At the time of the report, MYELITIS TRANSVERSE (Transverse Myelitis) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. No concomitant or treatment medications were reported. Company Comment: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information is expected.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. Further information is expected.

Symptoms	Vaccine Type	Event Category	VAERS ID	Adverse Event Description
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1661166-1	Acute transverse myelitis; This is a spontaneous report from a contactable Physician. A 39-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) (at the age of 39-year-old) as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient was not pregnant. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient experienced acute transverse myelitis on an unspecified date with outcome of unknown. The lot number for the vaccine bnt162b2 was not provided and will be requested during follow up.; Sender's Comments: Based on the information provided, known drug safety profile and plausible temporal association, the causality between BNT162B2 and the Myelitis transverse cannot be completely excluded. The impact of this report on the benefit-risk profile of the Pfizer product and on the conduct of the study is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, ethics committees. and investigators, as appropriate.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1896310-1	TRANSVERSE MYELITIS; This spontaneous report received from a patient via another manufacturer concerned multiple patients. The patient's weight, height, age and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, intramuscular, batch number: unknown) dose, start therapy date were not reported for an unspecified indication. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the patient experienced transverse myelitis (spinal inflammation). The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The outcome of transverse myelitis was not reported. This report was serious (Other Medically Important Condition).; Sender's Comments: V0: This spontaneous report received from a patient via another manufacturer concerned a patient who experienced transverse myelitis on an unspecified date after receiving the vaccine. Medical history, concomitant medications, laboratory results, diagnostics, treatment, and outcome were not reported. Information is limited in this case, and the occurrence of transverse myelitis could represent background incidence of such events in the general population. Therefore, the relationship of transverse myelitis to vaccination is considered unclassifiable due to insufficient information.
MYELITIS TRANSVERSE	COVID19 VACCINE (COVID19)	None of the above	1950526-1	transverse myelitis which may be due to the vaccine; weakness of the right arm and leg; This spontaneous case was reported by a physician and describes the occurrence of MYELITIS TRANSVERSE (transverse myelitis which may be due to the vaccine) in a 63-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 013L20A and 039K20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 14-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 13-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In January 2021, the patient experienced MUSCULAR WEAKNESS (weakness of the right arm and leg). On an unknown date, the patient experienced MYELITIS TRANSVERSE (transverse myelitis which may be due to the vaccine) (seriousness criterion medically significant). At the time of the report, MYELITIS TRANSVERSE (transverse myelitis which may be due to the vaccine) and MUSCULAR WEAKNESS (weakness of the right arm and leg) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Computerised tomogram: longitudinal extensive lesion (abnormal) longitudinal extensive lesion on the right C6 and a little bit of T1 level.. On an unknown date, Lumbar puncture: negative for ig index for ms (Negative) negative for Ig index for MS. On an unknown date, Magnetic resonance imaging: did not show multiple sclerosis (Negative) did not show multiple sclerosis. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant product use was not provided by the reporter. A neurologist reported that he had a patient who complained of weakness of the right arm and leg two weeks after getting the first dose of the Moderna Covid-19 vaccine in Jan 2021. The patient had been to many doctors and he saw him in October. The cervical CT scan showed longitudinal extensive lesion on the right C6 and a little bit of T1 level. The MRI did not show multiple sclerosis. He did a spinal tap which turned out to be negative for Ig index for MS. He was thinking that this was behaving like and NMO spectrum disease. He was concerned that there was an ongoing chronic inflammation. His diagnosis was transverse myelitis which may be due to the vaccine. The patient was improving with IV steroids (was given oral steroids but no