

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 32 Years	3. SEX Female	3a. WEIGHT Unk	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
			PRIVACY					27	AUG	2025	
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Other Serious Criteria: Medically Significant lower back pain along with pelvic pain (contractions) [Contractions uterine increased] lower back pain along with pelvic pain (contractions) [Low back pain] lower back pain along with pelvic pain (contractions) [Pelvic pain female] fever [Fever] muscle pain [Muscle pain] burning sensation when urinating [Urethral burning on micturition] chills [Chills] sore throat [Sore throat]											<input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING
(Continued on Additional Information Page)											

14. SUSPECT DRUG(S) (include generic name) #1) Abrysvo (RSV VACCINE PROT.SUBUNIT PREF 2V) Powder for solution for injection #2) Abrysvo (RSV VACCINE PROT.SUBUNIT PREF 2V (DEVICE CONSTITUENT)) Powder for solution for injection		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) DOSE 1, SINGLE #2)	16. ROUTE(S) OF ADMINISTRATION #1) Unknown #2) Unknown	
17. INDICATION(S) FOR USE #1) maternal immunization (Maternal immunisation) #2) maternal immunization (Maternal immunisation)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 27-AUG-2025 / 27-AUG-2025 #2) Unknown	19. THERAPY DURATION #1) 1 day #2) Unknown	

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)		
From/To Dates	Type of History / Notes	Description
22-DEC-2024		Date of LMP for pregnancy

24a. NAME AND ADDRESS OF MANUFACTURER Pfizer S.A. Laura Arce Mora Avenida Escazú, Torre Lexus, piso 7. Escazú San Jose, COSTA RICA		26. REMARKS
24b. MFR CONTROL NO. 202500172233	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.	
24c. DATE RECEIVED BY MANUFACTURER 28-AUG-2025		
24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous		
DATE OF THIS REPORT 03-SEP-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

ADDITIONAL INFORMATION**7+13. DESCRIBE REACTION(S) continued**

headache [Headache]

Case Description: This is a spontaneous report received from a Consumer or other non HCP.

A 32-year-old female patient (pregnant) received rsv vaccine prot.subunit pref 2v (ABRYSVO), on 27Aug2025 as dose 1, single (Batch/Lot number: unknown) at the age of 32 years, in left arm for maternal immunisation. Date of last menstrual period: 22Dec2024. The patient was 35 weeks pregnant at the time of exposure to rsv vaccine prot.subunit pref 2v. The patient was 35 weeks pregnant at the event onset. The patient is expected to deliver a baby(s) on 28Sep2025. The patient's relevant medical history and concomitant medications were not reported. The patient did not receive any other vaccines on the same date as the vaccine(s) for which was reporting. The patient did not receive any other vaccines within 4 weeks prior to the vaccine(s) for which was reporting. The patient did not taking any other medications within 2 weeks of the event starting.

The following information was reported: DYSURIA (non-serious) with onset 27Aug2025 at 18:00, outcome "recovering", described as "burning sensation when urinating"; CHILLS (non-serious) with onset 27Aug2025 at 18:00, outcome "recovering"; PYREXIA (non-serious) with onset 27Aug2025 at 18:00, outcome "recovering", described as "fever"; HEADACHE (non-serious) with onset 27Aug2025 at 18:00, outcome "recovering"; UTERINE HYPERTONUS (medically significant), BACK PAIN (non-serious), PELVIC PAIN (non-serious) all with onset 27Aug2025 at 18:00, outcome "recovering" and all described as "lower back pain along with pelvic pain (contractions)"; MYALGIA (non-serious) with onset 27Aug2025 at 18:00, outcome "recovering", described as "muscle pain"; OROPHARYNGEAL PAIN (non-serious) with onset 27Aug2025 at 18:00, outcome "recovering", described as "sore throat". The events "lower back pain along with pelvic pain (contractions)", "fever", "muscle pain", "burning sensation when urinating", "chills", "sore throat" and "headache" required physician office visit. Clinical course: On the same day the patient received the vaccine, at 6 p.m. the patient began experiencing severe symptoms including lower back pain along with pelvic pain (contractions), fever, muscle pain, burning sensation when urinating, chills, sore throat, and headache. These symptoms increased in frequency as the hours passed, with the peak of pain occurring at 2 a.m. The patient went to the private medical center to be examined by her OB-GYN and to assess possible adverse effects. The patient was prescribed acetaminophen and rest. Therapeutic measures were taken as a result of uterine hypertonus, back pain, pelvic pain, pyrexia, myalgia, dysuria, chills, oropharyngeal pain, headache.