The Ministry of Justice

23 September 2022

To whom it may concern

Coroners Amendment Bill - Submissions

1. I am writing to you to oppose a proposed amendment to the Coroners Act 2006 ("the Act") via the Coroners Amendment Bill ("the Bill").

The Act

2. The purpose of the Act:

> *"is to help to prevent deaths and to promote justice through –*
>
> *(a) investigations and the identification of the causes and circumstances of **sudden** or unexplained deaths, or deaths in special circumstances, and*
> *(b) the making of recommendations or comments that, **if drawn to public attention, may reduce the chances of further deaths occurring in similar circumstances***

3. The Act aims to enhance public confidence in the integrity and independence of the coronial system.

4. Under the current regime, the responsible coroner must investigate all sudden and unexplained deaths, even where the death appears to be from natural causes. The purpose of an inquiry is to:

> *(a) establish the cause and circumstances of the death;*
> *(b) make specified recommendations or comments that may reduce the chances of the occurrence of other deaths in similar circumstances; and*
> *(c) determine whether the public interest would be served by the death being investigated by other investigating authorities.*

5. Sections 63 and 64 of the Act set out the factors which must be considered when deciding whether to open an inquiry and the coroner's duties if they elect not to conduct an inquiry. Following an inquiry, the coroner has the discretion as to whether to hold an inquest.

6. Section 63 of the Act states that in deciding whether to open and conduct an inquiry, the responsible coroner must have regard to the following matters:

> *(a) whether or not the causes of the death concerned appear to have been natural; and*
> *(b) in the case of a death that appears to have been unnatural or violent, whether or not it appears to have been due to the actions or inaction of any other person; and*
> *(c) the existence and extent of any allegations, rumours, suspicions, or public concern, about the death; and*
> *(d) the extent to which the drawing of attention to the circumstances of the death may be likely to reduce the chances of the occurrence of other deaths in similar circumstances; and*
> *(e) the desire of any members of the immediate family of the person who is or appears to be the person concerned that an inquiry should be conducted; and*
> *(f) any other matters the coroner thinks fit.*

Proposed Amendment

7. The Bill will amend section 64 of the Act and allow the responsible coroner to record the cause of death as "*unascertained natural causes*" if the coroner considers that:

> *(a) the death is from natural causes; and*
> *(b) no further investigation is required.*

8. The responsible coroner will issue a certificate in the prescribed form, and no further investigation will be required. It is a concern that there is no statutory framework for the matters that the coroner should consider in deciding not to investigate a sudden death. Without a statutory framework, there is a risk that the responsible coroner may be swayed by political pressure, which would erode the integrity of the coronial system.

9. In addition, the coroner is not required to provide information regarding the circumstances of the death if the coroner considers there is no public interest in doing so.

10. The stated objective of the amendment is to enable families and whānau to receive a coroner's findings sooner. The Explanatory Note for the Bill states that the Bill:

> *(a) aims to achieve this objective by:*
>
> *(i) reducing the time it takes for certain types of cases to move through the coronial process; and*
> *(ii) freeing up coroners' time to work on reducing the number of active coronial cases.*
>
> *(b) will also help ensure that public interest in the proper and timely understanding of the causes and circumstances of deaths is well served.*

11. As you are aware, a coroner is not required to have medical qualifications. Section 103 of the Act sets out the requirement to be appointed as a coroner. The person must have held a practising certificate as a barrister or solicitor, a legal qualification, for at least five years.

12. Under the proposed amendment, the coroner can circumvent an inquiry by issuing a certificate stating that the cause of death was *"unascertained natural causes"*. Given the coroner's lack of medical knowledge, it would seem prudent that a pathologist is involved in the decision to understand the cause and circumstances of the death.

13. As a side note, it is concerning that the Ministry of Justice considered allowing registrars of the Coroner's Court to make decisions currently made by duty coroners. Registrars are not required to hold medical or legal qualifications.

14. There is a real risk that the amendment will result in sudden deaths not being investigated. It would be easy for a coroner to form the opinion that an obese male in his 50s that died in his sleep was a "*natural death*". This is a concern given that such deaths may not be natural, given the growing number of sudden deaths and increased all-cause mortality worldwide.

15. It would be easy for the coroner to decide not to investigate a sudden death to achieve the objectives of the Bill; being to reduce the time it takes for certain cases to move through the

coronial process and free up coroners' time to work on reducing the number of active coronial cases. Undoubtedly a reasonable person must question why there is a backlog of active cases and whether there has been a significant increase in the number of cases in the last year or so.

Recent Increase in Sudden Deaths and All-Cause Mortality

16. The number of deaths from Sudden Adult Death Syndrome ("SADS") being reported by the media around the world (including the NZ Herald[1]) should result in all sudden deaths being investigated to ascertain the cause.

17. Coroners are placed in a position of public trust and should remain impartial to political pressure. It is in the public interest to thoroughly investigate the cause of all incidents of SADS to reduce further deaths from occurring in similar circumstances, if possible.

18. Furthermore, coroners should be asking why there is an increase in all-cause mortality worldwide despite advancements in modern medicine. Many independent and expert commentators allege that the increase in all-cause mortality is unrelated to any Covid-19 deaths.

19. The death rate in the United States for those aged 18-64 has risen an astonishing 40% over pre-pandemic levels. According to the CEO of Indianapolis-based insurance company OneAmerica, "*We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica*[2]". OneAmerica is a $100 billion insurance company that has been in operation since 1877.

20. Eurostate is the statistical office of the European Union. Eurostate reports:

> *"Excess mortality in the EU climbed to +16% in July 2022 from +7% in both June and May. This was the highest value on record so far in 2022, amounting to around 53 000 additional deaths in July this year compared with the monthly averages for 2016-2019*[3]*."*

21. Likewise, economist, Edward Dowd, has uncovered excess deaths in working-age people of the same magnitude as in the Vietnam war[4]. There are many more examples of excess all-cause mortality around the world.

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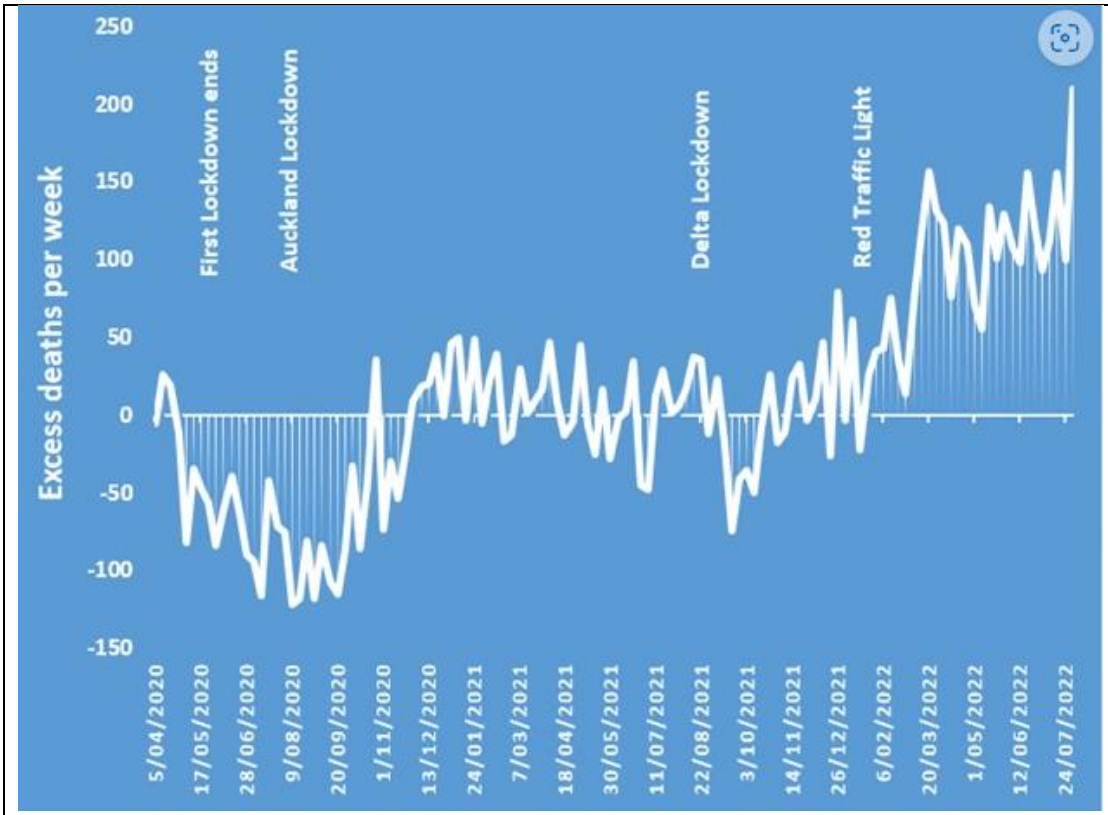
[1] https://www.nzherald.co.nz/lifestyle/what-is-sads-healthy-young-people-dying-from-sudden-adult-death-syndrome/TIOAK4SYPF5LFSKP5QZCVG23IM/
[2] Life Insurance CEO Says Deaths Up 40% Among Those Aged 18-64 | ZeroHedge
[3] https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20220916-1

22. There are reports[5] of increasing numbers of unexplained all-cause deaths in New Zealand. The reports are based on raw data, as official figures are difficult to access (this issue alone should raise questions). The Ministry of Health's Mortality web tool provides data up to 2019 and not for 2020 or 2021. Accordingly, concerned citizens must request information under the Official Information Act, which is a slow process.

23. We are awaiting a response from the Department of Internal Affairs concerning an official information request concerning the increase in all-cause mortality. Unfortunately, it does not appear that we will have a response before the submission deadline.

24. Professor John Gibson[6], of the School of Accounting, Finance, and Economics at Waikato University, published the following chart showing the excess deaths per week in New Zealand from April 2020 through to July 2022. As per the chart, the change in the death rate commenced in November 2021, with almost 3000 excess deaths in eight months, representing a 13% increase.



[4] https://nzdsos.com/2022/03/11/cdc-excess-death-rate-data/
[5] https://hatchardreport.com/message-to-a-relieved-but-grieving-nation-just-published-research-raises-alarming-red-flags/
[6] https://www.nzcpr.com/best-in-show/

25. Something, or perhaps several factors, is causing an increase in SADS and all-cause mortality. As noted above, the purpose of the Act is to help to prevent deaths and to promote justice through investigations and the identification of the causes and circumstances of sudden or unexplained deaths, or deaths in special circumstances, and the making of recommendations or comments that, if drawn to public attention, may reduce the chances of further deaths occurring in similar circumstances.

26. The increase in unexplained all-cause mortality should trigger an inquiry into what is causing this phenomenon. It is clear from the data that only a small percentage of the deaths are defined as Covid-19, which begs the question of what else has been happening in the world in the last 18 months? The Covid-19 vaccines have been rolled out to billions of people worldwide despite still being in trial.

27. The Pfizer mRNA vaccine has been the primary vaccine used in New Zealand. Independent doctors, scientists, and lawyers around the world have been raising concerns about Pfizer's trial design and the safety of the vaccine.

28. The Canadian Covid Care Alliance[7] ("CCCA") reviewed Pfizer's trial design and its first and second reports. The CCCA's findings are alarming. The CCCA states in the hierarchy of evidence a randomised control trial is the gold standard. 43,548 people participated in Pfizer's Phase III randomised control trial, half received the vaccine, and the placebo group received saline for a period of 2 months. The blind trial was meant to run until 2 May 2023. However, Pfizer gave the vaccine to the majority of the placebo group in early 2021. The trial is no longer a randomised control trial as the control group is gone. As a result, the long-term safety data that was supposed to be assessed in 2023 is no longer possible. Deviating from well-established protocols is alarming.

29. We are now in phase 4 of a clinical trial of a new medication that is known to cause injury and death. Accordingly, the death of any person who has taken the vaccine should be investigated. In addition, stillbirths should be investigated, given that there is little data concerning the safety of taking the vaccine while pregnant (refer to Schedule 1).

30. In late 2021, the FDA was forced to release the first batch of Pfizer's documents under a Freedom of Information order. The FDA had sought to withhold the documents for 50 years.

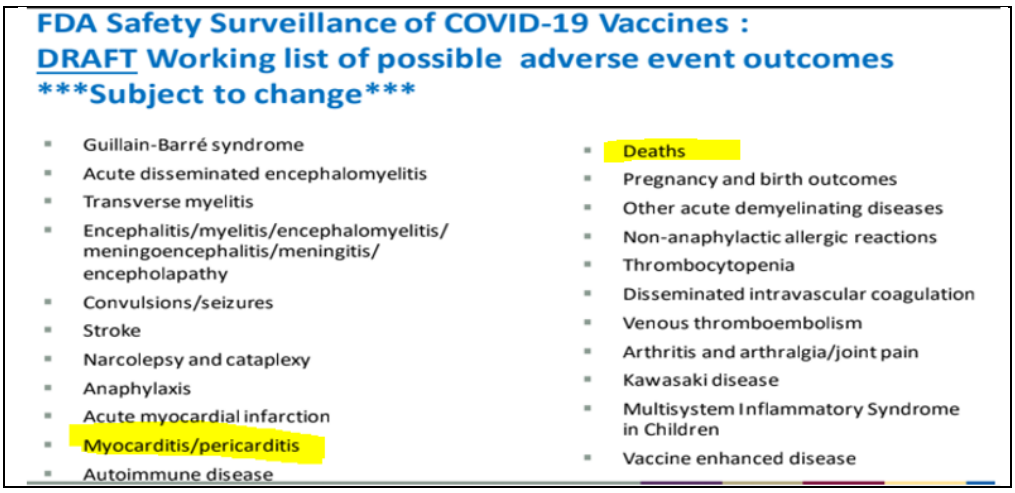
[7] https://www.canadiancovidcarealliance.org/

The Court ordered the FDA to release the Pfizer documents in tranches, which allows the FDA to conveniently choose the order of the documents it releases. Copies of the Pfizer documents may be found by clicking on the link below:

Pfizer's Documents - Public Health and Medical Professionals for Transparency (phmpt.org)

31. The post-marketing material includes an appendix of the list of adverse events of special interest, which is set out in full in **Schedule 2**. By way of summary, there are over 1200 adverse events of special interest which can be categorised into four major groups: neurological, cardiovascular, immunological, and hematologic. As you are aware, these illnesses can lead to death and may be why we are seeing an increased all-cause mortality rate.

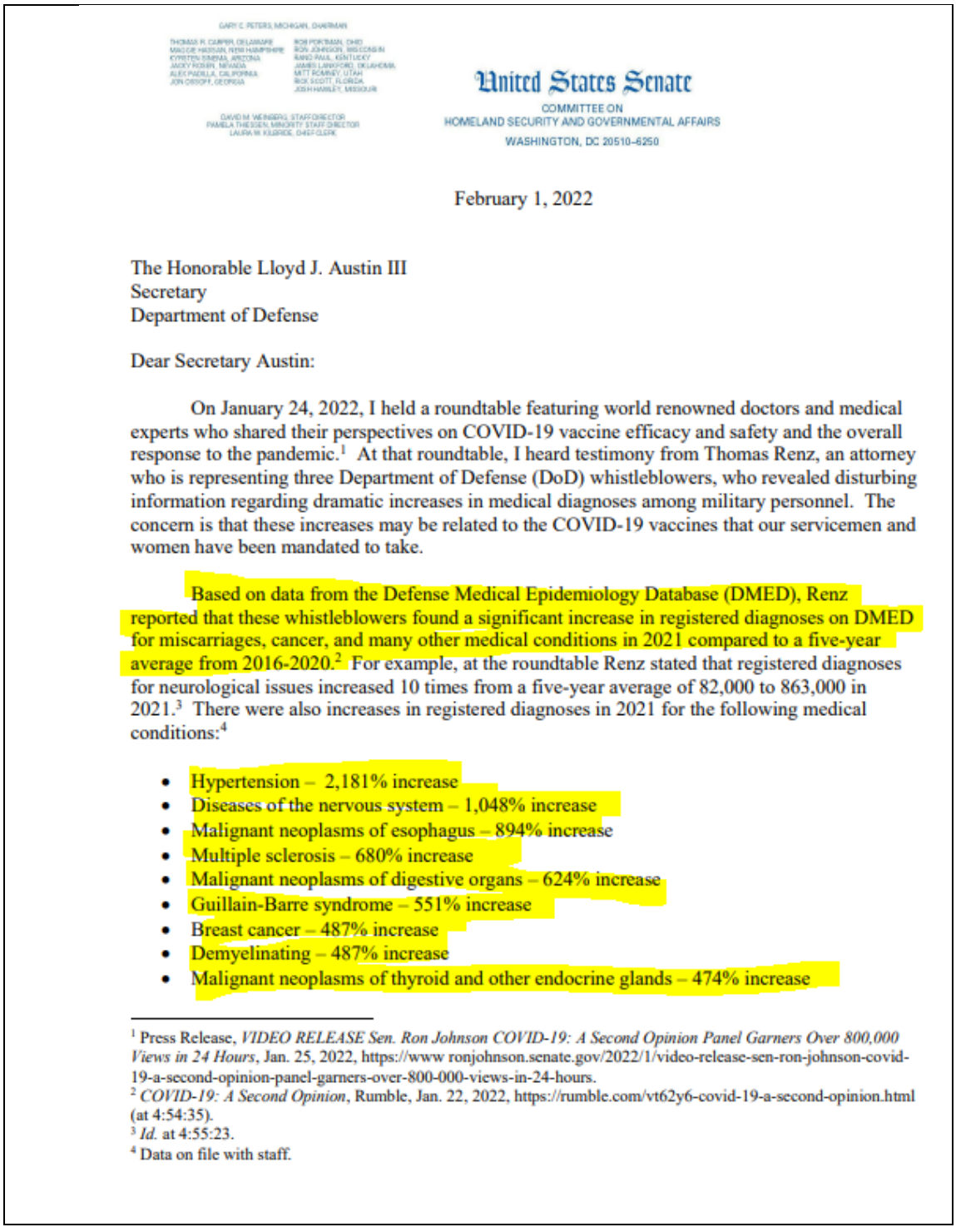
32. The FDA released its working list of possible adverse event outcomes in late October 2020 (prior to the public release of the vaccine). The list is set out below:



33. U.S. Sen. Ron Johnson (R-Wis.) held a panel discussion with a group of world-renowned doctors and medical experts to provide a different perspective on the global pandemic response, the current state of knowledge of early and hospital treatment, vaccine efficacy and safety, what went right, what went wrong, what should be done now, and what needs to be addressed long term. He asked questions in pursuit of the truth rather than blindly accepting the narrative. The full recording of the panel discussion can be found by clicking on the link below:

https://www.ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours

34. Sen. Ron Johnson wrote[8] to the Department of Defence and advised them of the outcome of the panel discussion as set out below:



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United States Senate

COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS
WASHINGTON, DC 20510–6250

February 1, 2022

The Honorable Lloyd J. Austin III
Secretary
Department of Defense

Dear Secretary Austin:

On January 24, 2022, I held a roundtable featuring world renowned doctors and medical experts who shared their perspectives on COVID-19 vaccine efficacy and safety and the overall response to the pandemic.[1] At that roundtable, I heard testimony from Thomas Renz, an attorney who is representing three Department of Defense (DoD) whistleblowers, who revealed disturbing information regarding dramatic increases in medical diagnoses among military personnel. The concern is that these increases may be related to the COVID-19 vaccines that our servicemen and women have been mandated to take.

Based on data from the Defense Medical Epidemiology Database (DMED), Renz reported that these whistleblowers found a significant increase in registered diagnoses on DMED for miscarriages, cancer, and many other medical conditions in 2021 compared to a five-year average from 2016-2020.[2] For example, at the roundtable Renz stated that registered diagnoses for neurological issues increased 10 times from a five-year average of 82,000 to 863,000 in 2021.[3] There were also increases in registered diagnoses in 2021 for the following medical conditions:[4]

- Hypertension – 2,181% increase
- Diseases of the nervous system – 1,048% increase
- Malignant neoplasms of esophagus – 894% increase
- Multiple sclerosis – 680% increase
- Malignant neoplasms of digestive organs – 624% increase
- Guillain-Barre syndrome – 551% increase
- Breast cancer – 487% increase
- Demyelinating – 487% increase
- Malignant neoplasms of thyroid and other endocrine glands – 474% increase

[1] Press Release, *VIDEO RELEASE Sen. Ron Johnson COVID-19: A Second Opinion Panel Garners Over 800,000 Views in 24 Hours*, Jan. 25, 2022, https://www ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours.
[2] *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, https://rumble.com/vt62y6-covid-19-a-second-opinion.html (at 4:54:35).
[3] *Id.* at 4:55:23.
[4] Data on file with staff.

[8] https://www.ronjohnson.senate.gov/services/files/FB6DDD42-4755-4FDC-BEE9-50E402911E02

- Female infertility – 472% increase
- Pulmonary embolism – 468% increase
- Migraines – 452% increase
- Ovarian dysfunction – 437% increase
- Testicular cancer – 369% increase
- Tachycardia – 302% increase

Renz also informed me that some DMED data showing registered diagnoses of myocarditis had been removed from the database.[5] Following the allegation that DMED data had been doctored, I immediately wrote to you on January 24 requesting that you preserve all records referring, relating, or reported to DMED.[6] I have yet to hear whether you have complied with this request.

At the roundtable, Renz revealed the names of the brave whistleblowers who uncovered this information in DMED: Drs. Samuel Sigoloff, Peter Chambers, and Theresa Long.[7] Any retaliatory actions taken against these individuals will not be tolerated and will be investigated immediately. In order to better understand what, if any awareness DoD has about COVID-19 vaccine injuries to service members, I request you provide the following information:

1. Is DoD aware of increases in registered diagnoses of miscarriages, cancer, or other medical conditions in DMED in 2021 compared to a five-year average from 2016-2020? If so, please explain what actions DoD has taken to investigate the root cause for the increases in these diagnoses.

2. Have registered diagnoses of myocarditis in DMED been removed from the database from January 2021 to December 2021? If so, please explain why and when this information was removed and identify who removed it.

Please provide this information as soon as possible but no later than February 15, 2022. Thank you for your attention to this matter.

Sincerely,

Ron Johnson
Ranking Member
Permanent Subcommittee on Investigations

[5] *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, https://rumble.com/vt62y6-covid-19-a-second-opinion.html (at 4:52:54).
[6] Letter from Ron Johnson, Ranking Member, Permanent Subcommittee on Investigations, to Lloyd Austin, Secretary, Dep't of Defense, Jan. 24, 2022.
[7] *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, https://rumble.com/vt62y6-covid-19-a-second-opinion.html (at 4:54:38).

35. Accordingly, the coroner should note and investigate if a person has had the vaccine where a person dies from any of the above or any of the conditions listed in Pfizer's documents.

36. Interestingly, the German Government[9] has recently acknowledged that the vaccine causes serious effects, which include **death**, in 0.2 reports per 1,000 doses.

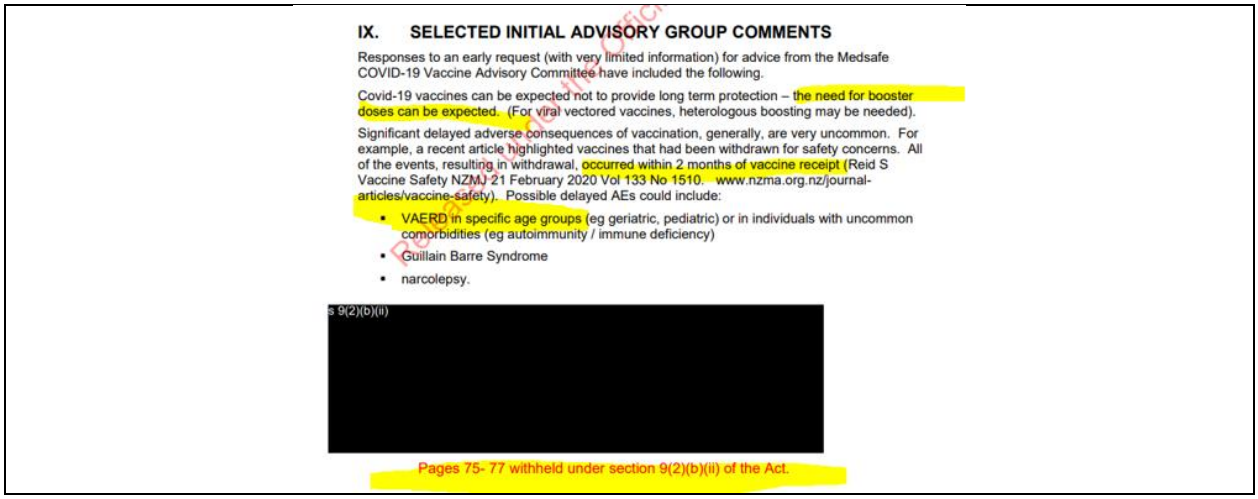
[9] https://twitter.com/BMG_Bund/status/1549797012064854019

37. In addition to the passive reporting system, the German medicines regulator, the PEI, runs an active vaccine safety monitoring app. The data from this monitoring app were included in a Europe-wide report[10] on vaccine safety published last month and showed that 0.3% of vaccine recipients in Germany reported at least one serious adverse reaction to the first dose of the vaccine. The report states:

> *"Of the 520,076 participants from Germany who had received the first dose of a COVID-19 vaccine, 1,838 (0.3%) reported experiencing at least one serious adverse reaction. A total of 1,191 (0.2%) and 39 (0.2%) participants receiving BioNTech/Pfizer and Moderna respectively reported experiencing a serious adverse reaction while 608 (0.7%) receiving AstraZeneca reported a serious reaction."*

38. These German figures are in line with the overall rates across Europe. Please note that a rate of 0.3% is 15 times higher than the rate of 0.2 per 1,000 (i.e., 0.02%) quoted in the tweet.

39. Prior to the release of the vaccine in New Zealand, the advisory group understood that significant delayed adverse consequences of vaccination could occur within two months of vaccine receipt. Following the rollout of the mass vaccination, the Coroner's Court advised the MOH that the timeframe could be as long as 93 days following vaccination.



IX. SELECTED INITIAL ADVISORY GROUP COMMENTS

Responses to an early request (with very limited information) for advice from the Medsafe COVID-19 Vaccine Advisory Committee have included the following.

Covid-19 vaccines can be expected not to provide long term protection – the need for booster doses can be expected. (For viral vectored vaccines, heterologous boosting may be needed).

Significant delayed adverse consequences of vaccination, generally, are very uncommon. For example, a recent article highlighted vaccines that had been withdrawn for safety concerns. All of the events, resulting in withdrawal, occurred within 2 months of vaccine receipt (Reid S Vaccine Safety NZMJ 21 February 2020 Vol 133 No 1510. www.nzma.org.nz/journal-articles/vaccine-safety). Possible delayed AEs could include:

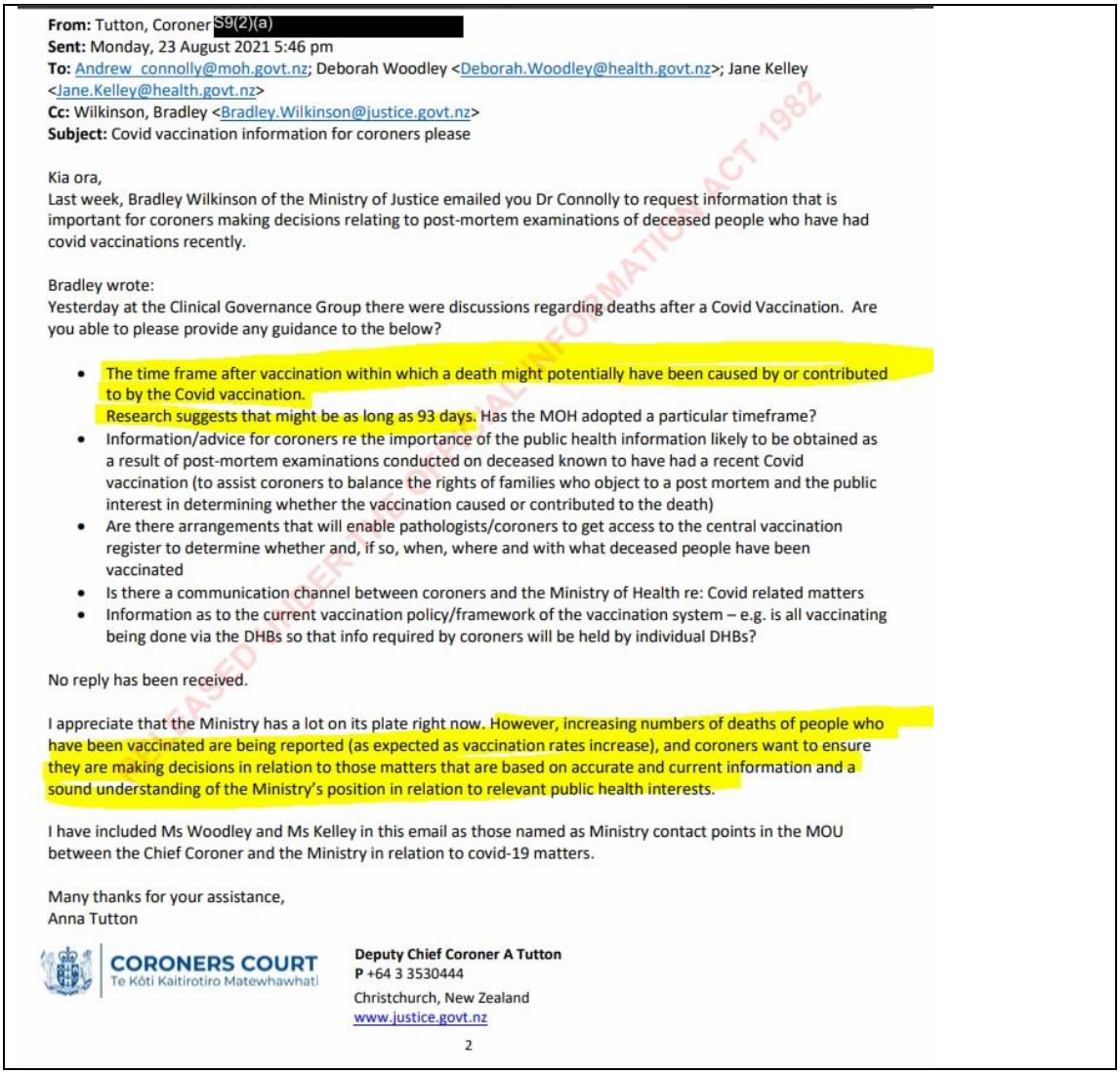
- VAERD in specific age groups (eg geriatric, pediatric) or in individuals with uncommon comorbidities (eg autoimmunity / immune deficiency)
- Guillain Barre Syndrome
- narcolepsy.

s 9(2)(b)(ii)

[redacted]

Pages 75- 77 withheld under section 9(2)(b)(ii) of the Act.

[10] https://zenodo.org/record/6629551#.YthrfHbMJD8



From: Tutton, Coroner S9(2)(a)
Sent: Monday, 23 August 2021 5:46 pm
To: Andrew_connolly@moh.govt.nz; Deborah Woodley <Deborah.Woodley@health.govt.nz>; Jane Kelley <Jane.Kelley@health.govt.nz>
Cc: Wilkinson, Bradley <Bradley.Wilkinson@justice.govt.nz>
Subject: Covid vaccination information for coroners please

Kia ora,
Last week, Bradley Wilkinson of the Ministry of Justice emailed you Dr Connolly to request information that is important for coroners making decisions relating to post-mortem examinations of deceased people who have had covid vaccinations recently.

Bradley wrote:
Yesterday at the Clinical Governance Group there were discussions regarding deaths after a Covid Vaccination. Are you able to please provide any guidance to the below?

- The time frame after vaccination within which a death might potentially have been caused by or contributed to by the Covid vaccination.
  Research suggests that might be as long as 93 days. Has the MOH adopted a particular timeframe?
- Information/advice for coroners re the importance of the public health information likely to be obtained as a result of post-mortem examinations conducted on deceased known to have had a recent Covid vaccination (to assist coroners to balance the rights of families who object to a post mortem and the public interest in determining whether the vaccination caused or contributed to the death)
- Are there arrangements that will enable pathologists/coroners to get access to the central vaccination register to determine whether and, if so, when, where and with what deceased people have been vaccinated
- Is there a communication channel between coroners and the Ministry of Health re: Covid related matters
- Information as to the current vaccination policy/framework of the vaccination system – e.g. is all vaccinating being done via the DHBs so that info required by coroners will be held by individual DHBs?

No reply has been received.

I appreciate that the Ministry has a lot on its plate right now. However, increasing numbers of deaths of people who have been vaccinated are being reported (as expected as vaccination rates increase), and coroners want to ensure they are making decisions in relation to those matters that are based on accurate and current information and a sound understanding of the Ministry's position in relation to relevant public health interests.

I have included Ms Woodley and Ms Kelley in this email as those named as Ministry contact points in the MOU between the Chief Coroner and the Ministry in relation to covid-19 matters.

Many thanks for your assistance,
Anna Tutton

CORONERS COURT
Te Kōti Kaitirotiro Matewhawhati

Deputy Chief Coroner A Tutton
P +64 3 3530444
Christchurch, New Zealand
www.justice.govt.nz

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40. Given that the Government and the Coroner's Court agree that death following the vaccination may occur up to 93 days after the administration of the vaccine, every SADS death should be investigated.

41. The failure of the coronial system to investigate all sudden deaths could potentially lead to more deaths in similar circumstances. Are we witnessing an unfolding disaster with a 13% increase in excess deaths? There is a significant public interest in understanding what is causing this phenomenon rather than focusing on clearing the backlog of active coronial cases.

42. In an environment where all-cause mortality is rising worldwide, all sudden deaths must be

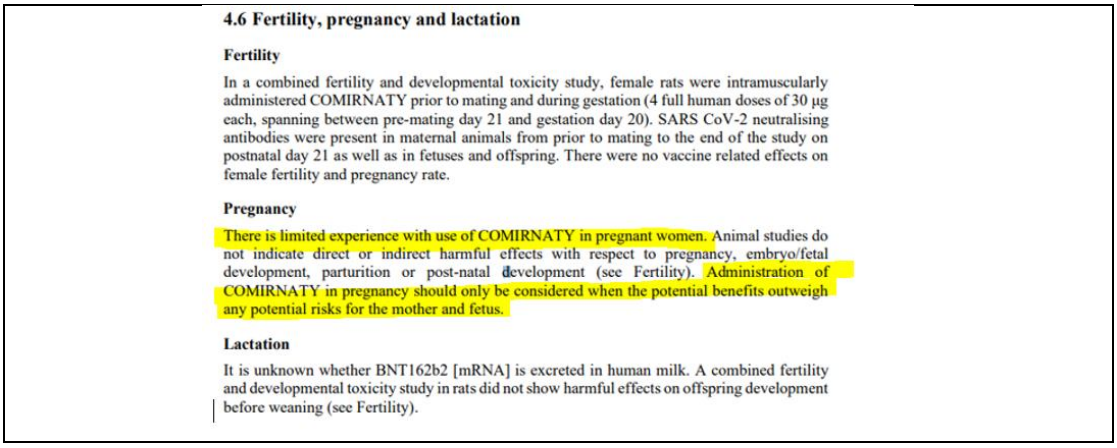
investigated to preserve the integrity of the coronial system

Yours sincerely

Kirsten Murfitt

Schedule 1

1. The Government has claimed and promoted that the vaccine is safe for use during pregnancy. However, the Data Sheet states the following:



4.6 Fertility, pregnancy and lactation

Fertility

In a combined fertility and developmental toxicity study, female rats were intramuscularly administered COMIRNATY prior to mating and during gestation (4 full human doses of 30 µg each, spanning between pre-mating day 21 and gestation day 20). SARS CoV-2 neutralising antibodies were present in maternal animals from prior to mating to the end of the study on postnatal day 21 as well as in fetuses and offspring. There were no vaccine related effects on female fertility and pregnancy rate.

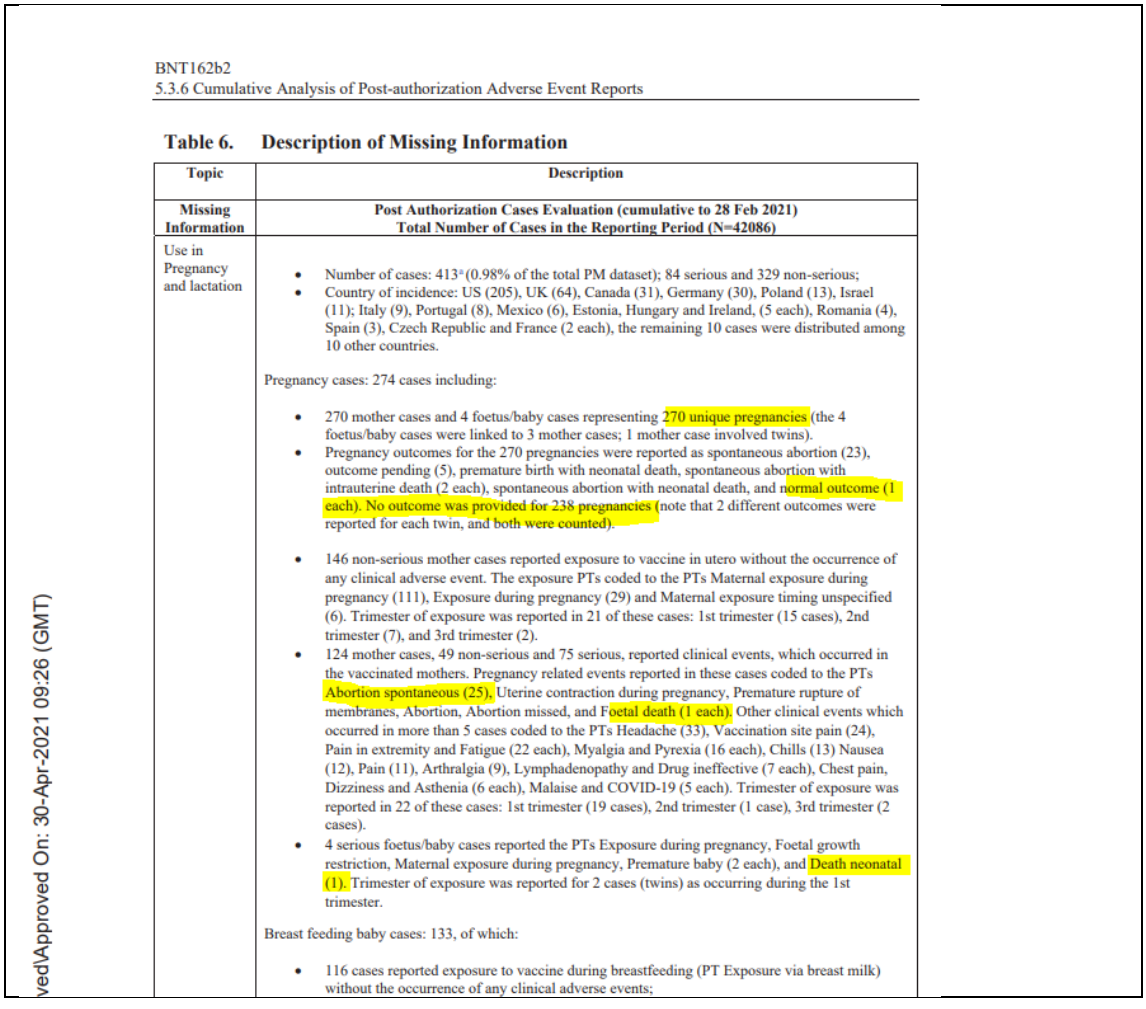
Pregnancy

There is limited experience with use of COMIRNATY in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, parturition or post-natal development (see Fertility). Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.

Lactation

It is unknown whether BNT162b2 [mRNA] is excreted in human milk. A combined fertility and developmental toxicity study in rats did not show harmful effects on offspring development before weaning (see Fertility).

2. In addition, pregnant women were withdrawn from the trial due to Pfizer's own clinical protocol. Pfizer's documents[11] state:



BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 6. Description of Missing Information

Topic	Description
Missing Information	**Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)**
Use in Pregnancy and lactation	• Number of cases: 413[a] (0.98% of the total PM dataset); 84 serious and 329 non-serious; • Country of incidence: US (205), UK (64), Canada (31), Germany (30), Poland (13), Israel (11); Italy (9), Portugal (8), Mexico (6), Estonia, Hungary and Ireland, (5 each), Romania (4), Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among 10 other countries. Pregnancy cases: 274 cases including: • 270 mother cases and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins). • Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted). • 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2). • 124 mother cases, 49 non-serious and 75 serious, reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs Abortion spontaneous (25), Uterine contraction during pregnancy, Premature rupture of membranes, Abortion, Abortion missed, and Foetal death (1 each). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13) Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases). • 4 serious foetus/baby cases reported the PTs Exposure during pregnancy, Foetal growth restriction, Maternal exposure during pregnancy, Premature baby (2 each), and Death neonatal (1). Trimester of exposure was reported for 2 cases (twins) as occurring during the 1st trimester. Breast feeding baby cases: 133, of which: • 116 cases reported exposure to vaccine during breastfeeding (PT Exposure via breast milk) without the occurrence of any clinical adverse events;

ved\Approved On: 30-Apr-2021 09:26 (GMT)

[11] https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf

Schedule 2

"Adverse reactions of special interest" from Pfizer's Documents

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute kidney injury;Acute macular outer retinopathy;Acute motor axonal neuropathy;Acute motor-sensory axonal neuropathy;Acute myocardial infarction;Acute respiratory distress syndrome;Acute respiratory failure;Addison's disease;Administration site thrombosis;Administration site vasculitis;Adrenal thrombosis;Adverse event following immunisation;Ageusia;Agranulocytosis;Air embolism;Alanine aminotransferase abnormal;Alanine aminotransferase increased;Alcoholic seizure;Allergic bronchopulmonary mycosis;Allergic oedema;Alloimmune hepatitis;Alopecia areata;Alpers disease;Alveolar proteinosis;Ammonia abnormal;Ammonia increased;Amniotic cavity infection;Amygdalohippocampectomy;Amyloid arthropathy;Amyloidosis;Amyloidosis senile;Anaphylactic reaction;Anaphylactic shock;Anaphylactic transfusion reaction;Anaphylactoid reaction;Anaphylactoid shock;Anaphylactoid syndrome of pregnancy;Angioedema;Angiopathic neuropathy;Ankylosing spondylitis;Anosmia;Antiacetylcholine receptor antibody positive;Anti-actin antibody positive;Anti-aquaporin-4 antibody positive;Anti-basal ganglia antibody positive;Anti-cyclic citrullinated peptide antibody positive;Anti-epithelial antibody positive;Anti-erythrocyte antibody positive;Anti-exosome complex antibody positive;Anti-GAD antibody negative;Anti-GAD antibody positive;Anti-ganglioside antibody positive;Antigliadin antibody positive;Anti-glomerular basement membrane antibody positive;Anti-glomerular basement membrane disease;Anti-glycyl-tRNA synthetase antibody positive;Anti-HLA antibody test positive;Anti-IA2 antibody positive;Anti-insulin antibody increased;Anti-insulin antibody positive;Anti-insulin receptor antibody increased;Anti-insulin receptor antibody positive;Anti-interferon antibody negative;Anti-interferon antibody positive;Anti-islet cell antibody positive;Antimitochondrial antibody positive;Anti-muscle specific kinase antibody positive;Anti-myelin-associated glycoprotein antibodies positive;Anti-myelin-associated glycoprotein associated polyneuropathy;Antimyocardial antibody positive;Anti-neuronal antibody positive;Antineutrophil cytoplasmic antibody increased;Antineutrophil cytoplasmic antibody positive;Anti-neutrophil cytoplasmic antibody positive vasculitis;Anti-NMDA antibody positive;Antinuclear antibody increased;Antinuclear antibody positive;Antiphospholipid antibodies positive;Antiphospholipid syndrome;Anti-platelet antibody positive;Anti-prothrombin antibody positive;Antiribosomal P antibody positive;Anti-RNA polymerase III antibody positive;Anti-saccharomyces cerevisiae antibody test positive;Anti-sperm antibody positive;Anti-SRP antibody positive;Antisynthetase syndrome;Anti-thyroid antibody positive;Anti-transglutaminase antibody increased;Anti-VGCC antibody positive;Anti-VGKC antibody positive;Anti-vimentin antibody positive;Antiviral prophylaxis;Antiviral treatment;Anti-zinc transporter 8 antibody positive;Aortic embolus;Aortic thrombosis;Aortitis;Aplasia pure red cell;Aplastic anaemia;Application site thrombosis;Application site vasculitis;Arrhythmia;Arterial bypass occlusion;Arterial bypass thrombosis;Arterial thrombosis;Arteriovenous fistula thrombosis;Arteriovenous graft site stenosis;Arteriovenous graft thrombosis;Arteritis;Arteritis

coronary;Arthralgia;Arthritis;Arthritis enteropathic;Ascites;Aseptic cavernous sinus thrombosis;Aspartate aminotransferase abnormal;Aspartate aminotransferase increased;Aspartate-glutamate-transporter deficiency;AST to platelet ratio index increased;AST/ALT ratio abnormal;Asthma;Asymptomatic COVID-19;Ataxia;Atheroembolism;Atonic seizures;Atrial thrombosis;Atrophic thyroiditis;Atypical benign partial epilepsy;Atypical pneumonia;Aura;Autoantibody positive;Autoimmune anaemia;Autoimmune aplastic anaemia;Autoimmune arthritis;Autoimmune blistering disease;Autoimmune cholangitis;Autoimmune colitis;Autoimmune demyelinating disease;Autoimmune dermatitis;Autoimmune disorder;Autoimmune encephalopathy;Autoimmune endocrine disorder;Autoimmune enteropathy;Autoimmune eye disorder;Autoimmune haemolytic anaemia;Autoimmune heparin-induced thrombocytopenia;Autoimmune hepatitis;Autoimmune hyperlipidaemia;Autoimmune hypothyroidism;Autoimmune inner ear disease;Autoimmune lung disease;Autoimmune lymphoproliferative syndrome;Autoimmune myocarditis;Autoimmune myositis;Autoimmune nephritis;Autoimmune neuropathy;Autoimmune neutropenia;Autoimmune pancreatitis;Autoimmune pancytopenia;Autoimmune pericarditis;Autoimmune retinopathy;Autoimmune thyroid disorder;Autoimmune thyroiditis;Autoimmune uveitis;Autoinflammation with infantile enterocolitis;Autoinflammatory disease;Automatism epileptic;Autonomic nervous system imbalance;Autonomic seizure;Axial spondyloarthritis;Axillary vein thrombosis;Axonal and demyelinating polyneuropathy;Axonal neuropathy;Bacterascites;Baltic myoclonic epilepsy;Band sensation;Basedow's disease;Basilar artery thrombosis;Basophilopenia;B-cell aplasia;Behcet's syndrome;Benign ethnic neutropenia;Benign familial neonatal convulsions;Benign familial pemphigus;Benign rolandic epilepsy;Beta-2 glycoprotein antibody positive;Bickerstaff's encephalitis;Bile output abnormal;Bile output decreased;Biliary ascites;Bilirubin conjugated abnormal;Bilirubin conjugated increased;Bilirubin urine present;Biopsy liver abnormal;Biotinidase deficiency;Birdshot chorioretinopathy;Blood alkaline phosphatase abnormal;Blood alkaline phosphatase increased;Blood bilirubin abnormal;Blood bilirubin increased;Blood bilirubin unconjugated increased;Blood cholinesterase abnormal;Blood cholinesterase decreased;Blood pressure decreased;Blood pressure diastolic decreased;Blood pressure systolic decreased;Blue toe syndrome;Brachiocephalic vein thrombosis;Brain stem embolism;Brain stem thrombosis;Bromosulphthalein test abnormal;Bronchial oedema;Bronchitis;Bronchitis mycoplasmal;Bronchitis viral;Bronchopulmonary aspergillosis allergic;Bronchospasm;Budd-Chiari syndrome;Bulbar palsy;Butterfly rash;C1q nephropathy;Caesarean section;Calcium embolism;Capillaritis;Caplan's syndrome;Cardiac amyloidosis;Cardiac arrest;Cardiac failure;Cardiac failure acute;Cardiac sarcoidosis;Cardiac ventricular thrombosis;Cardiogenic shock;Cardiolipin antibody positive;Cardiopulmonary failure;Cardio-respiratory arrest;Cardio-respiratory distress;Cardiovascular insufficiency;Carotid arterial embolus;Carotid artery thrombosis;Cataplexy;Catheter site thrombosis;Catheter site vasculitis;Cavernous sinus thrombosis;CDKL5 deficiency disorder;CEC syndrome;Cement embolism;Central nervous system lupus;Central nervous system vasculitis;Cerebellar artery thrombosis;Cerebellar embolism;Cerebral amyloid angiopathy;Cerebral arteritis;Cerebral artery embolism;Cerebral artery thrombosis;Cerebral gas embolism;Cerebral microembolism;Cerebral septic infarct;Cerebral thrombosis;Cerebral venous sinus thrombosis;Cerebral venous thrombosis;Cerebrospinal thrombotic

tamponade;Cerebrovascular accident;Change in seizure presentation;Chest discomfort;Child-Pugh-Turcotte score abnormal;Child-Pugh-Turcotte score increased;Chillblains;Choking;Choking sensation;Cholangitis sclerosing;Chronic autoimmune glomerulonephritis;Chronic cutaneous lupus erythematosus;Chronic fatigue syndrome;Chronic gastritis;Chronic inflammatory demyelinating polyradiculoneuropathy;Chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids;Chronic recurrent multifocal osteomyelitis;Chronic respiratory failure;Chronic spontaneous urticaria;Circulatory collapse;Circumoral oedema;Circumoral swelling;Clinically isolated syndrome;Clonic convulsion;Coeliac disease;Cogan's syndrome;Cold agglutinins positive;Cold type haemolytic anaemia;Colitis;Colitis erosive;Colitis herpes;Colitis microscopic;Colitis ulcerative;Collagen disorder;Collagen-vascular disease;Complement factor abnormal;Complement factor C1 decreased;Complement factor C2 decreased;Complement factor C3 decreased;Complement factor C4 decreased;Complement factor decreased;Computerised tomogram liver abnormal;Concentric sclerosis;Congenital anomaly;Congenital bilateral perisylvian syndrome;Congenital herpes simplex infection;Congenital myasthenic syndrome;Congenital varicella infection;Congestive hepatopathy;Convulsion in childhood;Convulsions local;Convulsive threshold lowered;Coombs positive haemolytic anaemia;Coronary artery disease;Coronary artery embolism;Coronary artery thrombosis;Coronary bypass thrombosis;Coronavirus infection;Coronavirus test;Coronavirus test negative;Coronavirus test positive;Corpus callosotomy;Cough;Cough variant asthma;COVID-19;COVID-19 immunisation;COVID-19 pneumonia;COVID-19 prophylaxis;COVID-19 treatment;Cranial nerve disorder;Cranial nerve palsies multiple;Cranial nerve paralysis;CREST syndrome;Crohn's disease;Cryofibrinogenaemia;Cryoglobulinaemia;CSF oligoclonal band present;CSWS syndrome;Cutaneous amyloidosis;Cutaneous lupus erythematosus;Cutaneous sarcoidosis;Cutaneous vasculitis;Cyanosis;Cyclic neutropenia;Cystitis interstitial;Cytokine release syndrome;Cytokine storm;De novo purine synthesis inhibitors associated acute inflammatory syndrome;Death neonatal;Deep vein thrombosis;Deep vein thrombosis postoperative;Deficiency of bile secretion;Deja vu;Demyelinating polyneuropathy;Demyelination;Dermatitis;Dermatitis bullous;Dermatitis herpetiformis;Dermatomyositis;Device embolisation;Device related thrombosis;Diabetes mellitus;Diabetic ketoacidosis;Diabetic mastopathy;Dialysis amyloidosis;Dialysis membrane reaction;Diastolic hypotension;Diffuse vasculitis;Digital pitting scar;Disseminated intravascular coagulation;Disseminated intravascular coagulation in newborn;Disseminated neonatal herpes simplex;Disseminated varicella;Disseminated varicella zoster vaccine virus infection;Disseminated varicella zoster virus infection;DNA antibody positive;Double cortex syndrome;Double stranded DNA antibody positive;Dreamy state;Dressler's syndrome;Drop attacks;Drug withdrawal convulsions;Dyspnoea;Early infantile epileptic encephalopathy with burst-suppression;Eclampsia;Eczema herpeticum;Embolia cutis medicamentosa;Embolic cerebellar infarction;Embolic cerebral infarction;Embolic pneumonia;Embolic stroke;Embolism;Embolism arterial;Embolism venous;Encephalitis;Encephalitis allergic;Encephalitis autoimmune;Encephalitis brain stem;Encephalitis haemorrhagic;Encephalitis periaxialis diffusa;Encephalitis post immunisation;Encephalomyelitis;Encephalopathy;Endocrine disorder;Endocrine ophthalmopathy;Endotracheal intubation;Enteritis;Enteritis leukopenic;Enterobacter pneumonia;Enterocolitis;Enteropathic spondylitis;Eosinopenia;Eosinophilic

fasciitis;Eosinophilic granulomatosis with polyangiitis;Eosinophilic oesophagitis;Epidermolysis;Epilepsy;Epilepsy surgery;Epilepsy with myoclonic-atonic seizures;Epileptic aura;Epileptic psychosis;Erythema;Erythema induratum;Erythema multiforme;Erythema nodosum;Evans syndrome;Exanthema subitum;Expanded disability status scale score decreased;Expanded disability status scale score increased;Exposure to communicable disease;Exposure to SARS-CoV-2;Eye oedema;Eye pruritus;Eye swelling;Eyelid oedema;Face oedema;Facial paralysis;Facial paresis;Faciobrachial dystonic seizure;Fat embolism;Febrile convulsion;Febrile infection-related epilepsy syndrome;Febrile neutropenia;Felty's syndrome;Femoral artery embolism;Fibrillary glomerulonephritis;Fibromyalgia;Flushing;Foaming at mouth;Focal cortical resection;Focal dyscognitive seizures;Foetal distress syndrome;Foetal placental thrombosis;Foetor hepaticus;Foreign body embolism;Frontal lobe epilepsy;Fulminant type 1 diabetes mellitus;Galactose elimination capacity test abnormal;Galactose elimination capacity test decreased;Gamma-glutamyltransferase abnormal;Gamma-glutamyltransferase increased;Gastritis herpes;Gastrointestinal amyloidosis;Gelastic seizure;Generalised onset non-motor seizure;Generalised tonic-clonic seizure;Genital herpes;Genital herpes simplex;Genital herpes zoster;Giant cell arteritis;Glomerulonephritis;Glomerulonephritis membranoproliferative;Glomerulonephritis membranous;Glomerulonephritis rapidly progressive;Glossopharyngeal nerve paralysis;Glucose transporter type 1 deficiency syndrome;Glutamate dehydrogenase increased;Glycocholic acid increased;GM2 gangliosidosis;Goodpasture's syndrome;Graft thrombosis;Granulocytopenia;Granulocytopenia neonatal;Granulomatosis with polyangiitis;Granulomatous dermatitis;Grey matter heterotopia;Guanase increased;Guillain-Barre syndrome;Haemolytic anaemia;Haemophagocytic lymphohistiocytosis;Haemorrhage;Haemorrhagic ascites;Haemorrhagic disorder;Haemorrhagic pneumonia;Haemorrhagic varicella syndrome;Haemorrhagic vasculitis;Hantavirus pulmonary infection;Hashimoto's encephalopathy;Hashitoxicosis;Hemimegalencephaly;Henoch-Schonlein purpura;Henoch-Schonlein purpura nephritis;Hepaplastin abnormal;Hepaplastin decreased;Heparin-induced thrombocytopenia;Hepatic amyloidosis;Hepatic artery embolism;Hepatic artery flow decreased;Hepatic artery thrombosis;Hepatic enzyme abnormal;Hepatic enzyme decreased;Hepatic enzyme increased;Hepatic fibrosis marker abnormal;Hepatic fibrosis marker increased;Hepatic function abnormal;Hepatic hydrothorax;Hepatic hypertrophy;Hepatic hypoperfusion;Hepatic lymphocytic infiltration;Hepatic mass;Hepatic pain;Hepatic sequestration;Hepatic vascular resistance increased;Hepatic vascular thrombosis;Hepatic vein embolism;Hepatic vein thrombosis;Hepatic venous pressure gradient abnormal;Hepatic venous pressure gradient increased;Hepatitis;Hepatobiliary scan abnormal;Hepatomegaly;Hepatosplenomegaly;Hereditary angioedema with C1 esterase inhibitor deficiency;Herpes dermatitis;Herpes gestationis;Herpes oesophagitis;Herpes ophthalmic;Herpes pharyngitis;Herpes sepsis;Herpes simplex;Herpes simplex cervicitis;Herpes simplex colitis;Herpes simplex encephalitis;Herpes simplex gastritis;Herpes simplex hepatitis;Herpes simplex meningitis;Herpes simplex meningoencephalitis;Herpes simplex meningomyelitis;Herpes simplex necrotising retinopathy;Herpes simplex oesophagitis;Herpes simplex otitis externa;Herpes simplex pharyngitis;Herpes simplex pneumonia;Herpes simplex reactivation;Herpes simplex sepsis;Herpes simplex viraemia;Herpes simplex virus conjunctivitis neonatal;Herpes simplex visceral;Herpes virus

infection;Herpes zoster;Herpes zoster cutaneous disseminated;Herpes zoster infection neurological;Herpes zoster meningitis;Herpes zoster meningoencephalitis;Herpes zoster meningomyelitis;Herpes zoster meningoradiculitis;Herpes zoster necrotising retinopathy;Herpes zoster oticus;Herpes zoster pharyngitis;Herpes zoster reactivation;Herpetic radiculopathy;Histone antibody positive;Hoigne's syndrome;Human herpesvirus 6 encephalitis;Human herpesvirus 6 infection;Human herpesvirus 6 infection reactivation;Human herpesvirus 7 infection;Human herpesvirus 8 infection;Hyperammonaemia;Hyperbilirubinaemia;Hypercholia;Hypergammaglobulinaemia benign monoclonal;Hyperglycaemic seizure;Hypersensitivity;Hypersensitivity vasculitis;Hyperthyroidism;Hypertransaminasaemia;Hyperventilation;Hypoalbuminaemia;Hypocalcaemic seizure;Hypogammaglobulinaemia;Hypoglossal nerve paralysis;Hypoglossal nerve paresis;Hypoglycaemic seizure;Hyponatraemic seizure;Hypotension;Hypotensive crisis;Hypothenar hammer syndrome;Hypothyroidism;Hypoxia;Idiopathic CD4 lymphocytopenia;Idiopathic generalised epilepsy;Idiopathic interstitial pneumonia;Idiopathic neutropenia;Idiopathic pulmonary fibrosis;IgA nephropathy;IgM nephropathy;IIIrd nerve paralysis;IIIrd nerve paresis;Iliac artery embolism;Immune thrombocytopenia;Immune-mediated adverse reaction;Immune-mediated cholangitis;Immune-mediated cholestasis;Immune-mediated cytopenia;Immune-mediated encephalitis;Immune-mediated encephalopathy;Immune-mediated endocrinopathy;Immune-mediated enterocolitis;Immune-mediated gastritis;Immune-mediated hepatic disorder;Immune-mediated hepatitis;Immune-mediated hyperthyroidism;Immune-mediated hypothyroidism;Immune-mediated myocarditis;Immune-mediated myositis;Immune-mediated nephritis;Immune-mediated neuropathy;Immune-mediated pancreatitis;Immune-mediated pneumonitis;Immune-mediated renal disorder;Immune-mediated thyroiditis;Immune-mediated uveitis;Immunoglobulin G4 related disease;Immunoglobulins abnormal;Implant site thrombosis;Inclusion body myositis;Infantile genetic agranulocytosis;Infantile spasms;Infected vasculitis;Infective thrombosis;Inflammation;Inflammatory bowel disease;Infusion site thrombosis;Infusion site vasculitis;Injection site thrombosis;Injection site urticaria;Injection site vasculitis;Instillation site thrombosis;Insulin autoimmune syndrome;Interstitial granulomatous dermatitis;Interstitial lung disease;Intracardiac mass;Intracardiac thrombus;Intracranial pressure increased;Intrapericardial thrombosis;Intrinsic factor antibody abnormal;Intrinsic factor antibody positive;IPEX syndrome;Irregular breathing;IRVAN syndrome;IVth nerve paralysis;IVth nerve paresis;JC polyomavirus test positive;JC virus CSF test positive;Jeavons syndrome;Jugular vein embolism;Jugular vein thrombosis;Juvenile idiopathic arthritis;Juvenile myoclonic epilepsy;Juvenile polymyositis;Juvenile psoriatic arthritis;Juvenile spondyloarthritis;Kaposi sarcoma inflammatory cytokine syndrome;Kawasaki's disease;Kayser-Fleischer ring;Keratoderma blenorrhagica;Ketosis-prone diabetes mellitus;Kounis syndrome;Lafora's myoclonic epilepsy;Lambl's excrescences;Laryngeal dyspnoea;Laryngeal oedema;Laryngeal rheumatoid arthritis;Laryngospasm;Laryngotracheal oedema;Latent autoimmune diabetes in adults;LE cells present;Lemierre syndrome;Lennox-Gastaut syndrome;Leucine aminopeptidase increased;Leukoencephalomyelitis;Leukoencephalopathy;Leukopenia;Leukopenia neonatal;Lewis-Sumner syndrome;Lhermitte's sign;Lichen planopilaris;Lichen planus;Lichen sclerosus;Limbic encephalitis;Linear IgA disease;Lip oedema;Lip swelling;Liver function test abnormal;Liver function test decreased;Liver function test increased;Liver induration;Liver injury;Liver iron concentration abnormal;Liver iron concentration

increased;Liver opacity;Liver palpable;Liver sarcoidosis;Liver scan abnormal;Liver tenderness;Low birth weight baby;Lower respiratory tract herpes infection;Lower respiratory tract infection;Lower respiratory tract infection viral;Lung abscess;Lupoid hepatic cirrhosis;Lupus cystitis;Lupus encephalitis;Lupus endocarditis;Lupus enteritis;Lupus hepatitis;Lupus myocarditis;Lupus myositis;Lupus nephritis;Lupus pancreatitis;Lupus pleurisy;Lupus pneumonitis;Lupus vasculitis;Lupus-like syndrome;Lymphocytic hypophysitis;Lymphocytopenia neonatal;Lymphopenia;MAGIC syndrome;Magnetic resonance imaging liver abnormal;Magnetic resonance proton density fat fraction measurement;Mahler sign;Manufacturing laboratory analytical testing issue;Manufacturing materials issue;Manufacturing production issue;Marburg's variant multiple sclerosis;Marchiafava-Bignami disease;Marine Lenhart syndrome;Mastocytic enterocolitis;Maternal exposure during pregnancy;Medical device site thrombosis;Medical device site vasculitis;MELAS syndrome;Meningitis;Meningitis aseptic;Meningitis herpes;Meningoencephalitis herpes simplex neonatal;Meningoencephalitis herpetic;Meningomyelitis herpes;MERS-CoV test;MERS-CoV test negative;MERS-CoV test positive;Mesangioproliferative glomerulonephritis;Mesenteric artery embolism;Mesenteric artery thrombosis;Mesenteric vein thrombosis;Metapneumovirus infection;Metastatic cutaneous Crohn's disease;Metastatic pulmonary embolism;Microangiopathy;Microembolism;Microscopic polyangiitis;Middle East respiratory syndrome;Migraine-triggered seizure;Miliary pneumonia;Miller Fisher syndrome;Mitochondrial aspartate aminotransferase increased;Mixed connective tissue disease;Model for end stage liver disease score abnormal;Model for end stage liver disease score increased;Molar ratio of total branched-chain amino acid to tyrosine;Molybdenum cofactor deficiency;Monocytopenia;Mononeuritis;Mononeuropathy multiplex;Morphoea;Morvan syndrome;Mouth swelling;Moyamoya disease;Multifocal motor neuropathy;Multiple organ dysfunction syndrome;Multiple sclerosis;Multiple sclerosis relapse;Multiple sclerosis relapse prophylaxis;Multiple subpial transection;Multisystem inflammatory syndrome in children;Muscular sarcoidosis;Myasthenia gravis;Myasthenia gravis crisis;Myasthenia gravis neonatal;Myasthenic syndrome;Myelitis;Myelitis transverse;Myocardial infarction;Myocarditis;Myocarditis post infection;Myoclonic epilepsy;Myoclonic epilepsy and ragged-red fibres;Myokymia;Myositis;Narcolepsy;Nasal herpes;Nasal obstruction;Necrotising herpetic retinopathy;Neonatal Crohn's disease;Neonatal epileptic seizure;Neonatal lupus erythematosus;Neonatal mucocutaneous herpes simplex;Neonatal pneumonia;Neonatal seizure;Nephritis;Nephrogenic systemic fibrosis;Neuralgic amyotrophy;Neuritis;Neuritis cranial;Neuromyelitis optica pseudo relapse;Neuromyelitis optica spectrum disorder;Neuromyotonia;Neuronal neuropathy;Neuropathy peripheral;Neuropathy, ataxia, retinitis pigmentosa syndrome;Neuropsychiatric lupus;Neurosarcoidosis;Neutropenia;Neutropenia neonatal;Neutropenic colitis;Neutropenic infection;Neutropenic sepsis;Nodular rash;Nodular vasculitis;Noninfectious myelitis;Noninfective encephalitis;Noninfective encephalomyelitis;Noninfective oophoritis;Obstetrical pulmonary embolism;Occupational exposure to communicable disease;Occupational exposure to SARS-CoV-2;Ocular hyperaemia;Ocular myasthenia;Ocular pemphigoid;Ocular sarcoidosis;Ocular vasculitis;Oculofacial paralysis;Oedema;Oedema blister;Oedema due to hepatic disease;Oedema mouth;Oesophageal achalasia;Ophthalmic artery thrombosis;Ophthalmic herpes simplex;Ophthalmic herpes zoster;Ophthalmic vein thrombosis;Optic neuritis;Optic

neuropathy;Optic perineuritis;Oral herpes;Oral lichen planus;Oropharyngeal oedema;Oropharyngeal spasm;Oropharyngeal swelling;Osmotic demyelination syndrome;Ovarian vein thrombosis;Overlap syndrome;Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection;Paget-Schroetter syndrome;Palindromic rheumatism;Palisaded neutrophilic granulomatous dermatitis;Palmoplantar keratoderma;Palpable purpura;Pancreatitis;Panencephalitis;Papillophlebitis;Paracancerous pneumonia;Paradoxical embolism;Parainfluenzae viral laryngotracheobronchitis;Paraneoplastic dermatomyositis;Paraneoplastic pemphigus;Paraneoplastic thrombosis;Paresis cranial nerve;Parietal cell antibody positive;Paroxysmal nocturnal haemoglobinuria;Partial seizures;Partial seizures with secondary generalisation;Patient isolation;Pelvic venous thrombosis;Pemphigoid;Pemphigus;Penile vein thrombosis;Pericarditis;Pericarditis lupus;Perihepatic discomfort;Periorbital oedema;Periorbital swelling;Peripheral artery thrombosis;Peripheral embolism;Peripheral ischaemia;Peripheral vein thrombus extension;Periportal oedema;Peritoneal fluid protein abnormal;Peritoneal fluid protein decreased;Peritoneal fluid protein increased;Peritonitis lupus;Pernicious anaemia;Petit mal epilepsy;Pharyngeal oedema;Pharyngeal swelling;Pityriasis lichenoides et varioliformis acuta;Placenta praevia;Pleuroparenchymal fibroelastosis;Pneumobilia;Pneumonia;Pneumonia adenoviral;Pneumonia cytomegaloviral;Pneumonia herpes viral;Pneumonia influenzal;Pneumonia measles;Pneumonia mycoplasmal;Pneumonia necrotising;Pneumonia parainfluenzae viral;Pneumonia respiratory syncytial viral;Pneumonia viral;POEMS syndrome;Polyarteritis nodosa;Polyarthritis;Polychondritis;Polyglandular autoimmune syndrome type I;Polyglandular autoimmune syndrome type II;Polyglandular autoimmune syndrome type III;Polyglandular disorder;Polymicrogyria;Polymyalgia rheumatica;Polymyositis;Polyneuropathy;Polyneuropathy idiopathic progressive;Portal pyaemia;Portal vein embolism;Portal vein flow decreased;Portal vein pressure increased;Portal vein thrombosis;Portosplenomesenteric venous thrombosis;Post procedural hypotension;Post procedural pneumonia;Post procedural pulmonary embolism;Post stroke epilepsy;Post stroke seizure;Post thrombotic retinopathy;Post thrombotic syndrome;Post viral fatigue syndrome;Postictal headache;Postictal paralysis;Postictal psychosis;Postictal state;Postoperative respiratory distress;Postoperative respiratory failure;Postoperative thrombosis;Postpartum thrombosis;Postpartum venous thrombosis;Postpericardiotomy syndrome;Post-traumatic epilepsy;Postural orthostatic tachycardia syndrome;Precerebral artery thrombosis;Pre-eclampsia;Preictal state;Premature labour;Premature menopause;Primary amyloidosis;Primary biliary cholangitis;Primary progressive multiple sclerosis;Procedural shock;Proctitis herpes;Proctitis ulcerative;Product availability issue;Product distribution issue;Product supply issue;Progressive facial hemiatrophy;Progressive multifocal leukoencephalopathy;Progressive multiple sclerosis;Progressive relapsing multiple sclerosis;Prosthetic cardiac valve thrombosis;Pruritus;Pruritus allergic;Pseudovasculitis;Psoriasis;Psoriatic arthropathy;Pulmonary amyloidosis;Pulmonary artery thrombosis;Pulmonary embolism;Pulmonary fibrosis;Pulmonary haemorrhage;Pulmonary microemboli;Pulmonary oil microembolism;Pulmonary renal syndrome;Pulmonary sarcoidosis;Pulmonary sepsis;Pulmonary thrombosis;Pulmonary tumour thrombotic microangiopathy;Pulmonary vasculitis;Pulmonary veno-occlusive disease;Pulmonary venous thrombosis;Pyoderma gangrenosum;Pyostomatitis vegetans;Pyrexia;Quarantine;Radiation leukopenia;Radiculitis

brachial;Radiologically isolated syndrome;Rash;Rash erythematous;Rash pruritic;Rasmussen encephalitis;Raynaud's phenomenon;Reactive capillary endothelial proliferation;Relapsing multiple sclerosis;Relapsing-remitting multiple sclerosis;Renal amyloidosis;Renal arteritis;Renal artery thrombosis;Renal embolism;Renal failure;Renal vascular thrombosis;Renal vasculitis;Renal vein embolism;Renal vein thrombosis;Respiratory arrest;Respiratory disorder;Respiratory distress;Respiratory failure;Respiratory paralysis;Respiratory syncytial virus bronchiolitis;Respiratory syncytial virus bronchitis;Retinal artery embolism;Retinal artery occlusion;Retinal artery thrombosis;Retinal vascular thrombosis;Retinal vasculitis;Retinal vein occlusion;Retinal vein thrombosis;Retinol binding protein decreased;Retinopathy;Retrograde portal vein flow;Retroperitoneal fibrosis;Reversible airways obstruction;Reynold's syndrome;Rheumatic brain disease;Rheumatic disorder;Rheumatoid arthritis;Rheumatoid factor increased;Rheumatoid factor positive;Rheumatoid factor quantitative increased;Rheumatoid lung;Rheumatoid neutrophilic dermatosis;Rheumatoid nodule;Rheumatoid nodule removal;Rheumatoid scleritis;Rheumatoid vasculitis;Saccadic eye movement;SAPHO syndrome;Sarcoidosis;SARS-CoV-1 test;SARS-CoV-1 test negative;SARS-CoV-1 test positive;SARS-CoV-2 antibody test;SARS-CoV-2 antibody test negative;SARS-CoV-2 antibody test positive;SARS-CoV-2 carrier;SARS-CoV-2 sepsis;SARS-CoV-2 test;SARS-CoV-2 test false negative;SARS-CoV-2 test false positive;SARS-CoV-2 test negative;SARS-CoV-2 test positive;SARS-CoV-2 viraemia;Satoyoshi syndrome;Schizencephaly;Scleritis;Sclerodactylia;Scleroderma;Scleroderma associated digital ulcer;Scleroderma renal crisis;Scleroderma-like reaction;Secondary amyloidosis;Secondary cerebellar degeneration;Secondary progressive multiple sclerosis;Segmented hyalinising vasculitis;Seizure;Seizure anoxic;Seizure cluster;Seizure like phenomena;Seizure prophylaxis;Sensation of foreign body;Septic embolus;Septic pulmonary embolism;Severe acute respiratory syndrome;Severe myoclonic epilepsy of infancy;Shock;Shock symptom;Shrinking lung syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjogren's syndrome;Skin swelling;SLE arthritis;Smooth muscle antibody positive;Sneezing;Spinal artery embolism;Spinal artery thrombosis;Splenic artery thrombosis;Splenic embolism;Splenic thrombosis;Splenic vein thrombosis;Spondylitis;Spondyloarthropathy;Spontaneous heparin-induced thrombocytopenia syndrome;Status epilepticus;Stevens-Johnson syndrome;Stiff leg syndrome;Stiff person syndrome;Stillbirth;Still's disease;Stoma site thrombosis;Stoma site vasculitis;Stress cardiomyopathy;Stridor;Subacute cutaneous lupus erythematosus;Subacute endocarditis;Subacute inflammatory demyelinating polyneuropathy;Subclavian artery embolism;Subclavian artery thrombosis;Subclavian vein thrombosis;Sudden unexplained death in epilepsy;Superior sagittal sinus thrombosis;Susac's syndrome;Suspected COVID-19;Swelling;Swelling face;Swelling of eyelid;Swollen tongue;Sympathetic ophthalmia;Systemic lupus erythematosus;Systemic lupus erythematosus disease activity index abnormal;Systemic lupus erythematosus disease activity index decreased;Systemic lupus erythematosus disease activity index increased;Systemic lupus erythematosus rash;Systemic scleroderma;Systemic sclerosis pulmonary;Tachycardia;Tachypnoea;Takayasu's arteritis;Temporal lobe epilepsy;Terminal ileitis;Testicular autoimmunity;Throat tightness;Thromboangiitis obliterans;Thrombocytopenia;Thrombocytopenic purpura;Thrombophlebitis;Thrombophlebitis migrans;Thrombophlebitis

neonatal;Thrombophlebitis septic;Thrombophlebitis superficial;Thromboplastin antibody positive;Thrombosis;Thrombosis corpora cavernosa;Thrombosis in device;Thrombosis mesenteric vessel;Thrombotic cerebral infarction;Thrombotic microangiopathy;Thrombotic stroke;Thrombotic thrombocytopenic purpura;Thyroid disorder;Thyroid stimulating immunoglobulin increased;Thyroiditis;Tongue amyloidosis;Tongue biting;Tongue oedema;Tonic clonic movements;Tonic convulsion;Tonic posturing;Topectomy;Total bile acids increased;Toxic epidermal necrolysis;Toxic leukoencephalopathy;Toxic oil syndrome;Tracheal obstruction;Tracheal oedema;Tracheobronchitis;Tracheobronchitis mycoplasmal;Tracheobronchitis viral;Transaminases abnormal;Transaminases increased;Transfusion-related alloimmune neutropenia;Transient epileptic amnesia;Transverse sinus thrombosis;Trigeminal nerve paresis;Trigeminal neuralgia;Trigeminal palsy;Truncus coeliacus thrombosis;Tuberous sclerosis complex;Tubulointerstitial nephritis and uveitis syndrome;Tumefactive multiple sclerosis;Tumour embolism;Tumour thrombosis;Type 1 diabetes mellitus;Type I hypersensitivity;Type III immune complex mediated reaction;Uhthoff's phenomenon;Ulcerative keratitis;Ultrasound liver abnormal;Umbilical cord thrombosis;Uncinate fits;Undifferentiated connective tissue disease;Upper airway obstruction;Urine bilirubin increased;Urobilinogen urine decreased;Urobilinogen urine increased;Urticaria;Urticaria papular;Urticarial vasculitis;Uterine rupture;Uveitis;Vaccination site thrombosis;Vaccination site vasculitis;Vagus nerve paralysis;Varicella;Varicella keratitis;Varicella post vaccine;Varicella zoster gastritis;Varicella zoster oesophagitis;Varicella zoster pneumonia;Varicella zoster sepsis;Varicella zoster virus infection;Vasa praevia;Vascular graft thrombosis;Vascular pseudoaneurysm thrombosis;Vascular purpura;Vascular stent thrombosis;Vasculitic rash;Vasculitic ulcer;Vasculitis;Vasculitis gastrointestinal;Vasculitis necrotising;Vena cava embolism;Vena cava thrombosis;Venous intravasation;Venous recanalisation;Venous thrombosis;Venous thrombosis in pregnancy;Venous thrombosis limb;Venous thrombosis neonatal;Vertebral artery thrombosis;Vessel puncture site thrombosis;Visceral venous thrombosis;VIth nerve paralysis;VIth nerve paresis;Vitiligo;Vocal cord paralysis;Vocal cord paresis;Vogt-Koyanagi-Harada disease;Warm type haemolytic anaemia;Wheezing;White nipple sign;XIth nerve paralysis;X-ray hepatobiliary abnormal;Young's syndrome;Zika virus associated Guillain Barre syndrome.