



Search Results

**From the 4/16/2021 release of VAERS
data:**

**Found 3,186 cases where
Vaccine targets COVID-19
(COVID19) and Patient Died**

Case Details

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VAERS ID: [909095](#) ([history](#))
Form: Version 2.0
Age: 66.0
Sex: Male
Location: Colorado
Vaccinated: 2020-12-23
Onset: 2020-12-25
Days after vaccination: 2
Submitted: 0000-00-00
Entered: 2020-12-25

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|---|-------------|--------------|
| COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA | 011J20A / 1 | RA / IM |

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

Symptoms: [Foaming at mouth](#), [Pain in extremity](#), [Pallor](#), [Pulse absent](#), [Respiratory arrest](#), [Somnolence](#), [Unresponsive to stimuli](#)

SMQs: Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dementia (broad), Convulsions (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hypo-responsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-25

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: Tamsulosin 0.4mg, Lactobacillus tablet, Nephro-vite tablet 0.8mg, Allopurinol 100mg, ferrous gluconate 324mg, melatonin 6mg, lisinopril 2.5mg, colace 100mg, metamucil powder, aspirin 81mg, amidoarone 200mg, hydroxyzine 25mg, cholestyramine

Current Illness: End stage renal disease with dependence on renal dialysis, COPD, cirrhosis of the liver, hypokalemia, gout, heart failure, hyperlipidemia, atrial fibrillation.

Preexisting Conditions: Refused dialysis frequently resulting in episodes of hypokalemia and hospitalization, resident dependent on supplemental oxygen. The resident refused to go to dialysis on 12/23/2020 and said he was feeling fine.

Allergies: alprazolam, Lorazepam

Diagnostic Lab Data: None

CDC Split Type:

Write-up: on 12/24/2020 the resident was sleepy and stayed in bed most of the shift. He stated he was doing okay but requested pain medication for his legs at 250PM. At 255AM on 12/25/2020 the resident was observed in bed lying still, pale, eyes half open and foam coming from mouth and unresponsive. He was not breathing and with no pulse

VAERS ID: [910363 \(history\)](#) **Vaccinated:** 2020-12-23
Form: Version 2.0
Age: 84.0 **Onset:** 2020-12-26
Sex: Male
Location: California **Days after vaccination:** 3
 Submitted: 0000-00-00
 Entered: 2020-12-28

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|-----------------|--------------|
| COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA | LOT 039K20A / 1 | RA / IM |

Administered by: Senior Living **Purchased by:** ?
Symptoms: [Death](#), [Hypophagia](#), [Hypotension](#), [Somnolence](#)
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
 Date died: 2020-12-28
 Days after onset: 2
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: risperidone daily doxazosin

Current Illness: dementia declining oral intake

Preexisting Conditions: history of aspiration pneumonia BPH

Allergies: none

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Patient had mild hypotension, decreased oral intake, somnolence starting 3 days after vaccination and death 5 days after administration. He did have advanced dementia and was hospice eligible based on history of aspiration pneumonia.

| | | |
|---|--------------------------------|-------|
| VAERS ID: 913143 (history) | Vaccinated: | 2020- |
| Form: Version 2.0 | | 12-29 |
| Age: 84.0 | Onset: | 2020- |
| Sex: Female | | 12-29 |
| Location: Texas | Days after vaccination: | 0 |
| | Submitted: | 0000- |
| | | 00-00 |
| | Entered: | 2020- |
| | | 12-29 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EL0140 / 1 | LA / IM |

Administered by: Senior Living

Purchased by: ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-29

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: Gabapentin 100mg, Memantine 10mg

Current Illness:

Preexisting Conditions: dementia, aphasia, type 2 DM, iron deficiency, asthenia, osteoporosis, polyneuropathy, anxiety, MDD

Allergies: codeine, phenobarbital, penicillin

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine administered with no immediate adverse reaction at 11:29am. Vaccine screening questions were completed and resident was not feeling sick and temperature was 98F. At approximately 1:30pm the resident passed away.

| | | |
|---|--------------------------------|-------|
| VAERS ID: 913733 (history) | Vaccinated: | 2020- |
| Form: Version 2.0 | | 12-29 |
| Age: 85.0 | Onset: | 2020- |
| Sex: Female | | 12-29 |
| Location: Pennsylvania | Days after vaccination: | 0 |
| | Submitted: | 0000- |
| | | 00-00 |
| | Entered: | 2020- |
| | | 12-30 |

| Vaccination / Manufacturer | Lot / | Site / |
|----------------------------|-------|--------|
|----------------------------|-------|--------|

| | Dose | Route |
|--|---------|-------|
| COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA | - / UNK | - / - |

Administered by: Senior Living

Purchased by: ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-29

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:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: My grandmother died a few hours after receiving the moderna covid vaccine booster 1. While I don't expect that the events are related, the treating hospital did not acknowledge this and I wanted to be sure a report was made.

VAERS ID: [914604 \(history\)](#) **Vaccinated:** 2020-12-16
Form: Version 2.0
Age: 74.0 **Onset:** 2020-12-20
Sex: Male
Location: Michigan **Days after vaccination:** 4
 Submitted: 0000-00-00
 Entered: 2020-12-30

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EH9899 / 1 | - / IM |

Administered by: Other **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-20

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:

Current Illness:

Preexisting Conditions:

Allergies:**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Spouse awoke 12/20 and found spouse dead. Client was not transferred to hospital.

| | | |
|---|--------------------------------|-------|
| VAERS ID: 914621 (history) | Vaccinated: | 2020- |
| Form: Version 2.0 | | 12-22 |
| Age: 89.0 | Onset: | 2020- |
| Sex: Female | | 12-27 |
| Location: Iowa | Days after vaccination: | 5 |
| | Submitted: | 0000- |
| | | 00-00 |
| | Entered: | 2020- |
| | | 12-30 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|---|-------------|--------------|
| COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA | 011J02A / 1 | RA / IM |

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

Symptoms: [Death](#), [Dementia](#), [Fatigue](#)

SMQs:, Dementia (narrow), Noninfectious encephalopathy/delirium (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-27

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:

Current Illness: None

Preexisting Conditions: Resident in long term care facility for 9+ years
Coronary Artery Disease
Dementia
Hypothyroidism
Hypertension

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Resident in our long term care facility who received first dose of Moderna COVID-19 Vaccine on 12/22/2020, only documented side effect was mild fatigue after receiving. She passed away on 12/27/2020 of natural causes per report. Has previously been in & out of hospice care, resided in nursing home for 9+ years, elderly with dementia. Due to proximity of vaccination we felt we should report the death, even though it is not believed to be related.

| | | |
|---|--------------------------------|-------|
| VAERS ID: 914690 (history) | Vaccinated: | 2020- |
| Form: Version 2.0 | | 12-23 |
| Age: 83.0 | Onset: | 2020- |
| Sex: Female | | 12-24 |
| Location: California | Days after vaccination: | 1 |
| | Submitted: | 0000- |
| | | 00-00 |
| | Entered: | 2020- |
| | | 12-30 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|----------------------------|------------|--------------|
|----------------------------|------------|--------------|

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

- / 1

- / -

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

Symptoms: [Anxiety](#), [Death](#), [Pyrexia](#), [Respiratory distress](#), [SARS-CoV-2 test negative](#)

SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-26

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Contact facility for medical records. We think levothyroxine daily and ativan prn.

Current Illness: none known

Preexisting Conditions: COPD

Allergies: none known

Diagnostic Lab Data: We were told her last COVID test was negative

CDC Split Type:

Write-up: Within 24 hours of receiving the vaccine, fever and respiratory distress, and anxiety developed requiring oxygen,

morphine and ativan. My Mom passed away on the evening of 12/26/2020.

| | | |
|---|--------------------------------|-------|
| VAERS ID: 914805 (history) | Vaccinated: | 2020- |
| Form: Version 2.0 | | 12-28 |
| Age: 63.0 | Onset: | 2020- |
| Sex: Male | | 12-29 |
| Location: Illinois | Days after vaccination: | 1 |
| | Submitted: | 0000- |
| | | 00-00 |
| | Entered: | 2020- |
| | | 12-30 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EH9899 / 1 | LA / IM |

Administered by: Other **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-29

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-81mg, Lisinopril 10mg daily, ferrous sulfate-325, MVI with min, zyprexa-20mg, Flomax-0.4, famotidine-20mg, vit C, carbamazepine-250mg bid, Depakote-750mg bid, metformin-1000 bid, sertraline-100 bid, albuterol,buspar-10mg TID, Fibercon-

Current Illness: none

Preexisting Conditions: dysphagia, violent behaviors, depressive disorder, schizophrenia, aspiration, gerd, hyperlipidemia, dipolar, rectal bleeding, HTN

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: RESIDENT CODED AND EXPIRED

| | | |
|---|--------------------------------|------------|
| VAERS ID: 914895 (history) | Vaccinated: | 2020- |
| Form: Version 2.0 | | 12-28 |
| Age: 78.0 | Onset: | 2020- |
| Sex: Male | | 12-30 |
| Location: Nebraska | Days after vaccination: | 2 |
| | Submitted: | 0000-00-00 |
| | Entered: | 2020-12-30 |

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EL1284 / 1 | LA / IM |

Administered by: Senior Living

Purchased by: ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-30

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: Senna Plus, Loperamide, Ondansetron, Acetaminophen, Mucus & Chest Relief cough syrup, Oystershell Calcium Plus D, Vitamin D3, Escitalopram, Bupropion, Hydrocodone/Acetaminophen, Bisacodyl Suppositories

Current Illness: Alzheimer's Disease, Encephalopathy, Hypertension, Acute Kidney failure, Urine Retention, Recent UTI

Preexisting Conditions: Alzheimer's Disease, Encephalopathy, Hypertension

Allergies: No known drug allergies

Diagnostic Lab Data:

CDC Split Type:

Write-up: Injection given on 12/28/20 - no adverse events and no issues yesterday; Death today, 12/30/20, approx.. 2am today (unknown if related - Administrator marked as natural causes)

VAERS ID: [914917 \(history\)](#) **Vaccinated:** 2020-12-19
Form: Version 2.0
Age: 63.0 **Onset:** 2020-12-23
Sex: Male
Location: Illinois **Days after vaccination:** 4
 Submitted: 0000-00-00
 Entered: 2020-12-30

| Vaccination / Manufacturer | Lot / Dose | Site / Route |
|--|--------------|--------------|
| COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH | EJ1685 / UNK | - / - |

Administered by: Work **Purchased by:** ?

Symptoms: [Death](#), [Myocardial infarction](#)

SMQs:, Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2020-12-23

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: Atenolol, Chlorthalidone, Tamsulosin

Current Illness: None

Preexisting Conditions: hypertension

Allergies: None

Diagnostic Lab Data: Death certificate

CDC Split Type:

Write-up: Death by massive heart attack. Pfizer-BioNTech COVID-19 Vaccine EUA

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EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&DIED=Yes](https://www.medalerts.org/vaersdb/findfield.php?EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&DIED=Yes)

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