VAERS Event Details

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Details for VAERS ID: 2375029-1

Event Information

Patient Age	37.00	Sex	Female
State / Territory	Rhode Island	Date Report Completed	2022-07-21
Date Vaccinated	2021-05-13	Date Report Received	2022-07-21
Date of Onset	2021-05-25	Date Died	2021-05-25
Days to onset	12		
Vaccine Administered By	Other	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	Missing	Serious	Yes

* 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	Yes
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 *	No

* VAERS 2.0 Report Form Only
** 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	004C21A	2	IM	

Symptom
AUTOPSY
CARDITIS
DEATH
DROWNING
MYOCARDITIS
THROMBOSIS

Adverse Event Description

PATIENT WAS FOUND DROWN IN BATHTUB AT HOME. REASON FOR DEATH: LYMOCYTIC MYOCARDITIS

Lab Data	Current Illness	Adverse Events After Prior Vaccinations
ON AUTHOPSY REPORT: HEART INFALMATION AND BLOOD CLOTS		

Medications At Time Of Vaccination	History/Allergies
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