Report run on: 11 MAY 2007 03:14

VAERS Line List Report

Vax Name: HPV (GARDASIL) All comb. w/AND

Vaers Id: 275990-1 (D)

Age Gender Vaccine Date **Onset Date** Days **Received Date** Status Date <u>State</u> Mfr Report Id **Last Edit Date** F WAES0704USA00721 13-Apr-2007 Unknown Unknown Unknown 11-Apr-2007 12-Apr-2007

<u>VAX Detail: Type Manufacturer Lot Prev Doses Site Route Other Vaccine</u>

HPV4 MERCK & CO. INC. NULL Unknown Unknown

Seriousness: DIED, ER VISIT, SERIOUS

MedDRA PT Death, Thrombosis

Symptom Text: Information has been received from a physician's assistant (PA), via a company representative, concerning a female patient who was vaccinated (date

unspecified) with a dose of Gardasil the PA reported that "the patient died of a blood clot 3 hours after getting the Gardasil vaccine." The PA clarified that the

patient was not vaccinated at her office. Additional information has been requested.

Other Meds: Unknown

Lab Data: Unknown

History: Unknown

Prex Illness:
Prex Vax Illns:

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VAERS Line List Report

Vax Name: HPV (GARDASIL) All comb. w/AND

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Vaers Id: 275438-1 (D)

Gender <u>Age</u> Vaccine Date **Onset Date Days** Received Date Status Date <u>State</u> Mfr Report Id **Last Edit Date** F 19.0 12-Mar-2007 26-Mar-2007 14 02-Apr-2007 03-Apr-2007 CA 19-Apr-2007

<u>VAX Detail:</u> <u>Type</u> <u>Manufacturer</u> <u>Lot</u> <u>Prev Doses</u> <u>Site</u> <u>Route</u> <u>Other Vaccine</u>

HPV4 MERCK & CO. INC. 0263U 0 Left arm Intramuscular

Seriousness: DIED, SERIOUS

MedDRA PT Coronary artery thrombosis, Echocardiogram abnormal, Pulmonary embolism, Sudden cardiac death, Thrombosis

Symptom Text: Given Gardasil vaccine dose #1 3/12/07. No adverse reaction reported. Collapsed and died on 3/26/07 secondary emboli (records unavailable). 4/3/07 T/C to

coroners bureau to request prelim COD. Spoke w/investigating deputy who stated autopsy done at Medical Center. T/C to physician at Medical Center who is actually a cardiologist, not pathologist, who had responded to the code & pronounced. Spoke w/secretary who states from Death Certificate COD is sudden cardiac death and pulmonary embolism. Echocardiogram revealed very enlarged right ventricle & small left ventricle as well as large blood clots within both the

right atrium & right ventricle. Letter faxed to pathology department to request final autopsy report.

Other Meds:

Lab Data:

History: None Prex Illness: None

Prex Vax Illns:

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VAERS Line List Report

Vax Name: HPV (GARDASIL) All comb. w/AND

<u>Vaers Id:</u> 275428-1 (D)

<u>Age</u> 12.0	<u>Gender</u> F	Vaccine Date 01-Mar-2007	Onset Date 07-Mar-2007	<u>Days</u> 6	Received 02-Apr-2		Status E 03-Apr-2	***************************************	Mfr Report Id	Last Edit Date 03-Apr-2007
VAX Detai	il: Type VAR HPV HEP	CEL MERC 4 MERC	facturer CK & CO. INC. CK & CO. INC. CK & CO. INC.		<u>Lot</u> 0943R 0263U 1280F	Prev l	Doses 1) 1	<u>Site</u> Right arm Left arm Right arm	ght arm Subcutaneously eft arm Intramuscular	Other Vaccine

Seriousness: DIED, SERIOUS

MedDRA PT Autopsy, Myocarditis, Ventricular tachycardia

Symptom Text: presented to ED with Ventricular tachycardia. Preliminary autopsy finding of myocarditis

Other Meds: Lab Data:

History: aortic and mitral valve insufficiency, unknown aetiology

Prex Illness: none

Prex Vax Illns:

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