

Details for VAERS ID: 2528493-1

Event Information			
Patient Age	5.00	Sex	Female
State / Territory	Rhode Island	Date Report Completed	2022-12-11
Date Vaccinated	2022-11-07	Date Report Received	2022-12-11
Date of Onset	2022-11-12	Date Died	
Days to onset	5		
Vaccine Administered By	Private	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	Unknown	Serious	No

* VAERS 2.0 Report Form Only

** VAERS-1 Report Form Only

"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	No
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	No
Days in Hospital	None
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	Yes

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** VAERS-1 Report Form Only

"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (MODERNA))	MODERNA	AR9236B	1	IM	LA

Symptom
BORRELIA TEST NEGATIVE
EPSTEIN-BARR VIRUS TEST NEGATIVE
FACIAL PARALYSIS
RASH PRURITIC
SWELLING

Adverse Event Description
itchy pink rash and swelling within 1-2 days, then a clear left facial nerve palsy on the evening of 11/12, 5 days after the injection. Significant improvement by the next morning. Continues with a very subtle residual

Lab Data	Current Illness	Adverse Events After Prior Vaccinations
11/14 and 11/21 - Lyme testing negative, EBV negative on 11/21. No evidence for otitis on exam on 11/13 and 11/21. No history of HSV	None	

Medications At Time Of Vaccination	History/Allergies
None	None,None

Details for VAERS ID: 2010365-1

Event Information			
Patient Age	9.00	Sex	Female
State / Territory	Rhode Island	Date Report Completed	2022-01-06
Date Vaccinated	2022-01-05	Date Report Received	2022-01-06
Date of Onset	2022-01-05	Date Died	
Days to onset	0		
Vaccine Administered By	School *	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	Yes	Serious	No

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Event Categories	
Death	No
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	No
Days in Hospital	None
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	Yes
Office Visit *	No

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** VAERS-1 Report Form Only

"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	NONE	1	IM	LA

Symptom
ABDOMINAL PAIN UPPER
ASTHENIA
CHEST DISCOMFORT
CHEST PAIN
LETHARGY
URTICARIA

Adverse Event Description
Chest pain and tightness within 3-5 minutes after shot. Very lethargic and weak within 15- 20 minutes. Rescue called. Transported to er. Hives started about an hour after shot along with stomach pain. Epi pen and Benadryl given. Felt better afterwards.

Lab Data	Current Illness	Adverse Events After Prior Vaccinations
	None	

Medications At Time Of Vaccination	History/Allergies
	Epilepsy,None