



Case Report			
Demographics			
\$22	\$22	\$22	\$22
DOB	\$22	Age	21
Gender	M	Indigenous status	\$22
Case in Brief			
Summary (case in < 30 words)	21 year old male had Pfizer vaccine dose \$22 [Redacted text]		
Background			
Past Medical History	\$22		
Details of any previous reactions to vaccinations	Nil prior		
Vaccination history			
Vaccine	Pfizer Comirnaty	Pfizer Comirnaty	Bexsero
Date of vaccination	\$22	\$22	\$22
Dose number	\$	\$	\$
Place of vaccination	\$22	\$22	\$22
Vaccine expiry			
Site of administration (if applicable)			
Situation			
Date of symptom onset	\$22	Time of symptom onset	\$22
Was the patient unwell prior to vaccination?	\$22		
Description of clinical events	<ul style="list-style-type: none"> Pfizer dose \$22 \$22 fever and \$22 \$22 \$22 \$22 		

	<ul style="list-style-type: none"> • §22 [REDACTED] [REDACTED] [REDACTED] [REDACTED] Time of death §22 [REDACTED] • §22 [REDACTED]
Assessment	
Details of initial medical assessment	<ul style="list-style-type: none"> • §22 [REDACTED]
Hospitalised? If yes include dates	§22 [REDACTED]
Investigations completed and results e.g. laboratory and imaging	<p>Interview with patients GP §22 [REDACTED]</p> <ul style="list-style-type: none"> • §22 [REDACTED] [REDACTED] • §22 [REDACTED] [REDACTED] [REDACTED] [REDACTED] • §22 [REDACTED] [REDACTED] • §22 [REDACTED] [REDACTED] • Reviewed AIR and GP vaccination record. §22 [REDACTED] [REDACTED] [REDACTED] dose of Bexsero §22 [REDACTED] given §22 [REDACTED]
Treatment provided (if relevant)	
Provisional diagnosis/outcome	Deceased §22 [REDACTED]
Outcome of AEFI	
Any other relevant information	

Expert Panel Review – §22

§22 Case Manager: §22
Case discussion
<ul style="list-style-type: none">• §22 presented the case to the §22• §22• §22 infectious diseases physician, §22 on behalf of §22• §22• §22 <p>The outcome and interim cause of death is §22. There are no significant results from the §22 §22</p> <ul style="list-style-type: none">• §22 cardiologist, §22 §22 also noted that §22 could be a possible cause and that if all §22 genetic analysis.• §22 haematologist, §22• §22• §22• §22 advised that the §22 was waiting for §22 to reach out to the family. §22 on behalf of §22
Conclusion
<ul style="list-style-type: none">• Need to wait for §22 investigations• Secured samples for possible genetic testing
Expert Panel recommendations and next steps
<ul style="list-style-type: none">• Case details to go to the TGA

Minutes by §22

Participants	
§22	§22
§22	§22
§22	§22 (Haematologist)
§22	§22 (Haematologist)
§22	§22 (Cardiologist)
§22	§22 (Cardiologist)
§22	§22 (Toxicologist)
§22	§22 (Infectious diseases physician, §22
§22	§22 (s22 GP, §22
§22	§22 Emergency Physician §22
§22	§22
§22	§22
§22	§22
§22	§22 (TGA)
§22	§22 (TGA)
§22	

Apologies: None

- *These documents represent a 'point in time' assessment of information available to the TGA on the date of assessment. They are subject to ongoing review as new information comes to light and do not represent a final conclusion or final decision. Even when the TGA does not have sufficient information to undertake a causality assessment at a particular point in time (WHO criteria = U or unassessable/unclassifiable), the TGA continues to code all reports with fatal outcome as "possibly" linked to COVID-19 vaccination. These cases are included in analyses of adverse event data to identify and investigate signals that may not be apparent through review of individual cases. This is consistent with the approach recommended by the WHO and used by other major global regulators and vaccine safety monitoring programs.*
- *The point-in-time causality decision included in these documents may be expressed in a variety of ways. In some documents, no decision has been made and the template text "causality" or text in square brackets remains. For other documents, WHO criteria is listed in the document and may be expressed as unassessable/unclassifiable (coded as "U") and "unlikely". This explanation has been included due to some misunderstandings about these words.*
- *The TGA released these documents to the FOI applicant but did not publish them in the disclosure log at the time given the sensitive nature of the documents. While personal information was redacted, it remains possible that a family member or of an individual may identify that the document relates to their family member. As such, a conservative approach to publishing the information in the disclosure log was taken, given the potential for causing distress to the family of the deceased. This approach was consistent with the TGA's obligations under the FOI Act as there are exemptions from publishing documents released under the FOI Act in appropriate circumstances. However, given that these documents have now been widely circulated in the community, we have re-considered our initial decision to include these documents on the disclosure log.*