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Information Center
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Search Results

From the 10/1/2021 release of VAERS data:

Found 53 cases where Location is New Hampshire and Vaccine is COVID19 and Patient Died

Case Details

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VAERS ID: 1084390 (history)	Vaccinated:	2021-01-08
Form: Version 2.0	Onset:	2021-01-29
Age: 88.0	Days after vaccination:	21
Sex: Female	Submitted:	0000-00-00
Location: New Hampshire	Entered:	2021-03-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3248 / 1	RA / IM

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Abnormal behaviour](#), [Apnoea](#), [Atrial fibrillation](#), [Blood creatinine increased](#), [Blood pressure increased](#), [Blood sodium increased](#), [Blood urea increased](#), [Cardiac failure acute](#), [Cardiovascular evaluation](#), [Chest X-ray abnormal](#), [Computerised tomogram head normal](#),

[Condition aggravated](#), [Death](#), [Decreased appetite](#), [Fatigue](#), [Full blood count](#), [Full blood count increased](#), [General physical health deterioration](#), [Hypertension](#), [Hypophagia](#), [International normalised ratio](#), [Lethargy](#), [Lung infiltration](#), [Metabolic function test abnormal](#), [Pleural effusion](#), [Pneumonia](#), [Respiratory tract congestion](#), [SARS-CoV-2 test negative](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (narrow), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Supraventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Dementia (broad), Acute central respiratory depression (narrow), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-02-18

Days after onset: 20

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: 1/8/2021 Norvasc 10mg Qam; Atenolol 25mg Qam; Coumadin 2mg QD; Lexapro 10mg Qam; Losartan Potassium 50mg Qam; Micro-K 20meq Qam; Miralaz 17GM Qam; MVI 1tab QD; Oxybutinin Cl ER 5mg Qam; Protonix 40 mg QHS; Senna-S 8.6-50mg 2 tabs QD; Ferro

Current Illness: Resident with CHF and HTN. On Coumadin for A-FIB, followed by Cardiology. Episodes of increased edema and on daily weights with fluctuations. Lasix adjusted for management. Labs monitored and INR's noted fluctuating and Coumadin doses being adjusted accordingly by MD. Also followed by Mental Health with episodes of increased agitation, weeping and yelling noted. Refusal of medications at times. Medications adjusted by Mental Health as appropriate.

Preexisting Conditions: I50.43 ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE I11.0 HYPERTENSIVE HEART DISEASE WITH HEART FAILURE R53.1 WEAKNESS R26.9 UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY R13.12 DYSPHAGIA, OROPHARYNGEAL PHASE I13.0 HYP HRT & CHR KDNY DIS W HRT FAIL AND STG 1-4/UNSP CHR KDNY M15.8 OTHER POLYOSTEOARTHRITIS J18.9 PNEUMONIA, UNSPECIFIED ORGANISM R53.81 OTHER MALAISE J18.8 OTHER PNEUMONIA, UNSPECIFIED ORGANISM K59.00 CONSTIPATION, UNSPECIFIED D68.61 ANTIPHOSPHOLIPID SYNDROME M15.0 PRIMARY GENERALIZED (OSTEO)ARTHRITIS I48.21 PERMANENT ATRIAL FIBRILLATION I70.203 UNSP ATHSCL NATIVE ARTERIES OF

EXTREMITIES, BILATERAL LEGS N32.81 OVERACTIVE BLADDER Z79.01 LONG TERM (CURRENT) USE OF ANTICOAGULANTS F32.0 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD E26.1 SECONDARY HYPERALDOSTERONISM N18.4 CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE I50.42 CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL F03.91 UNSPECIFIED DEMENTIA WITH BEHAVIORAL DISTURBANCE E78.2 MIXED HYPERLIPIDEMIA R41.3 OTHER AMNESIA M25.551 PAIN IN RIGHT HIP M79.81 NONTRAUMATIC HEMATOMA OF SOFT TISSUE R42 DIZZINESS AND GIDDINESS M54.5 LOW BACK PAIN F41.9 ANXIETY DISORDER, UNSPECIFIED

Allergies: Zyprexa

Diagnostic Lab Data: Covid screening antigen and PCR negative

CDC Split Type:

Write-up: 1/29 /21 Increased fatigued, congestion, BP elevated Stat CBC/BMP/CXR. CXR. CXR-CHF with superimposed bilateral infiltrates and bilateral pleural effusions. N.O. Rocephin 1gm IM QD x 7 days. CBC am. Consult with cardiology. 2nd covid vaccine not given. 2/2-2/5 Sent to ER for ongoing significantly elevated BP"s. Remains on Rocephin. Hospitalized 3 days for Acute on Chronic Diastolic and Systolic Heart Failure-Diuresed with IV Lasix, Multiple changes in medications by cardiology for poorly controlled HTN. Head CT negative, Covid negative. 2/5 Readmission from Facility-Followed closely by cardiology. Losartan was increased, Hydralazine was increased, Norvasc was increased. Continue Atenolol. Monitoring daily weights and vital signs. Resident with increased lethargy and then behaviors at times, and refusing meds. Oral intake poor. Continued on Coumadin for A-Fib with monitoring of INR. Palliative consult ordered. Continued to be followed by Mental Health and APRN in addition to PCP. 2/6 CBC/BMP/CXR-BUN/Creatinine elevated 44/2.2 and upon readmission to facility. MD changed from Lasix to Demadex. CXR-Continued PNA. Started on Rocephin 1gm IM x 7 days. 2/8 MD visit. Palliative consult ordered 2/11 Critical labs with elevated BUN/Creatine and Na level. MD ofered hospitalization to ADPOA who declined and wanted to pursue Hospice instead. Resident was seen by APRN from Home Health and Hospice Services who discussed plan of care with ADPOA requested comfort care and no further hospitalizations. 2/12 Resident admitted to Hospice Services. Compassionate visit with ADPOA 2/14 resident with further decline, periods of apnea evident, comfort maintained. 2/18 Passed at facility with Hospice services in place and compassionate visits with ADPOA

VAERS ID: 1087735 (history)	Vaccinated:	2021-02-18
Form: Version 2.0	Onset:	2021-03-05
Age: 68.0	Days after vaccination:	15
Sex: Male	Submitted:	0000-00-00
Location: New Hampshire	Entered:	2021-03-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 2	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: [Death](#), [Respiratory tract congestion](#), [Weight increased](#)

SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-05

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Medications received day of dose 2 (2/18/21)vaccination: abilify 20mg, benztropine mesylate 2mg, celexa 40mg, clonazepam 2mg, Aricept 10mg, lactulose 30ml, synthroid 75mcg, Pepcid 20mg, Risperdal 1mg in am and 2mg at HS, senna-s 2 tablets,

Current Illness: 12/7/20 BMP with elevated kidney function, some diuretics on hold 12/10/20 BMP with continued elevated kidney function, diuretic decreased 12/14/20 C/O body aches, rapid covid test negative, potassium adjusted based on labs 12/15/21 BMP drawn, increased weight gain. N.O. increase torsemide to 100mg PO QD, QD weights, and weekly BMP Q Monday. 12/28/20 Vomited small amount, rapid covid negative, continued with weight gain and diuretics increased. 1/7/21 Difficulties swallowing, picked up by ST and fluids change to nectar thick consistency. 1/11/21 Drowsy and weak with low CBGs. Diuretic put on hold 1/12/21 Low temperature and low CBG 1/13/21 All diuretics put on hold. N.O. nephrology consult for advancing CKD & explore if dialysis is an appropriate options. Diet downgraded to all ground. 1/15/21 Had modified barium swallow and per report recommends NPO r/t aspiration. Diet changed to puree, thin liquids. 1/18/21 UA sent for C&S if indicated for / blood clots in urine. Then had congested cough. Had CXR and results showed bilateral lower lobe infiltrates and bilateral effusions. 1/19/21 Sent to ER for eval of lethargy, not eating, and acute on chronic kidney injury. Admitted to CMC. 1/31/21 Returned form hospital NPO with PEG tube, all diuretics D/C. 2/1/21 Oral thrush tx 10 cc Nystatin swish and spit TID for 10 days 2/8/21 CBC/BMP with no significant acute findings 3/4/21 Increased weight and started back on diuretic torsemide 20mg. Approximately 0200 on 3/5/21 became congested. Doctor was notified with N.O. Torsemide 20 mg tab via PEG-tube NOW, IM Rocephin 1 mg QD x7 days for possible aspiration, Chest X Ray, CBC/BMP in morning, and may suction resident if tolerated PRN. 3/5/2021-0350 deceased.

Preexisting Conditions: Pneumonitis due to inhalation of food and vomit, acute kidney failure, anemia, dysphagia, malaise, weakness, cognitive communication deficient, abnormal posture, personal history of COVID19, gastrostomy status, vitamin D deficiency, essential tremor, chronic diastolic heart failure, muscle spasm, benign prostatic hyperplasia without lower urinary tract symptoms, gout, sleep apnea. Anxiety disorder, atrial fibrillation, dementia with behavioral disturbance, lymphedema, epilepsy, schizophrenia, major depressive disorder, hyperlipidemia, hypothyroidism, Essential hypertension, drug induced subacute dyskinesia

Allergies: Codeine, Buspar, Clozaril, Geodon, Mellaril, Seroquel, Thorazine, Pineapple, Plum, Prune, Dust, Tetanus Toxin

Diagnostic Lab Data: Labs and CXR unable to be completed on day of event due to patient expired prior.

CDC Split Type:

Write-up: On 3/5/21 at approximately 0200 became congested suddenly. Doctor was notified with N.O. Torsemide 20 mg tab via PEG-tube NOW, IM Rocephin 1 mg QD x7 days for possible aspiration, Chest X Ray, CBC/BMP in morning, and may suction resident if tolerated PRN. Received both Torsemide and the Rocephin and then deceased at 0350.

VAERS ID: 1087949 (history)	Vaccinated:	2021-01-28
Form: Version 2.0	Onset:	2021-03-06
Age: 90.0	Days after vaccination:	37
Sex: Female	Submitted:	0000-00-00
Location: New Hampshire	Entered:	2021-03-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 2	LA / IM

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Death](#), [Diet refusal](#), [General physical health deterioration](#), [Jaundice](#)

SMQs: Cholestasis and jaundice of hepatic origin (narrow), Acute pancreatitis (broad), Biliary system related investigations, signs and symptoms (narrow), Biliary tract disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-06

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: dilTIAZem HCl ER Capsule Extended Release 24 Hour 120 MG Give 1 capsule by mouth in the morning; Lumigan Solution 0.01 % (Bimatoprost) Instill 1 drop in both eyes in the evening; MiraLax Powder 17 GM/SCOOP (Polyethylene Glycol 3350) Give 17

Current Illness: No new medical concerns or acute illness. Resident receiving Hospice Services from 8/1/20 with goal of care and comfort. Receiving compassionate visits from family.

Preexisting Conditions: G30.9 ALZHEIMER'S DISEASE, UNSPECIFIED J44.9 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED I48.91 UNSPECIFIED ATRIAL FIBRILLATION R13.10 DYSPHAGIA, UNSPECIFIED N18.30 CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED D64.9 ANEMIA, UNSPECIFIED F33.9 MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED M81.0 AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE G62.9 POLYNEUROPATHY, UNSPECIFIED Z86.16 PERSONAL HISTORY OF COVID-19 Z87.81 PERSONAL HISTORY OF (HEALED) TRAUMATIC

FRACTURE Z86.73 PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS M10.9 GOUT, UNSPECIFIED H26.9 UNSPECIFIED CATARACT J30.9 ALLERGIC RHINITIS, UNSPECIFIED L21.9 SEBORRHEIC DERMATITIS, UNSPECIFIED L30.4 ERYTHEMA INTERTRIGO H40 GLAUCOMA K80 CHOLELITHIASIS H35.30 UNSPECIFIED MACULAR DEGENERATION L23.1 ALLERGIC CONTACT DERMATITIS DUE TO ADHESIVES K57.12 DVTRCLI OF SM INT W/O PERFORATION OR ABSCESS W/O BLEEDING D51.9 VITAMIN B12 DEFICIENCY ANEMIA, UNSPECIFIED R47.01 APHASIA

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: 3/6/2021 Expired at facility receiving Hospice Services since 8/1/2020. Hx Covid-19 June 2020. Prior to death: Resident began refusing meals and failing overall. On, 2/18 began with jaundiced skin, no other symptoms. ADPOA, Hospice APRN and MD updated. Comfort measures maintained as resident continued to have slow decline.

VAERS ID: 1091138 (history)	Vaccinated:	2021-03-10
Form: Version 2.0	Onset:	2021-03-10
Age: 83.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: New Hampshire	Entered:	2021-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: [Cardiac arrest](#), [Death](#), [Resuscitation](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-11

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: ALBUTEROL 90MCG (CFG-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED VALSARTAN ***ARB-2ND LINE*** TAB 320MG TAKE ONE TABLET BY MOUTH EVERY DAY ATORVASTATIN***LIPID-1ST LINE

Current Illness: Pt was just hospitalized for the following issues: NSTEMI, LE ischemia. acute diastolic HF, bilat iliac stents.

Preexisting Conditions: NSTEMI GERD HTN laryngeal cancer COPD

Allergies: BUDESONIDE/FORMOTEROL OLODATEROL/TIOTROPIUM

Diagnostic Lab Data:

CDC Split Type:

Write-up: pt returned to his skilled nursing facility after his 2nd covid vaccine and at approx 10:45 pm he was in cardiac arrest. CPR was started and transported to Hospital. Pt was pronounced dead at 1:06 am on 3/11/21

VAERS ID: 1093762 (history)	Vaccinated:	2021-02-18
Form: Version 2.0	Onset:	2021-03-12
Age: 101.0	Days after vaccination:	22
Sex: Female	Submitted:	0000-00-00
Location: New Hampshire	Entered:	2021-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 2	LA / IM

Administered by: Senior Living **Purchased by:** ?

Symptoms: [Death](#), [SARS-CoV-2 test negative](#)

SMQs: COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-12

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Acetaminophen Tablet 500 MG QHS; Aspirin Tablet 81 MG QD; CeleXA Tablet 20 MG QD; GlycoLax Powder (Polyethylene Glycol 3350) Give 17 gram QD; PredniSONE Tablet 2.5 MG(JUST COMPLETED 3 WEEK LOW DOSE TAPER ON 2/15);Remeron Tablet (Mirtazapin

Current Illness: NO ACUTE MEDICAL ISSUES. RESIDENT ON HOSPICE SERVICES FOR END STAGE ALZHEIMER'S DEMENTIA SINCE 6/11/2020 WITH OVERALL POOR ORAL INTAKE, WEIGHT LOSS AND DECLINE. COVID NEGATIVE AND NO HX OF COVID-19. RECEIVING REGULAR HOSPICE SERVICES FOR CARE, COMFORT AND PAIN MANAGEMENT. COMPASSIONATE VISITS WITH DAUGHTER. IMPULSIVE WITH POOR

SAFETY AWARENESS AND MULTIPLE FALLS.

Preexisting Conditions: ALZHEIMER'S DISEASE, UNSPECIFIED DYSPHAGIA, UNSPECIFIED ACUTE OR CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE POLYMYALGIA RHEUMATICA ESSENTIAL (PRIMARY) HYPERTENSION HYPOTHYROIDISM, UNSPECIFIED OTHER CHRONIC PAIN UNSPECIFIED MOOD [AFFECTIVE] DISORDER ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE/TISSUE ENCOUNTER FOR PALLIATIVE CARE OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION CERVICAL DISC DISORDER, UNSP, UNSPECIFIED CERVICAL REGION ACTINIC KERATOSIS DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE WITHOUT BEHAVIORAL DISTURBANCE MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED HYPERLIPIDEMIA, UNSPECIFIED SECONDARY MALIGNANT NEOPLASM OF SKIN

Allergies: CODEINE, OXYCODONE

Diagnostic Lab Data: MULTIPLE COVID-19 SCREENING TESTS-ALL NEGATIVE

CDC Split Type:

Write-up: 3/12/2021-EXPIRED AT FACILITY ON HOSPICE SERVICES

VAERS ID: 1108312 (history)	Vaccinated:	2021-03-07
Form: Version 2.0	Onset:	2021-03-09
Age: 68.0	Days after vaccination:	2
Sex: Female	Submitted:	0000-00-00
Location: New Hampshire	Entered:	2021-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / UNK	- / -

Administered by: Private **Purchased by:** ?

Symptoms: [Capillary leak syndrome](#), [Condition aggravated](#), [Death](#), [Disseminated intravascular coagulation](#), [Distributive shock](#), [Renal failure](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Chronic kidney disease (narrow), Hypersensitivity (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-16

Days after onset: 6

Permanent Disability? No

Recovered? No

Office Visit? No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 7 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** elavil, lisinopril, simvastatin, terbutaline, theophylline**Current Illness:** none**Preexisting Conditions:** Idiopathic Capillary Leak Syndrome**Allergies:** None**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Severe exacerbation of idiopathic capillary leak syndrome 48 hours following administration of Janssen vaccine leading to profound vasodilatory shock, renal failure and DIC and death

VAERS ID: 1108762 (history)	Vaccinated:	2021-02-26
Form: Version 2.0	Onset:	2021-03-15
Age: 73.0	Days after vaccination:	17
Sex: Male	Submitted:	0000-00-00
Location: New Hampshire	Entered:	2021-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / IM

Administered by: Other **Purchased by:** ?**Symptoms:** [Cardiac arrest](#), [Chest discomfort](#), [Hyperhidrosis](#), [Resuscitation](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-03-15**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No

Previous Vaccinations:**Other Medications:** Valcyclovir as needed. Viagra as needed**Current Illness:** None**Preexisting Conditions:** Mild hypertension and mixed hyperlipidemia on diet therapy and Impaired fasting glucose**Allergies:** Thonzyldiamine**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient without previous cardiovascular history with complaints of chest tightness and diaphoresis. Contacted the doctor's office and sent advise to go to ER for possible cardiovascular event. Witnessed cardiac arrest at home with unsuccessful resuscitation.

VAERS ID: 1122969 (history)	Vaccinated:	2021-02-18
Form: Version 2.0	Onset:	2021-03-21
Age: 82.0	Days after vaccination:	31
Sex: Male	Submitted:	0000-00-00
Location: New Hampshire	Entered:	2021-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 2	LA / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2021-03-21 **Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** 2/18/21 Aspirin Tablet Chewable 81 MG; MiraLax Powder (Polyethylene Glycol 3350) Give 17 gram by mouth in the morning; Probenecid Tablet 500 MG Give 1 tablet by mouth in the morning; Senna-S Tablet 8.6-50 MG-Give 2 tablet by mouth in the mo**Current Illness:** Overall general decline in condiition. Parkinson's disease and atrial fibrillation anticoagulated on Coumadin. He has a history of sigmoid thickening suspicious for malignancy. He has been followed by palliative care. He has congestive heart failure with chronic lower extremity edema. He has been followed by palliative care. Symptomatic and tested positive for

Covid + 12/16. Did not qualify for monoclonal antibodies. 1/8 Resident with order to admit to Hospice services due to overall decline, poor appetite, weight loss. Admitted to Hospice Services 1/13. First Covid vaccine received on 1/29/2021. Ongoing restlessness, increased hallucinations and behaviors. Ativan scheduled and increased. 2/2 Desatting into 70"s-80"s. O2 started with rapid improvement noted and able to wean off within 48 hrs. Started on Seroquel for increased agitation and psychosis. 2/18 received 2nd vaccine. Seroquel increased 2/18. Ongoing decline over the next month with deterioration in condition, weight loss, wounds etc.

Preexisting Conditions: PARKINSON'S DISEASE HEART FAILURE, UNSPECIFIED DYSPHAGIA, OROPHARYNGEAL PHASE COGNITIVE COMMUNICATION DEFICIT ANXIETY DISORDER, UNSPECIFIED CHRONIC VENOUS HYPERTENSION W ULCER OF L LOW EXTREM TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS UNSPECIFIED ATRIAL FIBRILLATION MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED PRESSURE ULCER OF SACRAL REGION, STAGE 2 PERSONAL HISTORY OF COVID-19 PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION CHRONIC VENOUS HYPERTENSION W ULCER OF R LOW EXTREM HYPOTHYROIDISM, UNSPECIFIED PERIPHERAL VASCULAR DISEASE, UNSPECIFIED LIPOMATOSIS, NOT ELSEWHERE CLASSIFIED MALIGNANT NEOPLASM OF SIGMOID COLON GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED OTHER SPECIFIED DISEASES OF INTESTINE ANEMIA, UNSPECIFIED ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA] HYPERLIPIDEMIA, UNSPECIFIED ALCOHOL ABUSE, UNCOMPLICATED ATHSCL NATIVE ARTERIES OF RIGHT LEG W ULCER OF UNSP SITE UNSPECIFIED GLAUCOMA VITAMIN D DEFICIENCY, UNSPECIFIED BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE OTHER SEBORRHEIC KERATOSIS ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF PROSTATE IDIOPATHIC CHRONIC GOUT, MULTIPLE SITES, WITH TOPHUS (TOPHI AGE-RELATED NUCLEAR CATARACT, BILATERAL OBESITY, UNSPECIFIED ESSENTIAL (PRIMARY) HYPERTENSION

Allergies: No known allergies

Diagnostic Lab Data: Covid + 12/14

CDC Split Type:

Write-up: Resident Expired at facility on Hospice services on 3/21/21

VAERS ID: [1126560](#) ([history](#)) **Vaccinated:** 0000-00-00

Form: Version 2.0 **Onset:** 0000-00-00

Age: **Submitted:** 0000-00-00

Sex: Male **Entered:** 2021-03-23

Location: New Hampshire

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?

Symptoms: [Chest pain](#), [Death](#), [Dyspnoea](#)**SMQs:** Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 0000-00-00**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USPFIZER INC2021281269

Write-up: passed away; chest pain; trouble breathing; This is a spontaneous report from a contactable physician and from three non-contactable consumers from a Pfizer-sponsored program. A 66-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection; lot number and expiry date not reported), via an unspecified route of administration, on an unspecified date, as SINGLE DOSE for covid-19 immunisation. The patient had just taken the COVID-19 vaccine and he was hospitalized due to the effects. The patient was rushed to hospital with chest pains and was experiencing trouble breathing. The patient was in the ICU fighting the effects of the vaccine. The patient passed away four hours late on an unspecified date. The outcome of chest pains and trouble breathing was unknown. Cause of death was unknown. It was unknown if an autopsy was performed. Information on the lot/Batch number has been requested.; **Sender's Comments:** Based on temporal association, the causal relationship between BNT162B2 and the events death, chest pain and dyspnea cannot be excluded. The information available in this report is limited and does not allow a medically meaningful assessment. This case will be reassessed once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.; **Reported Cause(s) of Death:** passed away

VAERS ID: [1133650](#) ([history](#)) **Vaccinated:** 2021-01-15
Form: Version 2.0 **Onset:** 2021-01-16
Age: 84.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: New Hampshire **Entered:** 2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Senior Living **Purchased by:** ?

Symptoms: [COVID-19 pneumonia](#), [Hypoxia](#)

SMQs: Asthma/bronchospasm (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-01-18

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Tylenol, Calcium, Zyrtec, Cimetidine, Vitamin B12, Cimetidine, Diclofenac, Vitamin D, Levothyroxine, Aleve, Ditropan, Paxil, Risperdal, Vitamin C/E/Zn/Lutein/Zeaxan

Current Illness: Vascular dementia with behavioral disturbances, hypertension

Preexisting Conditions: Vascular dementia with behavioral disturbances, hypertension

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to the emergency department of Hospital on 1/16/21 with severe hypoxia to 70s% on room air and was found to have COVID-19 infection with pneumonitis. Patient is a resident where received Covid Vaccination on 1/15/21

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