VAERS DETAIL VAERS ID: 1887456

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19	COVID19 (COV1D19 (P IZER-BIONTECH))	PFIZER\BIONTECH		1	SYR	RA

Event Information			
Patient Age	2	Se	M
State{Territory	AK	Date Report Completed	
Date Vaccinated	11/18/2021	Date Report Received	11/20/2021
Date of Onset	11/18/2021	Date Died	11/18/2021
Days to Onset	0	Days to Death	0
Vaccine Administered By	PUS	Vaccine Purchased Sy	
Mfr/Imm Project Number			
Recovered	N.	Serious	

Event Categories		
Death	Yes	
life Threatening	No	
Permanent Disability	No	
Congenital Anomaly/Birth Defect	No	
Hospita I zed	No	
Days in Hospital	None	
isting Hospitalization Prolonged	No	
Emergency Room/Office Visit	No	
Emergency Room	No	
Office Visit	No	

SymJJtoms
Death
Ear haemorrhage
Epistaxis
Eye haemorrhage
Mouth haemorrhage

Adverse Event Description

Patient began bleeding out the mouth, eyes, nose and ears within six hours of shot Died that night

Lab Data	Current Illness	Adverse Events After Prior Vaccinations
	None	

Medications At Time of Vaccination	History/Allergies
None	None

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