

Report Overview - [REDACTED]

Suspect Reaction

Suspect Reactions Added	Outcome of the Reaction	Start Date	End Date
Rapid Thrombocytopenia resulting in Sagittal Venous Sinus Thrombosis and Spontaneous Intra cranial haemorrhage	fatal	24/01/2021	26/01/2021

Do you consider the reaction to be serious?

Yes

Reaction severity

Patient died due to reaction,

Date of death

26/01/2021

Suspect Drug

Medicine	Brand	Batch No.	Start Date	End Date	Dosage	Indication	Action taken for reaction	Method	Source
Oxford Astra Zeneca Covid 19 vaccination	Oxford Astra Zeneca Covid 19 vaccination	-	16/01/2021	-	-	Ill-defined disorder	-	Parenteral	Other

Other information you think might be important, including any other medical condition or allergies that the person might have.

N/A

Additional information

Reaction Description: [REDACTED] had fever and body aches 24 hours after the vaccine. On 24/01/21 he developed a headache, on 25/01/21 he fell asleep and woke to find neurological problems with his left arm. Paramedics were called and he was taken to Princess Royal Hospital and then on to Kings College Hospital. The second of two Brain scans found an extensive bleed and eventually Brain Stem Death was determined. We are aware that this may be a pure coincidence but would like this reported and investigated. We are aware a similar case happened in the US to a doctor following a Pfizer vaccination.

Report Overview - [REDACTED]

Patient Details

Initials	[REDACTED]	Weight (kg)	
Gender	Male	Height (cm)	
Age at time of reaction	32 Years	Ethnicity	British
Local Identification number			

Reporter Details

Title	[REDACTED]	Address	[REDACTED]
First Name / Initials	[REDACTED]	Town	[REDACTED]

Surname	██████████	County	██████████
Reporter Profession	Parent	Postcode	██████████
E-mail Address	████████████████████	Country	GB
Telephone number	██████████	Date	05/02/2021

Other Healthcare Professional Details

Was a doctor, pharmacist or other healthcare professional told about the suspected side effect?

Yes

Did your doctor, pharmacist or other healthcare professional complete a Yellow Card on your behalf?

Unknown

Are you happy for the MHRA to contact you in the future to discuss the suspected side effect or ask for additional information that might help us better understand the case?

Yes

Would you like a copy of this report to be sent to your GP surgery/practice or any other healthcare professional?

Yes

If we need further information to help us understand the case (e.g. medical information, test results) do we have your permission to contact your doctor directly for it?

Yes

Title	Dr	County	
First name / initial	██████████	Postcode	SE5 9RS
Surname	██████████ MBBS	Telephone	██████████
Address	Kings College Hospital Critical Care Unit Denmark Hill	Telephone Ext	
Email address		Town/city	London
		Profession	Physician