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| --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Vaccine Dose | Date Given | Start of Symptoms | Seen by Physician | Years Post-menarchal | Oral Lesions | Labs |
| 12 | Pfizer #2 | 9/2/21 | 9/3/21 | 9/5 & 9/7/21 | 1 | Yes | EBV & CMV neg |
| 14 | Pfizer #2 | 8/18/21 | 8/20/21 | 8/21 & 8/23/21 | N/A | No | Refused |
| 15 | Pfizer #2 | 6/16/21 | 6/18/21 | 6/17 & 6/18/21 | 5 | No | EBV & CMV neg |