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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:	1238418 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	2021-03-30
Age:	84.0	**Days after vaccination:**	4
Sex:	Male	**Submitted:**	0000-00-00
Location:	New Hampshire	**Entered:**	2021-04-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 1	RA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Ammonia normal, Blood chloride increased, Blood creatinine normal, Blood glucose increased, Blood sodium increased, Blood urea increased, Carotid artery stenosis, Cerebrovascular accident, Haematocrit decreased, Haemoglobin increased, Pulmonary mass,

Red blood cell count decreased, Vertebral artery occlusion
SMQs:, Acute renal failure (broad), Haematopoietic erythropenia (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-04-16
Days after onset: 17
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atorvastatin, Depakote, Humalog, Knatus, MVI with minerals, Plavix, Synthroid, Zyprexa, Lactulose, Metoprolol Tartrate,
Current Illness: 3/8- Zyprexa dose was increased due to behaviors. 3/16- Resident noted to have increased fatigue, ? related to medication adjustment. 3/22 Unsteady on feet with walker. 3/23- Unwitnessed fall, sent to ER CT scan of neck and head is negative. X-ray of pelvic region is negative. 3/24 Zyprexa dose adjusted to be given at HS after fall x2. 3/26- Received 1st dose of Pfizer. Personal Hx of Covid-19 infection, received monoclonial antibodies on 12/20/2020.
Preexisting Conditions: Gait and mobility abnormality, Dysphagia, Dementia with behaviors, Osteoarthritis, MDD, Paranoid personality, AV block-first degree, Type 2 DM, Hyperlipidemia, HTN, Atherosclerotic heart disease of native coronary artery, Abnormal liver function studies,
Allergies: Codeine, Gadolinium Derivatives, Contrast Dye.
Diagnostic Lab Data: 3/30- Resident was sent to ER was found to have acute CVA, R vertebral occlusion, carotid stenosis, 17mm lung mass suspicious for malignancy. 04/05- BUN- 29, CREA-0.82, Chloride-113, RBC- 3.81, H/H- 11.3/34.7. 04/07- Positive for C.diff. 4/8- H/H- 4.37/12.9. BUN- 21, CREA-= 0.78, Chloride- 115. 04/13- Glucose--296, Sodium- 148, Chloride- 117, WBC-13.80, RBC- 4.59, H/H- 13.2/43.2, Glucose- 252, BUN- 32, CREA-1.14 , Sodium- 150, Chloride-118, Ammonia level- 15.
CDC Split Type:
Write-up: 3/30- Resident was sent to ER was found to have acute CVA, R vertebral occlusion, carotid stenosis, 17mm lung mass suspicious for malignancy, family opted for palliative and or Hospice. 4/03-re-admitted to the facility. 4/14 Admitted to Hopsice. Resident deceased on 4/16.

VAERS ID: 1255617 (history) **Vaccinated:** 2021-03-26
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Female **Entered:** 2021-04-25
Location: New Hampshire

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 1	- / -

Administered by: Senior Living **Purchased by:** ?
Symptoms: Cardiac failure congestive, Hypotension, Hypoxia
SMQs:, Cardiac failure (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (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? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: she ended up passing away in the hospital, her diagnosis there was hypoxia and acute CHF; she ended up passing away in the hospital, her diagnosis there was hypoxia and acute CHF; hypotensive; This is a spontaneous report from a contactable Nurse. A female patient of an unspecified age received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration on 26Mar2021 (Lot Number: EL9269; Expiration Date: 01May2021) as single dose for covid-19 immunisation. The patient''s medical history and concomitant medications were not reported. The patient sent to the ER hypoxic, hypotensive, short of breath, she ended up passing away in the hospital, her diagnosis there was hypoxia and acute CHF (Congestive heart failure). Serious: No. The patient died on an unspecified date. It was not reported if an autopsy was performed.; Sender''s Comments: Based on the information available, a causal association between BNT162B2 and the reported events cannot be excluded.

However, details on the patent''s age, medical history, drug-event temporal relationship, clinical course of the event and relevant test results would allow for a meaningful medical assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.; Reported Cause(s) of Death: she ended up passing away in the hospital, her diagnosis there was hypoxia and acute CHF; she ended up passing away in the hospital, her diagnosis there was hypoxia and acute CHF

VAERS ID:	1255618 (history)	**Vaccinated:**	2021-03-26
Form:	Version 2.0	**Onset:**	0000-00-00
Age:		**Submitted:**	0000-00-00
Sex:	Male	**Entered:**	2021-04-25
Location:	New Hampshire		

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 1	- / -

Administered by: Senior Living **Purchased by:** ?
Symptoms: Cerebral artery occlusion, Cerebrovascular accident
SMQs:, Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow)
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:
Write-up: I have another male (patient) who had an acute CVA we send him to the hospital he

had acute CVA, he had a right artery occlusion, he passed away; I have another male (patient) who had an acute CVA we send him to the hospital he had acute CVA, he had a right artery occlusion, he passed away; This is a spontaneous report from a contactable Nurse (Registered nurse with title of Infection Preventionist). A male patient of an unspecified age received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 26Mar2021 (Lot Number: EL9269; Expiration Date: 01May2021) as single dose for COVID-19 immunization. The patient''s medical history and concomitant medications were not reported. The patient had an acute CVA and was sent him to the hospital he had acute Cerebrovascular accident (CVA), he had a right artery occlusion, he passed away. The patient died on an unspecified date in 2021. It was not reported if an autopsy was performed.; Sender''s Comments: The information currently available is very limited. There is no sufficient evidence that the reported events may be related to administration of BNT162B2. Of note, medical history and concomitant medications were not provided to determine pre-existing risk factors or conditions that may have led to the events. Case will be re-assess once additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.; Reported Cause(s) of Death: patient had an acute CVA and was sent him to the hospital he had acute CVA, he had a right artery occlusion; patient had an acute CVA and was sent him to the hospital he had acute CVA, he had a right artery occlusion

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VAERS ID:	1291923 (history)	**Vaccinated:**	2021-05-05
Form:	Version 2.0	**Onset:**	2021-05-05
Age:	58.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	New Hampshire	**Entered:**	2021-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016C21A / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: Death, Hypotension, Syncope, Vomiting
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-05-05
Days after onset: 0
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A: not a regular patient, unable to determine what the patient was taking
Current Illness: She did not report any
Preexisting Conditions: Did not report any. Did report she is a smoker
Allergies: She did not report any allergies when asked
Diagnostic Lab Data:
CDC Split Type:
Write-up: I had a patient come in at 10:05am for a Moderna Covid vaccine. Just before 11am we received a call from the patient''s roommate that the patient arrived home and collapsed, it was also mentioned her blood pressure was high. We explained that they needed to call 911 but the patient did not want to go to the hospital. We explained that this patient must go to the hospital and get evaluated. They did end up calling 911. Approximately 45 minutes later I received another call from the patient''s roommate that EMS did not believe this was a reaction from the vaccine. The roommate mentioned that she was in fact mistaken about the blood pressure and it was actually low (92/54 mmHg). She also mentioned that the patient was vomiting. Around 1:45pm I received a call from the roommate to tell me that the patient had died.

VAERS ID:	1340821 (history)	**Vaccinated:**	2021-04-06
Form:	Version 2.0	**Onset:**	2021-04-26
Age:	60.0	**Days after vaccination:**	20
Sex:	Female	**Submitted:**	0000-00-00
Location:	New Hampshire	**Entered:**	2021-05-22

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

Administered by: Unknown **Purchased by:** ?
Symptoms: Death, Myocarditis
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-04-26
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: Please learn from her doctors.
Current Illness: She was vaccinated March 8 with the first Pfizer vaccine. She had reactions fairly quickly and ended up getting diagnosed with endocarditis. Nevertheless, they did a second shot April 6, both probably at an unspecified Medical Center.
Preexisting Conditions: You would have to ask her doctor. I am a high school friend of the patient. When I heard she had died at only 60 years old, I learned of her vaccination status and found out it was quite recent to her shocking and unexpected death. I am doing this report as I understand any citizen is permitted to if they suspect a vaccine may have caused an injury. There is an OBiT with other details. This can possibly be a duplicate as I don''t know if her doctors filed a report or not.
Allergies: Please learn from her doctors.
Diagnostic Lab Data:
CDC Split Type:
Write-up: Please check with her doctors. I know she mentioned Myocarditis. She was vaccinated I am correct, on March 8 and April 6, 2021

VAERS ID:	1394730 (history)	**Vaccinated:**	2021-04-14
Form:	Version 2.0	**Onset:**	2021-06-12
Age:	80.0	**Days after vaccination:**	59
Sex:	Male	**Submitted:**	0000-00-00
Location:	New Hampshire	**Entered:**	2021-06-13

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

Administered by: Private **Purchased by:** ?
Symptoms: Cerebral haemorrhage, Computerised tomogram, Death, Unresponsive to stimuli
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Haemorrhagic central nervous system vascular conditions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-06-12
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: Warfarin
Current Illness:
Preexisting Conditions: TIA, HTN. HLD, Afib
Allergies:
Diagnostic Lab Data: CT scan for diagnostics.
CDC Split Type:
Write-up: Pt had a spontaneous brain hemorrhage, leading to his death. Pt was found by his wife at approximately 0800, slumped over in the corner of the room, pt was brought into the ER unresponsive. Pt died 4 hours later.

VAERS ID:	1418095 (history)	**Vaccinated:**	2021-05-07
Form:	Version 2.0	**Onset:**	2021-06-11
Age:	58.0	**Days after vaccination:**	35
Sex:	Male	**Submitted:**	0000-00-00
Location:	New Hampshire	**Entered:**	2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Death
SMQs:
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-06-11
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: ASA EC 81 mg, tadalafil 20 mg, Vitamin C, Nizoral 2% shampoo, ibuprofen 200 mg, Flexeril 10 mg , triamcinolone 0.1% cream, metFORMIN XR 500 mg 2 tabs daily, Lipitor 40 mg, hydrocortisone 2.5% cream
Current Illness: n/a
Preexisting Conditions: obesity class III Type 2 Diabetes Borderline high blood pressure Hyperlipidemia Sabaceous cyst
Allergies: Oxycodone Hcl - hives

Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was found dead in his bed on June 11, 2021.

VAERS ID:	1421316 (history)	**Vaccinated:**	2021-04-29
Form:	Version 2.0	**Onset:**	2021-05-07
Age:	86.0	**Days after vaccination:**	8
Sex:	Female	**Submitted:**	0000-00-00
Location:	New Hampshire	**Entered:**	2021-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0175 / 1	LA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Condition aggravated, Culture wound positive, Death, Enterobacter infection, Oedema, Refusal of treatment by patient, Wound drainage, Wound infection
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-05-07
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: Allopurinol Tablet 100 MG Calcitriol Capsule 0.25 MCG cefTRIAXone Sodium Solution Reconstituted 1 GM Inject 1 gram intramuscularly Cozaar Tablet 50 MG dilTIAZem HCl ER Capsule Extended Release 24 Hour 180 MG Fluticasone Propionate Suspensio
Current Illness: Admitted to facility 4/9/2021 with progressive decline in medical conditionsESRF, CHF, CAD with CABBG x 5, DM, HTN, A-Fib, Hyperlipidemia, and asthma. She was using O2 supplementation as needed when desatting below 90%. Pitting edema with sloughing erosions and scabs to BLE. Labs revealed significantly elevated BUN and Creatinine. Dartmouth nephrology consulted and pt and dtr delined Dialysis. 4/13 pneumonia diagnosed-started Rocephin. Diuretics were reviewed and changed 4/19/2021 Dr. reviewed lab,BUN/CR-65/3.23, See n.o. to consult nephrology,CBC,BMP,BNP in am,CXR today,hold torsemide today. 4/20/2021 Dr reviewed lab,BUN/CR 71/3.26, SEE N.O. to hold torsemide, BMP in am 4/21/2021 APRN in

and updated with overall condition with family request for palliative care, see n.o. 4/21/2021 Dr. updated with BUN/CR OF 64/3.17, N.O. Check BMP,CR in am,con''t to hold torsemide 4/21/2021 Order written for Palliative Consult. Per ADPOA, request, faxed referral to Hospice Care. 4/22/2021 Dr. reviewed lab,BUN/CR-69/3.04, D/C previous torsemide,start torsemide 20mg po qd.Nephrelogy consult pending today 4/22/2021 Out to follow up visit with nephrologist,returned, see n.o?s Continue NAS diet. Recommendation for Dialysis, however, resident and ADPOA declines 4/24-BLE with increased weepind and drainage, increased weight gain. Ongoing communications with Dartmouth Nephrology, ADPOA/Dtr, Dr. and APRN. 4/28 Consent given for Covid Vaccine and medical clearance as well. 4/29, received Covid Vaccine. 4/30 Palliative Care consult completed. 4/30-5/1 BLE progressively worsened with profuse weeping edema and copious wound drainage. Drainage was cultured and started on Keflex for infection. 5/4 Moderate growth Enterobacter cloacae complex(this isolate demonstrates possible carbapenemase production). C&S referred to Public Health lab for confirmation. Infection control and wound nurse updated and contact precautions initiated. Wound nurse assessed legs and consulted with Dr. for treatment. New orders received to d/c Keflex and start Cipro 500mg PO daily x 7 days. 5/4-5/7 Progressive overall decline and continued to decline Dialysis.
Preexisting Conditions: UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE PNEUMONIA, UNSPECIFIED ORGANISM TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE ATHEROSCLEROSIS OF CABG W/O ANGINA PECTORIS WEAKNESS UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY COGNITIVE COMMUNICATION DEFICIT HYPERPARATHYROIDISM, UNSPECIFIED ESSENTIAL (PRIMARY) HYPERTENSION UNSPECIFIED MACULAR DEGENERATION HYPERLIPIDEMIA, UNSPECIFIED LOCALIZED EDEMA UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE UNSPECIFIED ATRIAL FIBRILLATION VERTIGO OF CENTRAL ORIGIN OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE DIAB WITH PROLIF DIABETIC RTNOP WITHOUT MACULAR EDEMA, UNSP PERSONAL HISTORY OF PEPTIC ULCER DISEASE UNSPECIFIED ASTHMA, UNCOMPLICATED GOUT, UNSPECIFIED
Allergies: NKA
Diagnostic Lab Data: See Notes critical BUN and Creatinine results throughout stay with multiple repeated labs Wound culture leg wounds results-CRE, reported to DPH, isolated and on contact precautions
CDC Split Type:
Write-up: 5/4-5/7 Progressive overall decline and continued to decline Dialysis. 5/7-passed away at 1420

VAERS ID:	1423516 (history)	**Vaccinated:**	2021-04-16
Form:	Version 2.0	**Onset:**	2021-05-11
Age:	94.0	**Days after vaccination:**	25
Sex:	Female	**Submitted:**	0000-00-00
Location:	New Hampshire	**Entered:**	2021-06-24

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

PFIZER/BIONTECH	EW0164 / 1	RA / IM

Administered by: Senior Living **Purchased by:** ?
Symptoms: Death, General physical health deterioration, Incomplete course of vaccination
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-05-11
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: Claritin Tablet 10 MG; Melatonin Tablet 3 MG; Senna-S Tablet 8.6-50 MG;traZODone HCl Tablet Give 25 mg; CycloSPORINE Emulsion 0.05 % Instill 1 drop in both eyes; Artificial Tears PF Solution 0.1-0.3 % (Dextran 70-Hypromellose (PF)) Instill
Current Illness: Resident had Covid in January and had received Monoclonal antibodies which precluded her from having the vaccine until eligible in April. She was admitted to Hospice in March with weight loss and overall decline. ADPOA and MD approved for her to have vaccine April 16th and she received the Pfizer vaccine. She continued to progressively decline and was receiving Hospice services. She passed away peacefully on 5/11/2021.
Preexisting Conditions: HEART FAILURE, UNSPECIFIED ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS TYPE 2 DIABETES W OTH DIABETIC NEUROLOGICAL COMPLICATION UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE PERSONAL HISTORY OF COVID-19 ESSENTIAL (PRIMARY) HYPERTENSION MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED DYSPHAGIA, UNSPECIFIED CEREBROVASCULAR DISEASE, UNSPECIFIED HYPOMAGNESEMIA OTHER DISEASES OF LARYNX FOOT DROP, RIGHT FOOT DYSPHONIA ANXIETY DISORDER, UNSPECIFIED ADJUSTMENT DISORDER WITH DEPRESSED MOOD ACUTE POSTHEMORRHAGIC ANEMIA CHOLECYSTITIS, UNSPECIFIED OLD MYOCARDIAL INFARCTION PRESENCE OF OTHER BONE AND TENDON IMPLANTS CHEST PAIN, UNSPECIFIED ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS HYPOKALEMIA ALLERGIC RHINITIS, UNSPECIF PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE ACUTE RESPIRATORY FAILURE WITH HYPOXIA
Allergies: Amoxicillin, Lisinopril, Neomycin, Aggrenox, Plavix
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Resident continued to progressively decline and was receiving Hospice services. Family and MD declined 2nd Covid vaccine on 5/3. Resident passed away peacefully on 5/11/2021.

VAERS ID: 1426843 (history) **Vaccinated:** 2021-03-26
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Female **Entered:** 2021-06-25
Location: New Hampshire

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 1	- / -

Administered by: Senior Living **Purchased by:** ?
Symptoms: Chest pain, 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? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USPFIZER INC2021415137
Write-up: chest pain; had some acute shortness of breath; This is a spontaneous report from a contactable nurse (Registered Nurse) via Medical Information Team. This nurse reported for 7 patients. This report is 7 of 7 patient. A female patient of an unspecified age received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection) via an unspecified route of administration on 26Mar2021 (Lot number: EL9269, Expiry date: 01May2021) as single dose for Covid-19 immunisation. The patient''s medical history and concomitant medications were not reported. On an unspecified date, the patient had some acute shortness of breath and chest pain. Reportedly she was calling from the nursing home stated that she was trying multiple times and she needed to speak to someone to report adverse reactions, she had been reporting to the VAERS system since they started giving vaccines in January, stated: "she had summitted probably 30 reports at that point of all different various things in any of the patients even if they were in hospice if they had a vaccine and proceeded to pass away, she done all the reporting. She had a very abnormal large volume of patients that got vaccinated on 16th of April, with the

first doses of Pfizer (PFIZER-BIONTECH COVID-19 VACCINE) one specific lot number and she had 7 adverse events in one group of patients out of 30. And it was way too complicated to get that information quickly, so she spoke to somebody as there was a chance that those could be a significant event and needed to tell somebody what was going on". Caller stated: "because all the reports involving one lot it was more suspicious than even all the other reports that she had ever done. It was just one whole group and now she had 3 deaths. She had 3 deaths and have 2 strokes in this group". Caller stated that she would file reports online she just wanted someone to call her back about the side effects and the lot involved. Stated "she got the whole group, who were due to get their second dose on Friday, two days from now, so obviously she not giving it to any of these people there was a 7 of them out of 33. She had 20 staff that have received it the same day she did not have any side effects in any of the staff but definitely little weary at the moment." Offered to forward provide information to safety. Caller provided lot EL9269, Expiry date 01May2021 (stated that it was weird because it was very close to the expiration date). Caller stated: "All those people were dosed on March 26th. Caller stated that she was going to give just basics (in terms of information to start the process) and that she would file a form online. Caller stated: "That day 31 patients received a vaccine and she had 7 patients worth investigating (caller stated that she had that portion written if there was a way to forward. Explained that there was an option to contact through our website but for adverse reports specifically she would refer them to Pfizer safety explained that she also had a fax, but caller declined she already had that information. Verified that she was reporting adverse events (7 patients, gender: 5 females and 2 males). Caller stated "three patients were send out and subsequently passed away in the hospital, one patient with bradycardia, hypotension and she passed away in the ER, critical labs, she did not even make it one day, we send her out and she passed away in the ER. She had one male patient who had acute stroke she did not have all the details because he was still hospitalized in ICU. She have one (patient) who we sent to the ER hypoxic, hypotensive, short of breath, she ended up passing away in the hospital, her diagnosis there was hypoxia and acute CHF. She had another male patient who had an acute CVA we send him to the hospital he had acute CVA, he had a right artery occlusion, he passed away. She had another female patient who was sent out with shortness of breath and increased confusion, she wound up in the ER with hypoxia and sepsis and she passed away. She was sure that she did not have hospital records, only know what she was told. And then had two others one that was send to the ER with shortness of breath and elevated D-dimer, she actually returned to us her scans were negative, so she was one of those we are not really 100 percent sure, but she did get send out to the ER. And we have another one (female) chest pain, shortness of breath, she was not sent out her D-dimer and her studies that we have done here were within normal limits but definitely had some acute shortness of breath and chest pain. Done troponin and bunch of cardiac labs there, she did not go out. So those were the seven that she had at the moment that were concerning. Outcome of the events was unknown. No follow up attempts are possible. No further information is expected.

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